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Abstracted By (COC)

Agency: COC

Last changed: 04/05/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Abstracted By [Std# 570]

Default Error Message

[1028] %F1 must be alphanumeric with no special characters
Abstracted By must be alphanumeric with no special characters

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Abstracted By, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Abstracted By (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Fields

Abstracted By [Std# 570]

Default Error Message

[1028] %F1 must be alphanumeric with no special characters
Abstracted By must be alphanumeric with no special characters

Description

Field must contain alphanumeric characters. Special characters are not allowed, and the field must not be blank.

Abstracted By, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Abstracted By [Std# 570]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Abstracted By cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is 1996 or later, then Abstracted By cannot be blank.

Administrative Notes

Modifications:

NACR110C
09/06

The description for this edit was updated.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Accession Number, Class of Case, Seq Number (COC)

Agency: COC

Last changed: 03/10/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
Accession Number--Hosp [Std# 550]
Sequence Number--Hospital [Std# 560]
Date of 1st Contact [Std# 580]
Date of Last Contact [Std# 1750]
Over-ride Acsn/Class/Seq [Std# 1985]
Date of Diagnosis [Std# 390]

Default Error Message

[1051] Conflict among %F1, %F2, %F3, %F4, %F5
Conflict among Class of Case, Accession Number--Hosp, Sequence Number--Hospital, Date of 1st Contact, Date of Last Contact

Additional Messages

[3151] Conflict among Class of Case, Accession Number--Hosp, Sequence Number--Hospital, Date of Diagnosis
ERROR_TEXT("Date of 1st Contact: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Date of Last Contact: %DC")

Description

If a case has been previously reviewed and accepted as coded (Over-ride Acsn/Class/Seq = 1), no further editing is done.

If the case is the only case or the first of multiple cases and was diagnosed at the reporting institution (Sequence Number--Hospital = 00, 01, 60 or 61, and Class of Case = 00, 10-14),

if the year of the Date of Diagnosis is less than 1996 and not blank:
the first 4 characters of the Accession Number must be equal to or greater than the year of the Date of Diagnosis.

otherwise:
the first 4 characters of the Accession Number must equal the year of the Date of 1st Contact.

If the case is first diagnosed at autopsy (Class of Case = 38) and the case is the only case or the first of multiple cases for a patient (Sequence Number--Hospital = 00, 01, 60, or 61), then the first 4 characters of the Accession Number must equal the year of the Date of Last Contact AND must equal the year of the Date of 1st Contact.

If the case is first diagnosed at autopsy (Class of Case = 38) and the case is the second or more case for a patient (Sequence Number--Hospital not = 00, 01, 60, or 61), then the year of the Date of 1st Contact must equal the year of Date of Last Contact.

There are some exceptions to the above rules. For instance the case may be the only or the first of multiple malignant cases for a patient (Sequence Number--Hospital = 00 or 01), but there is an earlier benign case (with an earlier year of the Date of 1st Contact) for which the Accession Number was initially entered. For such cases there is an over-ride (Over-ride Acsn/Class/Seq) provided, which should be set to 1.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use new Class of Case codes; that is, for cases diagnosed at the reporting institution, codes changed from 0, 1, and 6 to 00, and 10-14; for cases first diagnosed at autopsy, code changed from 5 to 38.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Accession Number--Hosp (COC)

Agency: COC

Last changed: 03/10/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Accession Number--Hosp [Std# 550]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Accession Number--Hosp" is not a valid value for Accession Number--Hosp

Description

Accession Number--Hosp must be a 9-digit number. The first 4 characters identify a year and can range from 1930 to the current year. The last 5 characters can be any 5-digit number except 00000.

Administrative Notes

Modifications:

NACR111

11/09/06

Allowable range for first four characters changed from "1944 to current year" to "1930 to current year".

Addr at DX--City (COC)

Agency: COC

Last changed: 04/05/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--City [Std# 70]

Tables

CITY_SPC.DBF

Default Error Message

[1009] %F1 must contain letters and spaces only, left-justified
Addr at DX--City must contain letters and spaces only, left-justified

Additional Messages

[3202] More than one consecutive embedded space is not allowed

Description

Item may be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE
BLRSDN-GREAGL
57TH AVE
MCBH K-BAY
VLG OF 4 SSNS
BATESBURG-LEESVILLE
BATSBRG-LEVIL

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr at DX--City, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Addr at DX--City (NAACCR)

Agency: NAACCR

Last changed: 04/05/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Addr at DX--City [Std# 70]

Tables

CITY_SPC.DBF

Default Error Message

[1009] %F1 must contain letters and spaces only, left-justified
Addr at DX--City must contain letters and spaces only, left-justified

Additional Messages

[3202] More than one consecutive embedded space is not allowed

Description

Item may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE
BLRSDN-GREAGL
57TH AVE
MCBH K-BAY
VLG OF 4 SSNS
BATESBURG-LEESVILLE
BATSBRG-LEVIL

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Addr at DX--City, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--City [Std# 70]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr at DX--City cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr at DX--City cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr at DX--Country (COC)

Agency: COC

Last changed: 12/08/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--Country [Std# 102]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr at DX--Country" is not a valid value for Addr at DX--Country

Description

Addr at DX--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This field is allowed to be blank because the item is required only for cases diagnosed 1996 and later. Another edit [Addr at DX--Country, Date of Diagnosis (COC)] verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. Registries should include both edits in their edit set.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank. Another edit (Addr at DX--Country, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. COC-approved programs should include both edits in their edit set.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Addr at DX--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Fields

Addr at DX--Country [Std# 102]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr at DX--Country" is not a valid value for Addr at DX--Country

Description

Addr at DX--Country must contain a valid ISO code or standard custom code for country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Addr at DX--Country, Date of Diagnosis (COC)

Agency: COC

Last changed: 10/08/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--Country [Std# 102]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr at DX--Country cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

[4992] Addr at DX--Country cannot be "value of Addr at DX--Country" if Date of Diagnosis is greater than 2012

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 1996 or later, then Addr at DX--Country cannot be blank. Addr at DX--Country may be left blank for pre-1996 cases.

If year of Date of Diagnosis is 2013 or later, then Addr at DX--Country cannot be any of the following "historic" codes:

XNI North American Islands
XCB Other Caribbean Islands
XEN England, Channel Islands, Isle of Man
XSC Scandinavia
XGR Germanic Countries
XSL Slavic Countries
XUM Ukraine and Moldova
XNF North Africa
XSD Sudanese Countries
XWF West Africa
XSF South Africa
XEF East Africa
XIF African Islands
XET Ethiopia and Eritrea
XAP Arabian Peninsula
XIS Israel and Palestine
XCR Caucasian Republics of former USSR
XOR Other Asian Republics of former USSR
XSE Southeast Asia
XMS Malaysia, Singapore, Brunei
XCH China, NOS
XML Melanesian Islands
XMC Micronesian Islands
XPL Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it specifically allows the field Addr at DX--Country to be blank for cases diagnosed prior to 1996.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Addr at DX--Country, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Fields

Addr at DX--Country [Std# 102]

Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012

Addr at DX--Country cannot be "value of Addr at DX--Country" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Addr at DX--Country cannot be any of the following "historic" codes:

XNI	North American Islands
XCB	Other Caribbean Islands
XEN	England, Channel Islands, Isle of Man
XSC	Scandinavia
XGR	Germanic Countries
XSL	Slavic Countries
XUM	Ukraine and Moldova
XNF	North Africa
XSD	Sudanese Countries
XWF	West Africa
XSF	South Africa
XEF	East Africa
XIF	African Islands
XET	Ethiopia and Eritrea
XAP	Arabian Peninsula
XIS	Israel and Palestine
XCR	Caucasian Republics of former USSR
XOR	Other Asian Republics of former USSR
XSE	Southeast Asia
XMS	Malaysia, Singapore, Brunei
XCH	China, NOS
XML	Melanesian Islands
XMC	Micronesian Islands
XPL	Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Addr at DX--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--Country [Std# 102]
Addr at DX--State [Std# 80]

Tables

CNTRY_ST.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Addr at DX--Country and Addr at DX--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Addr at DX--State code is valid for the Addr at DX--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Addr at DX--No/Street (COC)

Agency: COC

Last changed: 08/30/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr at DX--No & Street [Std# 2330]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr at DX--No & Street is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr at DX--No/Street, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995. COC-approved programs should include both edits in their edit set.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.
- Reference to year of Date of Diagnosis of 9999 removed from the Administrative Notes.

Addr at DX--No/Street (NAACCR)

Agency: NAACCR

Last changed: 08/30/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Addr at DX--No & Street [Std# 2330]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr at DX--No & Street is not valid

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Addr at DX--No/Street, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr at DX--No & Street [Std# 2330]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr at DX--No & Street cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr at DX--No & Street cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr at DX--Postal Code (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--Postal Code [Std# 100]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Addr at DX--Postal Code must contain alphanumeric and be left-justified

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v14

- Logic updated to not allow embedded spaces

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:

"x{x}*" changed to "x{x}*{b}*"

Addr at DX--Postal Code, Addr at DX--State (COC)

Agency: COC

Last changed: 07/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--Postal Code [Std# 100]
Addr at DX--State [Std# 80]

Default Error Message

[1016] %F1 and %F2 conflict
Addr at DX--Postal Code and Addr at DX--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if Addr at DX--State is AA (APO/FPO for Armed Services the Americas), AE (APO/FPO for Armed Services Europe), or AP (APO/FPO for Armed Services Pacific).

If Addr at DX--State is CD (Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown):

Addr at DX--Postal Code must be 99999, 999999, or 999999999 (Resident of Canada and postal code is unknown)

If Addr at DX--State is US (Resident of United States, NOS, and state, territory, commonwealth or possession is unknown):

Addr at DX--Postal Code must be 99999 or 999999999 (Resident of U.S., U.S. possessions or territories, and postal code is unknown).

If Addr at DX--State is ZZ (Residence unknown):

Addr at DX--Postal Code must be 99999, 999999, or 999999999 (residence unknown).

If Addr at DX--Postal Code is 88888 or 888888888 (Resident of country outside U.S., U.S. possessions or territories, or Canada and postal code is unknown):

Patient's residence at diagnosis must be outside the U.S. or its possessions or Canada (Addr at DX--State must be XX or YY).

If Addr at DX--Postal Code is 99999, 999999, or 999999999 (Resident of U.S., U.S. possessions or territories, or Canada and postal code is unknown; residence unknown):

Patient's residence at diagnosis must be in the U.S. or its possessions or in Canada, or residence must be unknown (Addr at DX--State must not be XX or YY.)

If the patient's residence at diagnosis is in the U.S. or its possessions (Addr at DX--State is one of the 2-letter abbreviations in the state table in the FORDS), then Addr at DX--Postal Code must be either 5 digits or 9 digits. The first 5 digits must be greater than 00009.

If the patient's residence at diagnosis is in Canada (Addr at DX--State is one of the 2-letter abbreviations in the state table in the FORDS), then Addr at DX--Postal Code must be 6 characters long and of the form letter-number-letter-number-letter-number, where all of the letters are upper case, or if unknown, it must be 999999 (6 nines), 99999 (5 nines), or 999999999 (9 nines).

Administrative Notes

Modifications:

NACR110B

Edit description and logic updated to handle addition of CD and US state codes.

NAACCR v11.2

7/2007

Edit was modified to allow postal code of 999999 for Canadian registries.

NAACCR v11.3

7/2008

Edit was modified to allow postal codes of 99999 (five 9s), 999999 (six 9s), or 999999999 (nine 9s) to indicate unknown postal code for Canadian provinces.

Addr at DX--State (COC)

Agency: COC

Last changed: 04/27/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--State [Std# 80]

Tables

STATE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr at DX--State" is not a valid value for Addr at DX--State

Description

Field must contain valid US postal code for state or Canadian province. May be blank.

Special Codes:

CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
ZZ Residence unknown

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr at DX--State, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Addr at DX--State (NAACCR)

Agency: NAACCR

Last changed: 04/27/2007

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Addr at DX--State [Std# 80]

Tables

STATE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr at DX--State" is not a valid value for Addr at DX--State

Description

Field must contain valid US postal code for state or Canadian province.

Special Codes:

CD Resident of Canada, NOS, and province, territory, commonwealth
or possession is unknown
US Resident of United States, NOS, and state, territory,
commonwealth or possession is unknown
XX Resident of country other than United States (including its
territories, commonwealths, or possessions) or Canada, and
country known
YY Resident of country other than United States (including its
territories, commonwealths, or possessions) or Canada, and
country unknown
ZZ Residence unknown

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Addr at DX--State, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--State [Std# 80]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr at DX--State cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr at DX--State cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr at DX--State, Postal Code Range (NAACCR)

Agency: NAACCR

Last changed: 05/14/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr at DX--State [Std# 80]
Addr at DX--Postal Code [Std# 100]

Tables

STATEZIP.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Addr at DX--State and Addr at DX--Postal Code conflict

Description

Please note: this edit produces a warning, rather than an error. Use care when applying this edit, since state border areas may be an issue.

This edit is skipped if:

- Any of the fields are blank
- Addr at DX--State is equal to any of the following:
 - AA APO/FPO for Armed Services the Americas
 - AE APO/FPO for Armed Services Europe
 - AP APO/FPO for Armed Services Pacific
 - CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
 - US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
 - XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
 - YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
 - ZZ Residence unknown
- Addr at DX--State indicates a Canadian province
(AB, BC, MB, NB, NL, NT, NS, NU, ON, PE, QC, SK, YT)
- Addr at DX--Postal Code is equal to 99999 or 999999999 (Resident of U.S., U.S. possessions or territories, or Canada and postal code is unknown; residence unknown)

This edit generates a warning if Addr at DX--Postal Code falls outside the range allowed for Addr at DX--State.

The state/postal code ranges are:

State	Postal Code Range
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AK	99500-99959
AL	35000-36999
AR	71600-72999
AS	96799
AZ	85000-86599
CA	90000-96199
CO	80000-81699
CT	06000-06389, 06391-06999
DC	20000-20099, 20200-20599
DE	19700-19999
FL	32000-34999
FM	96941-96944
GA	30000-31999, 39800-39897
GU	96910-96932
HI	96700-96798, 96800-96899
IA	50000-52899
ID	83200-83413, 83415-83899
IL	60000-62999
IN	46000-47999
KS	66000-67999
KY	40000-42799
LA	70000-71499
MA	01000-02799
MD	20600-21999
MH	96960, 96970
MO	63000-65899
ME	03900-04999
MI	48000-49999
MN	55000-56799
MP	69650-69652
MS	38600-39799
MT	59000-59999
NC	27000-28999
ND	58000-58899
NE	68000-69399
NH	03000-03899
NJ	07000-08999
NM	87000-88499
NV	89000-89899
NY	10000-14999, 06390
OH	43000-45899
OK	73000-73300, 73302-73343, 73345-74999
OR	97000-97999
PA	15000-19699
PR	00600-00799, 00900-00999
PW	96940
RI	02800-02999
SC	29000-29999
SD	57000-57799
TN	37000-38599
TX	75000-79999, 88500-88599
UT	84000-84799
VA	20100-20199, 22000-24699
VI	00800-00899
VT	05000-05500, 05502-05543, 05545-05999
WA	98000-99499
WI	53000-54999
WV	24700-26899
WY	82000-83199

Addr at DX--Supplementl (COC)

Agency: COC

Last changed: 08/30/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr at DX--Supplementl [Std# 2335]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr at DX--Supplementl is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Addr Current--City (COC)

Agency: COC

Last changed: 04/05/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--City [Std# 1810]

Tables

CITY_SPC.DBF

Default Error Message

[1009] %F1 must contain letters and spaces only, left-justified
Addr Current--City must contain letters and spaces only, left-justified

Additional Messages

[3202] More than one consecutive embedded space is not allowed

Description

Item may be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE
BLRSDN-GREAGL
57TH AVE
MCBH K-BAY
VLG OF 4 SSNS
BATESBURG-LEESVILLE
BATSBRG-LEVIL

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--City, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Addr Current--City (NAACCR)

Agency: NAACCR

Last changed: 04/05/2007

Fields

Addr Current--City [Std# 1810]

Tables

CITY_SPC.DBF

Default Error Message

[1009] %F1 must contain letters and spaces only, left-justified
Addr Current--City must contain letters and spaces only, left-justified

Additional Messages

[3202] More than one consecutive embedded space is not allowed

Description

Item may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE
BLRSDN-GREAGL
57TH AVE
MCBH K-BAY
VLG OF 4 SSNS
BATESBURG-LEESVILLE
BATSBRG-LEVIL

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Addr Current--City, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--City [Std# 1810]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr Current--City cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr Current--City cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr Current--Country (COC)

Agency: COC

Last changed: 12/08/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Country [Std# 1832]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr Current--Country" is not a valid value for Addr Current--Country

Description

Addr Current--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This field is allowed to be blank because the item is required only for cases diagnosed 1996 and later. Another edit [Addr Current--Country, Date of Diagnosis (COC)] verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. Registries should include both edits in their edit set.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank. Another edit (Addr Current--Country, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. COC-approved programs should include both edits in their edit set.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Addr Current--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Fields

Addr Current--Country [Std# 1832]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr Current--Country" is not a valid value for Addr Current--Country

Description

Addr Current--Country must contain a valid ISO code or standard custom code for country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Addr Current--Country, Date of Diagnosis (COC)

Agency: COC

Last changed: 10/08/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Country [Std# 1832]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr Current--Country cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

[4992] Addr Current--Country cannot be "value of Addr Current--Country" if Date of Diagnosis is greater than 2012

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 1996 or later, then Addr Current--Country cannot be blank.

If year of Date of Diagnosis is 2013 or later, then Addr Current--Country cannot be any of the following "historic" codes:

XNI North American Islands
XCB Other Caribbean Islands
XEN England, Channel Islands, Isle of Man
XSC Scandinavia
XGR Germanic Countries
XSL Slavic Countries
XUM Ukraine and Moldova
XNF North Africa
XSD Sudanese Countries
XWF West Africa
XSF South Africa
XEF East Africa
XIF African Islands
XET Ethiopia and Eritrea
XAP Arabian Peninsula
XIS Israel and Palestine
XCR Caucasian Republics of former USSR
XOR Other Asian Republics of former USSR
XSE Southeast Asia
XMS Malaysia, Singapore, Brunei
XCH China, NOS
XML Melanesian Islands
XMC Micronesian Islands
XPL Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it specifically allows the field Addr Current--Country to be blank for cases diagnosed prior to 1996.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Addr Current--Country, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Fields

Addr Current--Country [Std# 1832]

Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012

Addr Current--Country cannot be "value of Addr Current--Country" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Addr Current--Country cannot be any of the following "historic" codes:

XNI	North American Islands
XCB	Other Caribbean Islands
XEN	England, Channel Islands, Isle of Man
XSC	Scandinavia
XGR	Germanic Countries
XSL	Slavic Countries
XUM	Ukraine and Moldova
XNF	North Africa
XSD	Sudanese Countries
XWF	West Africa
XSF	South Africa
XEF	East Africa
XIF	African Islands
XET	Ethiopia and Eritrea
XAP	Arabian Peninsula
XIS	Israel and Palestine
XCR	Caucasian Republics of former USSR
XOR	Other Asian Republics of former USSR
XSE	Southeast Asia
XMS	Malaysia, Singapore, Brunei
XCH	China, NOS
XML	Melanesian Islands
XMC	Micronesian Islands
XPL	Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Addr Current--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Country [Std# 1832]
Addr Current--State [Std# 1820]

Tables

CNTRY_ST.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Addr Current--Country and Addr Current--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Addr Current--State code is valid for the Addr Current--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Addr Current--No/Street (COC)

Agency: COC

Last changed: 08/30/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr Current--No & Street [Std# 2350]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr Current--No & Street is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--No/Street, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995. COC-approved programs should include both edits in their edit set.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.
- Reference to year of Date of Diagnosis of 9999 removed from the Administrative Notes.

Addr Current--No/Street (NAACCR)

Agency: NAACCR

Last changed: 08/30/2010

Fields

Addr Current--No & Street [Std# 2350]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr Current--No & Street is not valid

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Addr Current--No/Street, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr Current--No & Street [Std# 2350]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr Current--No & Street cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr Current--No & Street cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr Current--Postal Code (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Postal Code [Std# 1830]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Addr Current--Postal Code must contain alphanumeric and be left-justified

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--Postal Code, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:
"x{x}*" changed to "x{x}*{b}*"

Addr Current--Postal Code (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Fields

Addr Current--Postal Code [Std# 1830]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Addr Current--Postal Code must contain alphanumeric and be left-justified

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v14

- Logic updated to not allow embedded spaces

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:
"x{x}*" changed to "x{x}*[b]+"

Addr Current--Postal Code, Addr Current-State (COC)

Agency: COC

Last changed: 09/19/2008

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Postal Code [Std# 1830]
Addr Current--State [Std# 1820]

Default Error Message

[1016] %F1 and %F2 conflict
Addr Current--Postal Code and Addr Current--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if Addr at DX--State is AA (APO/FPO for Armed Services the Americas), AE (APO/FPO for Armed Services Europe), or AP (APO/FPO for Armed Services Pacific).

If Addr at DX--State is CD (Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown):

Addr at DX--Postal Code must be 99999, 999999, or 999999999 (Resident of Canada and postal code is unknown)

If Addr at DX--State is US (Resident of United States, NOS, and state, territory, commonwealth or possession is unknown):

Addr Current--Postal Code must be 99999 or 999999999 (Resident of U.S., U.S. possessions or territories, and postal code is unknown).

If Addr Current--State is ZZ (Residence unknown):

Addr Current--Postal Code must be 99999, 999999, or 999999999 (residence unknown).

If Addr Current--Postal Code is 88888 or 888888888 (Resident of country outside U.S., U.S. possessions or territories, or Canada and postal code is unknown):

Patient's residence at diagnosis must be outside the U.S. or its possessions or Canada (Addr Current--State must be XX or YY).

If Addr Current--Postal Code is 99999, 999999, or 999999999 (Resident of U.S., U.S. possessions or territories, or Canada and postal code is unknown; residence unknown):

Patient's residence at diagnosis must be in the U.S. or its possessions or in Canada, or residence must be unknown (Addr

at DX--State must not be XX or YY.)

If the patient's residence at diagnosis is in the U.S. or its possessions (Addr Current--State is one of the 2-letter abbreviations in the state table in the FORDS), then Addr Current--Postal Code must be either 5 digits or 9 digits. The first 5 digits must be greater than 00009.

If the patient's residence at diagnosis is in Canada (Addr Current--State is one of the 2-letter abbreviations in the state table in the FORDS), then Addr Current--Postal Code must be 6 characters long and of the form letter-number-letter-number-letter-number, where all of the letters are upper case, or if unknown, it must be 999999 (6 nines), 99999 (5 nines), or 999999999 (9 nines).

Administrative Notes

Modifications:

NACR110B

Edit description and logic updated to handle addition of CD and US state codes.

NAACCR v11.3A

9/2008

Edit was modified to allow postal codes of 99999 (five 9s), 999999 (six 9s), or 999999999 (nine 9s) to indicate unknown postal code for Canadian provinces.

Addr Current--Postal Code, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--Postal Code [Std# 1830]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr Current--Postal Code cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr Current--Postal Code cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr Current--State (COC)

Agency: COC

Last changed: 04/27/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--State [Std# 1820]

Tables

STATE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr Current--State" is not a valid value for Addr Current--State

Description

Field must contain valid US postal code for state or Canadian province. May be blank.

Special Codes:

CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
ZZ Residence unknown

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--State, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Addr Current--State (NAACCR)

Agency: NAACCR

Last changed: 04/27/2007

Fields

Addr Current--State [Std# 1820]

Tables

STATE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Addr Current--State" is not a valid value for Addr Current--State

Description

Field must contain valid US postal code for state or Canadian province.

Special Codes:

- CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
- US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
- XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
- YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
- ZZ Residence unknown

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Addr Current--State, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Addr Current--State [Std# 1820]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Addr Current--State cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Addr Current--State cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr Current--Supplementl (COC)

Agency: COC

Last changed: 08/30/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Addr Current--Supplementl [Std# 2355]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid
Addr Current--Supplementl is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Age at Diagnosis (SEER AGEDX)

Agency: SEER

Last changed: 03/04/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Age at Diagnosis [Std# 230]

Default Error Message

[262] Age at Diagnosis not valid
Age at Diagnosis not valid

Description

This field became a required (rather than optional) data item for COC as of 1/1/2003 and is required for all diagnosis years. Consequently this edit is now used by COC, as well as SEER, and will be added to the COC edit set.

Must be a valid value for Age at Diagnosis (000...120, 999).

Age at Diagnosis, Text--Usual Industry (NAACCR)

Agency: NAACCR

Last changed: 11/23/2009

Edit Sets

Text Edits

Fields

Age at Diagnosis [Std# 230]
Text--Usual Industry [Std# 320]
Date of Birth [Std# 240]
Date of Diagnosis [Std# 390]

Default Error Message

[1050] If %F1 > 013, %F2 cannot be blank
If Age at Diagnosis > 013, Text--Usual Industry cannot be blank

Additional Messages

ERROR_TEXT("Date of Birth: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or blank.

If Age at Diagnosis > 013, Text--Usual Industry cannot be blank.

Age at Diagnosis is calculated if blank:

If the year of birth or year of diagnosis is blank (unknown), then the calculated age at diagnosis = 999 (unknown).

If either month of birth or month of diagnosis is blank (unknown), then the calculated age is computed as year of diagnosis - year of birth. Otherwise the age is computed as:

$$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth})) / 12.$$

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the calculated age.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age at Diagnosis, Text--Usual Occupation (NAACCR)

Agency: NAACCR

Last changed: 11/23/2009

Edit Sets

Text Edits

Fields

Age at Diagnosis [Std# 230]

Text--Usual Occupation [Std# 310]

Date of Birth [Std# 240]

Date of Diagnosis [Std# 390]

Default Error Message

[1050] If %F1 > 013, %F2 cannot be blank

If Age at Diagnosis > 013, Text--Usual Occupation cannot be blank

Additional Messages

ERROR_TEXT("Date of Birth: %DC")

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or blank.

If Age at Diagnosis > 013, Text--Usual Occupation cannot be blank.

Age at Diagnosis is calculated if blank:

If the year of birth or year of diagnosis is unknown (9999), then the calculated age at diagnosis = 999.

If either month of birth or month of diagnosis is unknown (99), then the calculated age is computed as year of diagnosis - year of birth. Otherwise the age is computed as:

$$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth})) / 12.$$

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the calculated age.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age, Birth Date, Date of Diagnosis (NAACCR IF13)

Agency: NAACCR

Last changed: 11/23/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Age at Diagnosis [Std# 230]
Date of Diagnosis [Std# 390]
Date of Birth [Std# 240]
Over-ride Age/Site/Morph [Std# 1990]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Age at Diagnosis, Date of Diagnosis and Date of Birth

Additional Messages

ERROR_TEXT("Date of Birth: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit checks that Age at Diagnosis, Date of Birth, and Date of Diagnosis are in agreement.

If the Age at Diagnosis is 000 and the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

If the Age at Diagnosis is coded as 999 (unknown), then either the year of Date of Birth or the year of Date of Diagnosis must be blank (unknown).

If either the year of Date of Birth or the year of Date of Diagnosis is blank (unknown), then Age at Diagnosis must be 999 (unknown).

If either month of birth or month of diagnosis is blank (unknown), then a working age is computed as year of diagnosis - year of birth. Otherwise the working age is computed as the actual age:

$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth}))/12.$

If the month of diagnosis or month of birth is blank (unknown), or if the months of diagnosis and birth are known and equal and the day of diagnosis or day of birth is blank (unknown), then Age at Diagnosis must equal the working age or the working age - 1.

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the working age, and Age at Diagnosis must equal the new working age.

For all other cases, Age at Diagnosis must equal the working age.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

Reference to "SEER edit of the same name" in Administrative Notes was deleted since this metafile does not include the SEER edit.

NAACCR v11.3A

1/2009

Added: If the Age at Diagnosis is 000 and the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age, Histologic Type, COD, ICDO3 (SEER IF43)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Age at Diagnosis [Std# 230]
Cause of Death [Std# 1910]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[518] Age_dx, Morph, Cod conflict - ICDO3
Age_dx, Morph, Cod conflict - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If the age is less than thirty and the Histologic Type ICD-O-3 field is 9800 (leukemia NOS) and the Cause of Death is 2040 or C910 (acute lymphatic leukemia), then the diagnosis is to be verified as to cell type and whether acute or chronic.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF43_3

NAACCR v11.1A
4/2007

The edit was modified:

- to check ICD-10 Cause of Death code C910 in addition to the ICD-9 code of 2040.
- to no longer skip if year of Date of Diagnosis is less than 2001.

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Age, Primary Site, Morph ICDO3--Adult (SEER)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Age/Site/Morph [Std# 1990]
Age at Diagnosis [Std# 230]
Primary Site [Std# 400]
Morph--Type&Behav ICD-O-3 [Std# 521]
Date of Diagnosis [Std# 390]

Default Error Message

[3145] Adult Age/Site/Hist conflict
Adult Age/Site/Hist conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit and the edit Age, Primary Site, Morphology ICDO3--Pediatric (NPCR) replace the edit Age, Primary Site, Morphology ICDO3 (SEER IF15) for cases diagnosed on or after 01/01/2001. There is no overlap in the two edits. The edit Age, Primary Site, Morphology ICDO3--Pediatric (NPCR) is for ages 000 - 014 and this edit (Age, Primary Site, Morphology ICDO3--Adult (SEER)) is for ages 015 and older. The field Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is skipped if Morph--Type&Behav ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

The edit is also skipped if Age at Diagnosis is less than 15.

If the Over-ride Age/Site/Morph contains a '1' (review completed and case accepted as coded), no further checking is done.

For each specified age group in the following table, the Primary Site/Morphology combinations require review.

014 < Age < 020

Esophagus C150-C159	Any morphology
Small intestine C170-C179	Any morphology
Colon C180-C189	Any other than carcinoid 8240-8245
Rectosigmoid C199	Any morphology
Rectum C209	Any morphology

Anus, anal canal C210-C218	Any morphology
Gallbladder C239	Any morphology
Other biliary tract C240-C249	Any morphology
Pancreas C250-C259	Any morphology
Trachea C339	Any other than carcinoid 8240-8245
Lung and bronchus C340-C349	Any other than carcinoid 8240-8245
Pleura C384	Any morphology
Breast C500-C509	Any morphology
Uterus, NOS C559	Any morphology
Cervix uteri C530-C539	Any Histologic Type ICD-O-3 with Behavior ICD-O-3 of 3 (malignant)
Corpus uteri C540-C549	Any morphology
014 < Age < 030	
Any site	Multiple Myeloma 9732
	Chronic myeloid leukemia 9863,9875,9876,9945
	Chronic lymphocytic leukemia 9823
Penis C609	Any morphology
014 < Age < 040	
Prostate C619	Adenocarcinoma, NOS 8140
Age > 014	
Eye C690-C699	Retinoblastoma 9510-9514
Any site	Wilms tumor 8960
Any site	Juvenile myelomonocytic leukemia 9946
Age > 045	
Placenta C589	Choriocarcinoma 9100

Additional Information:

Some cancers occur almost exclusively in certain age groups. For example, retinoblastoma is a tumor of young children, while prostate cancer occurs in older men. This edit checks that selected cancers are reported only for patients of specific ages at diagnosis. The expected ages are listed for each edited site/morphology combination in the "Description" field of the edit documentation.

First check that the primary site and histologic type are coded correctly and that the age, date of birth, and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Age/Site/Morph to indicate that the coding is correct.

EXAMPLE

AGE	35
PRIMARY SITE	PROSTATE, C61.9
MORPHOLOGY -TYPE AND BEHAVIOR	8140/3, ADENOCARCINOMA
DATE OF DIAGNOSIS	2/13/95
DATE OF BIRTH	1/10/60

The edit identifies prostate cancers occurring before age 45. On review, the birth date in this case is in error and should be 1/10/06. Enter the correct birth date. The age will recalculate to 89, and the case will no longer be in error.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF118

Modifications:

NACR110A

Juvenile myelomonocytic leukemia (9946) for ages > 14 and < 30 was removed from the group of age/histologies requiring review.

NAACCR v11.2

7/2007

Juvenile myelomonocytic leukemia (9946) for ages > 14 was added to the group of age/histologies requiring review.

NAACCR v11.3

6/08

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

12/2008

Edit changed to require review if age is less than 040 [instead of less than 045] and site is prostate (C619) and histology is Adenocarcinoma, NOS (8140).

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age, Primary Site, Morph ICD03--Pediatric (NPCR)

Agency: NPCR

Last changed: 11/23/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Age/Site/Morph [Std# 1990]
Age at Diagnosis [Std# 230]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]

Default Error Message

[3141] Pediatric Age/Site/Hist conflict
Pediatric Age/Site/Hist conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit and the edit Age, Primary Site, Morphology ICD03--Adult (SEER) replace the edit Age, Primary Site, Morphology ICD03 (SEER IF15) for cases diagnosed on or after 01/01/2001. There is no overlap in the two edits. This edit (Age, Primary Site, Morphology ICD03--Pediatric (NPCR)) is for ages 000 - 014 and the edit Age, Primary Site, Morphology ICD03--Adult (SEER) is for ages 015 and older. The field Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is based on the International Classification of Childhood Cancer (ICCC) CHILD-CHECK program edit of "Unlikely Combinations of Age and Tumour Type" as specified on page 11 of IARC Technical Report No. 29. It also includes SEER edits for ages 000 - 014 that were formerly part of the edit Age, Primary Site, Morphology ICD03 (SEER IF15).

This edit is skipped if Histologic Type ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

This edit is skipped if Age at Diagnosis is greater than 14.

If the Over-ride Age/Site/Morph contains a '1' or '3' no further checking is done.

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology

combination for a given age group has been reviewed
2 = Reviewed: Case was diagnosed in utero.
3 = Reviewed: Conditions 1 and 2 above both apply
Blank = Not reviewed or reviewed and corrected

For each specified group in the following list, the Age/Primary Site/Morphology combinations require review.

Unlikely Combinations of Age and Tumor Type

ICCC Diagnostic Group: IIa Hodgkin Lymphoma

Histologic Type ICD-O-3: 9650-9667
Primary Site: Any
Age at Diagnosis: 000 - 002

ICCC Diagnostic Group: IVa Neuroblastoma and ganglioneuroblastoma

Histologic Type ICD-O-3: 9490, 9500
Primary Site: Any
Age at Diagnosis: 010 - 014

ICCC Diagnostic Group: V Retinoblastoma

Histologic Type ICD-O-3: 9510-9514
Primary Site: Any
Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIa Wilms tumor, rhabdoid, and clear cell sarcoma

Histologic Type ICD-O-3: 8960, 8964
Primary Site: Any

Histologic Type ICD-O-3: 8963
Primary Site: C649, C809

Age at Diagnosis: 009 - 014

ICCC Diagnostic Group: VIb Renal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082,
8120-8122, 8130-8141, 8143, 8155, 8190-8201, 8210,
8211, 8221-8231, 8240, 8241, 8244-8246, 8260-8263,
8290, 8310, 8320, 8323, 8401, 8430, 8440, 8480-8490,
8504, 8510, 8550, 8560-8573
Primary Site: C649

Histologic Type ICD-O-3: 8312
Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIa Hepatoblastoma

Histologic Type ICD-O-3: 8970
Primary Site: Any
Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIIb Hepatic carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122,
8140,8141, 8143, 8155, 8190-8201, 8210, 8211, 8230, 8231, 8240,
8241, 8244-8246, 8260-8263, 8310, 8320, 8323, 8401, 8430, 8440,
8480-8490, 8504, 8510, 8550, 8560-8573
Primary Site: C220, C221

Histologic Type ICD-O-3: 8160-8180
Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIIA Osteosarcoma

Histologic Type ICD-O-3: 9180-9200
Primary Site: Any
Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIB Chondrosarcoma

Histologic Type ICD-O-3: 9220-9230
Primary Site: Any

Histologic Type ICD-O-3: 9231, 9240
Primary Site: C400-C419

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIC Ewing sarcoma

Histologic Type ICD-O-3: 9260
Primary Site: C400-C419, C809

Histologic Type ICD-O-3: 9363, 9364
Primary Site: C400-C419

Age at Diagnosis: 000 - 003

ICCC Diagnostic Group: Xb Non-gonadal germ cell

Histologic Type ICD-O-3: 9060-9102
Primary Site: C000-C559, C570-C619, C630-C699, C739-C750,
C754-C809
Age at Diagnosis: 008 - 014

ICCC Diagnostic Group: Xd Gonadal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122,
8130-8141, 8143, 8155, 8190-8201, 8210, 8211, 8221-8241,
8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440,
8480-8490, 8504, 8510, 8550, 8560-8573
Primary Site: C569, C620-C629

Histologic Type ICD-O-3: 8380, 8381, 8441-8473
Primary Site: Any

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIb Thyroid carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8500-8573
Primary Site: C739

Histologic Type ICD-O-3: 8330-8350
Primary Site: Any

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: XIc Nasopharyngeal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8504, 8510, 8550, 8560-8573
Primary Site: C110-C119
Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: XIe Skin carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8090-8110, 8140, 8143, 8147, 8190, 8200, 8240, 8246, 8247, 8260, 8310, 8320, 8323, 8390-8420, 8430, 8480, 8542, 8560, 8570-8573, 8940
Primary Site: C440-C449
Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIf NOS carcinoma

Histologic Type ICD-O-3: 8010-8082, 8120-8155, 8190-8263, 8290, 8310, 8314-8323, 8430-8440, 8480-8580, 8940, 8941
Primary Site: C000-C109, C129-C218, C239-C399, C480-C488, C500-C559, C570-C619, C630-C639, C659-C729, C750-C809
Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIa Mesothelial neoplasms (M905)

Histologic Type ICD-O-3: 9050-9053
Primary Site: Any
Age at Diagnosis: 000 - 014

Additional SEER Groups:

Cervix Uteri

Histologic Type ICD-O-3: Any
Behavior Code ICD-O-3: 2
Primary Site: C530-C539
Age at Diagnosis: 000 - 014

Placenta: choriocarcinoma

Histologic Type ICD-O-3: 9100
Primary Site: C589
Age at Diagnosis: 000 - 014

Esophagus, Small Intestine, Rectosigmoid, Rectum, Anus, Anal Canal,

Gallbladder, Other Biliary Tract, Pancreas, Pleura, Breast,
Uterus, NOS, Corpus Uteri, Penis

Histologic Type ICD-O-3: Any
Primary Site: C150-C159, C170-C179, C199, C209, C210-C218, C239,
C240-C249, C250-C259, C384, C500-C509, C559, C540-C549, C609
Age at Diagnosis: 000 - 014

Colon, Trachea, Lung and Bronchus

Histologic Type ICD-O-3: Any other than carcinoid (8240-8245)
Primary Site: C180-C189, C339, C340-C349
Age at Diagnosis: 000 - 014

Cervix Uteri

Histologic Type ICD-O-3: Any with Behavior ICD-O-3 of 3
Primary Site: C530-C539
Age at Diagnosis: 000 - 014

Prostate: adenocarcinoma

Histologic Type ICD-O-3: 8140
Primary Site: C619
Age at Diagnosis: 000 - 014

Multiple Myeloma

Histologic Type ICD-O-3: 9732
Primary Site: Any
Age at Diagnosis: 000 - 014

Chronic Myeloid Leukemia

Histologic Type ICD-O-3: 9863, 9875, 9876, 9945
Primary Site: Any
Age at Diagnosis: 000 - 014

Chronic Lymphocytic Leukemia

Histologic Type ICD-O-3: 9823
Primary Site: Any
Age at Diagnosis: 000 - 014

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF119

Modifications:

NACR110A

1. Juvenile myelomonocytic leukemia (9946) was removed from the group of age/histologies requiring review
2. Edit logic modified to correctly generate error if Primary Site = C619 (prostate) and Histologic Type ICD-O-3 = 8140 (adenocarcinoma)

NAACCR v11.3

6/08

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

- Updated the edit to skip if the Over-ride Age/Site/Morph contains a 1 OR a 3

Note:

Over-ride Age/Site/Morph codes

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age, Primary Site, Morphology ICD02 (SEER IF15)

Agency: SEER

Last changed: 12/10/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Age/Site/Morph [Std# 1990]
Age at Diagnosis [Std# 230]
Primary Site [Std# 400]
Morph--Type&Behav ICD-O-2 [Std# 419]
Date of Diagnosis [Std# 390]

Default Error Message

[345] Age_dx, Site, Morph conflict - ICDO2
Age_dx, Site, Morph conflict - ICDO2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Morph--Type&Behav ICD-O-2 is blank or year of Date of Diagnosis is greater than 2000 or blank.

If the Over-ride Age/Site/Morph contains a '1' or '3' no further checking is done.
Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

- 1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed
- 2 = Reviewed: Case was diagnosed in utero.
- 3 = Reviewed: Conditions 1 and 2 above both apply
- Blank = Not reviewed or reviewed and corrected

For each specified age group in the following table, the Primary Site/Morphology combinations require review.

Age < 015

Cervix uteri C530-C539	Any histology with in situ behav 2
Placenta C589	Choriocarcinoma 9100

Age < 020

Esophagus C150-C159	Any histology
Small intestine C170-C179	Any histology
Colon C180-C189	Any histology other than carcinoid 8240-8244
Rectosigmoid C199	Any histology

Rectum C209	Any histology
Anus, anal canal C210-C218	Any histology
Gallbladder C239	Any histology
Other biliary tract C240-C249	Any histology
Pancreas C250-C259	Any histology
Trachea C339	Any histology other than carcinoid 8240-8244
Lung and bronchus C340-C349	Any histology other than carcinoid 8240-8244
Pleura C384	Any histology
Breast C500-C509	Any histology
Uterus, NOS C559	Any histology
Cervix uteri C530-C539	Any histology with malignant behavior 3
Corpus uteri C540-C549	Any histology
Age < 030	
Any site	Multiple myeloma 9732
Any site	Chronic myeloid leukemia 9863, 9868
Any site	Monocytic leukemia, NOS 9890
Any site	Chronic lymphocytic leukemia 9823
Penis C609	Any histology
Age < 040	
Prostate C619	Adenocarcinoma, NOS 8140
Age > 005	
Eye C690-C699	Retinoblastoma 9510-9512
Age > 014	
Any site	Wilms tumor 8960
Age > 045	
Placenta C589	Choriocarcinoma 9100

Additional Information:

Some cancers occur almost exclusively in certain age groups. For example, retinoblastoma is a tumor of young children, while prostate cancer occurs in older men. This edit checks that selected cancers are reported only for patients of specific ages at diagnosis. The expected ages are listed for each edited site/morphology combination in the "Description" field of the edit documentation.

First check that the primary site and histologic type are coded correctly and that the age, date of birth, and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Age/Site/Morph to indicate that the coding is correct.

EXAMPLE

AGE	35
PRIMARY SITE	PROSTATE, C61.9
MORPHOLOGY -TYPE AND BEHAVIOR	8140/3, ADENOCARCINOMA

DATE OF DIAGNOSIS	2/13/95
DATE OF BIRTH	1/10/60

The edit identifies prostate cancers occurring before age 45. On review, the birth date in this case is in error and should be 1/10/06. Enter the correct birth date. The age will recalculate to 89, and the case will no longer be in error.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF15

Modifications:

NAACCR v11.3

6/08

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.
- Updated the edit to skip if the Over-ride Age/Site/Morph contains a 1 OR a 3

Note:

Over-ride Age/Site/Morph codes

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

NAACCR v11.3A

12/2008

Edit changed to require review if age is less than 040 [instead of less than 045] and site is prostate (C619) and histology is Adenocarcinoma, NOS (8140).

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Age, Primary Site, Morphology ICD03 (SEER IF15)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Age/Site/Morph [Std# 1990]
Age at Diagnosis [Std# 230]
Primary Site [Std# 400]
Morph--Type&Behav ICD-O-3 [Std# 521]
Date of Diagnosis [Std# 390]

Default Error Message

[508] Age_dx, Site, Morph conflict - ICDO3
Age_dx, Site, Morph conflict - ICDO3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is greater than 2000 or blank. For cases diagnosed on or after 1/1/2001, this edit has been replaced by the edits Age, Primary Site, Morph ICD03--Pediatric (NPCR) and Age, Primary Site, Morph ICD03--Adult (SEER).

This edit is skipped if Morph--Type&Behav ICD-O-3 is blank.

If the Over-ride Age/Site/Morph contains a '1' or '3' no further checking is done.
Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

- 1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed
- 2 = Reviewed: Case was diagnosed in utero.
- 3 = Reviewed: Conditions 1 and 2 above both apply
- Blank = Not reviewed or reviewed and corrected

For each specified age group in the following table, the Primary Site/Morphology combinations require review.

Age at Diagnosis < 015

Cervix uteri C530-C539	Any histology with in situ behavior 2
Placenta C589	Choriocarcinoma 9100

Age at Diagnosis < 020	
Esophagus C150-C159	Any morphology
Small intestine C170-C179	Any morphology
Colon C180-C189	Any other than carcinoid 8240-8245
Rectosigmoid C199	Any morphology
Rectum C209	Any morphology
Anus, anal canal C210-C218	Any morphology
Gallbladder C239	Any morphology
Other biliary tract C240-C249	Any morphology
Pancreas C250-C259	Any morphology
Trachea C339	Any other than carcinoid 8240-8245
Lung and bronchus C340-C349	Any other than carcinoid 8240-8245
Pleura C384	Any morphology
Breast C500-C509	Any morphology
Uterus, NOS C559	Any morphology
Cervix uteri C530-C539	Any histology with malignant behav 3
Corpus uteri C540-C549	Any morphology

Age at Diagnosis < 030	
Any site	Multiple myeloma 9732
Any site	Chronic myeloid leukemia 9863, 9875, 9876, 9945
Any site	Chronic lymphocytic leukemia 9823
Penis C609	Any morphology

Age at Diagnosis < 040	
Prostate C619	Adenocarcinoma, NOS 8140

Age at Diagnosis > 005	
Eye C690-C699	Retinoblastoma 9510-9514

Age > 014	
Any site	Wilms tumor 8960
Any site	Juvenile myelomonocytic leukemia 9946

Age at Diagnosis > 045	
Placenta C589	Choriocarcinoma 9100

Additional Information

Some cancers occur almost exclusively in certain age groups. For example, retinoblastoma is a tumor of young children, while prostate cancer occurs in older men. This edit checks that selected cancers are reported only for patients of specific ages at diagnosis. The expected ages are listed for each edited site/morphology combination in the "Description" field of the edit documentation.

First check that the primary site and histologic type are coded correctly and that the age, date of birth, and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Age/Site/Morph to indicate that the coding is correct.

EXAMPLE

AGE	35
PRIMARY SITE	PROSTATE, C61.9
MORPHOLOGY -TYPE AND BEHAVIOR	8140/3, ADENOCARCINOMA
DATE OF DIAGNOSIS	2/13/95
DATE OF BIRTH	1/10/60

The edit identifies prostate cancers occurring before age 45. On review, the birth date in this case is in error and should be 1/10/06. Enter the correct birth date. The age will recalculate to 89, and the case will no longer be in error.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF15_3

Modifications:

NACR110A

Juvenile myelomonocytic leukemia (9946) for ages > 14 and < 30 was removed from the group of age/histologies requiring review

NACR111

12/14/06

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000. For cases diagnosed on or after 1/1/2001, this edit has been replaced by the edits Age, Primary Site, Morph ICDO3--Pediatric (NPCR) and Age, Primary Site, Morph ICDO3--Adult (SEER).

NAACCR v11.2

7/2007

Juvenile myelomonocytic leukemia (9946) for ages > 14 was added to the group of age/histologies requiring review.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Updated the edit to skip if the Over-ride Age/Site/Morph contains a 1 OR a 3

Note:

Over-ride Age/Site/Morph codes

- 1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed
- 2 = Reviewed: Case was diagnosed in utero.
- 3 = Reviewed: Conditions 1 and 2 above both apply
- Blank = Not reviewed or reviewed and corrected

NAACCR v11.3A

12/2008

Edit changed to require review if age is less than 040 [instead of less than 045] and site is prostate (C619) and histology is Adenocarcinoma, NOS (8140).

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Ambig Term DX, Date Conclusive DX (SEER IF162)

Agency: SEER

Last changed: 12/14/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Ambiguous Terminology DX [Std# 442]
Date Conclusive DX Flag [Std# 448]
Date Conclusive DX [Std# 443]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
Ambiguous Terminology DX ("value of Ambiguous Terminology DX") and Date Conclusive DX Flag ("value of Date Conclusive DX Flag") conflict

Description

This edit is skipped if either Ambiguous Terminology DX or [Date Conclusive DX is blank and Date Conclusive Flag is blank].

If Ambiguous Terminology DX = 0 (conclusive term), then Date Conclusive DX Flag must = 11 (not applicable, initial diagnosis made by unambiguous terminology); if Date Conclusive DX Flag = 11, then Ambiguous Terminology DX must = 0.

If Ambiguous Terminology DX = 1 (ambiguous term only), then Date Conclusive DX Flag must = 15 (accessioned based on ambiguous terminology only); if Date Conclusive DX Flag = 15, then Ambiguous Terminology DX must = 1.

If Ambiguous Terminology DX = 2 (ambiguous term followed by conclusive term), then Date Conclusive DX Flag must not 11 or 15.

If Ambiguous Terminology DX = 9 (unknown term), then Date Conclusive DX Flag must = 10 (unknown if diagnosis based on ambiguous terminology) or 12 (date of conclusive term is unknown).

Flag codes:

10 - unknown if the diagnosis was initially based on ambiguous terminology
= traditional date of 99999999

11 - not applicable, initial diagnosis made by unambiguous terminology
= traditional date of 88888888

12 - the initial ambiguous diagnosis was followed by a conclusive term, but the date of the conclusive term is unknown
= traditional date of 99999999

15 - accessioned based on ambiguous terminology only
= traditional date of 00000000

Blank = valid date value is provided in item Date Conclusive DX or the date was not expected to have been transmitted.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF162

Modifications:

NAACCR v11.2

11/2007

Fixed edit logic so that edit is skipped if Ambiguous Terminology DX is blank.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Error message changed.

NAACCR v13

- Edit name changed from 'Ambig Term DX, Date of Conclusive DX (SEER IF162)' to 'Ambig Term DX, Date Conclusive DX (SEER IF162)'.
- Data item name changed from 'Date of Conclusive DX' to 'Date Conclusive DX'.

Ambiguous Terminology DX (SEER)

Agency: SEER

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Ambiguous Terminology DX [Std# 442]

Default Error Message

[1023] %F1 is not valid
Ambiguous Terminology DX is not valid

Description

This field is allowed to be blank because the item is not required for all years of diagnosis. Two other edits support the various standard setter requirements based on year of diagnosis:

1. Ambiguous Terminology DX, Date of DX (SEER IF157)
 - SEER and COC: Verifies that Ambiguous Terminology DX is not blank if the year of Date of Diagnosis is 2007-2012.
2. Ambiguous Terminology DX, Date of DX (CCCR)
 - CCCR: Verifies that Ambiguous Terminology DX is not blank if the year of Date of Diagnosis is 2008-2012.

Code must be a valid Ambiguous Terminology DX code (0-2, 9) or blank.

Codes

- 0 Conclusive term
- 1 Ambiguous term only
- 2 Ambiguous term followed by conclusive term
- 9 Unknown term

Administrative Notes

Modifications:

NACR111

09/2006

The edit was changed from requiring the field to be blank to requiring the field to equal 0-2, 9, or blank.

NAACCR v12.1

- Description updated to include differences in standard setter requirements.

NAACCR v13

- Reference in description to standard setter requirements was updated.

Ambiguous Terminology DX, Date of DX (CCCR)

Agency: CCCR

Last changed: 11/28/2012

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Ambiguous Terminology DX [Std# 442]

Default Error Message

[3396] If year of %F1 = 2008-2012, then %F2 cannot be blank

If year of Date of Diagnosis = 2008-2012, then Ambiguous Terminology DX cannot be blank

Additional Messages

[3397] If year of Date of Diagnosis < 2008, then Ambiguous Terminology DX must be blank

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2013 or later, then Ambiguous Terminology DX is optional and can be left blank.

If year of Date of Diagnosis is 2008-2012, then Ambiguous Terminology DX cannot be blank.

If year of Date of Diagnosis is less than 2008, then Ambiguous Terminology DX must be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the SEER edit of the same name in that the CCCR version of the edit requires Ambiguous Terminology DX for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Ambiguous Terminology DX for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2008-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Ambiguous Terminology DX, Date of DX (SEER IF157)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Ambiguous Terminology DX [Std# 442]

Default Error Message

[4990] If year of %F1 = 2007-2012, then %F2 cannot be blank
If year of Date of Diagnosis = 2007-2012, then Ambiguous Terminology DX cannot be blank

Additional Messages

[2001] If year of Date of Diagnosis < 2007, then Ambiguous Terminology DX must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2013 or later, then Ambiguous Terminology DX is optional and can be left blank.

If year of Date of Diagnosis is 2007-2012, then Ambiguous Terminology DX cannot be blank.

If year of Date of Diagnosis is less than 2007, then Ambiguous Terminology DX must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF157

This edit differs from the CCCR edit of the same name in that the CCCR version of the edit requires Ambiguous Terminology DX for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Ambiguous Terminology DX for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.1

- Administrative Notes updated to describe how the SEER and CCCR edits of the same name differ.

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2007-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Archive FIN (COC)

Agency: COC

Last changed: 02/14/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Archive FIN [Std# 3100]

Default Error Message

[3212] %F1 must be numeric, right justified, and begin with 0010, 0020, or 0006
Archive FIN must be numeric, right justified, and begin with 0010, 0020, or 0006

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Archive FIN, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

May be blank. If not blank, must be numeric, right-justified, zero-filled and the first four digits must = 0010, 0020, or 0006.

Administrative Notes

Modifications

NAACCR v13A

Updated to allow first four digits to equal 0020.

Archive FIN, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Archive FIN [Std# 3100]
Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank
If Date of Diagnosis > 2002 Archive FIN cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Archive FIN cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Autopsy Only, RX (NPCR)

Agency: NPCR

Last changed: 08/07/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
Reason for No Surgery [Std# 1340]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Other [Std# 1420]
RX Summ--Transplnt/Endocr [Std# 3250]
Rad--Regional RX Modality [Std# 1570]
RX Summ--Surg/Rad Seq [Std# 1380]
RX Summ--Systemic/Sur Seq [Std# 1639]

Default Error Message

[3162] Conflict between Autopsy Only & RX data items
Conflict between Autopsy Only & RX data items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("Conflict between Autopsy Only & Rad--Regional RX Modality")
SAVE_TEXT("Conflict between Autopsy Only & Reason for No Surgery")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--BRM")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Chemo")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Hormone")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Other")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Scope Reg LN Sur")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Surg Oth Reg/Dis")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Surg Prim Site")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Surg/Rad Seq")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Systemic/Sur Seq")
SAVE_TEXT("Conflict between Autopsy Only & RX Summ--Transplnt/Endocr")
```

Description

This edit is skipped if year of Date of Diagnosis is less than 2006 or blank:

If Type of Reporting Source is 6 (autopsy only):

1. RX Summ--Surg Prim Site must = 00 or 98
2. RX Summ--Scope Reg LN Sur
 - A. For primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729), intracranial other endocrine (C751, C752, C753), unknown or ill-defined sites (C760-C768, C809), lymphoma and hematopoietic [C420, C421, C423, C424 (all histologies) and 9590-9992]
 - RX Summ--Scope Reg LN Sur must = 0 or 9
 - B. For all other sites/histologies
 - RX Summ--Scope Reg LN Sur must = 0
3. RX Summ--Surg Oth Reg/Dis
 - A. For primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729), unknown site (C809), lymphoma and hematopoietic (9590-9992)
 - RX Summ--Surg Oth Reg/Dis must = 0 or 9
 - B. For all other sites/histologies
 - RX Summ--Surg Oth Reg/Dis must = 0
4. Reason for No Surgery must = 1 or 9
5. RX Summ--BRM must = 00
6. RX Summ--Chemo must = 00
7. RX Summ--Hormone must = 00
8. RX Summ--Other must = 0
9. RX Summ--Transplnt/Endocr = 00
10. Rad--Regional RX Modality must = 00
11. RX Summ--Surg/Rad Seq must = 0
12. RX Summ--Systemic/Sur Seq must = 0

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v11.1A

02/2007

Changed "primary site of brain (700, C710-C719)" to "primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729)".

NAACCR v11.3

02/2008

Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 0 or 9.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.

NAACCR v12.1

- Modified: C420, C421, C423, C424, and C760-C768 were added to the list of primary site codes for which RX Summ--Scope Reg LN Sur can be either 0 or 9 for autopsies only cases.

NAACCR v14

- Added '1' to codes indicating Autopsy Only for Reason for No Surgery. '1' was added for Autopsy Only in the 2013 FORDS Manual. Edit now allows both '1' and '9' for Autopsy Only.

Behav ICDO2, Date of DX, ICDO2 Conv Flag(SEER IF85)

Agency: SEER

Last changed: 12/16/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Behavior (92-00) ICD-O-2 [Std# 430]

ICD-O-2 Conversion Flag [Std# 1980]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among Date of Diagnosis, Behavior (92-00) ICD-O-2 and ICD-O-2 Conversion Flag

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2001, then Behavior (92-00) ICD-O-2 cannot be blank.

If year of Date of Diagnosis is greater than 2000 and Behavior (92-00) ICD-O-2 is not blank, then ICD-O-2 Conversion Flag must equal 0, 5, or 6.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF85

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behav ICDO3, Date of DX, ICDO3 Conv Flag(SEER IF87)

Agency: SEER

Last changed: 12/16/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
ICD-O-3 Conversion Flag [Std# 2116]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Behavior Code ICD-O-3, Date of Diagnosis and ICD-O-3 Conversion Flag

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2001 and Behavior Code ICD-O-3 is not blank, then ICD-O-3 Conversion Flag must equal 1 or 3.

If year of Date of Diagnosis is greater than 2000, then Behavior Code ICD-O-3 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF87

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior (73-91) ICD-O-1 (SEER)

Agency: SEER

Last changed: 06/27/2005

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Behavior (73-91) ICD-O-1 [Std# 1972]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Behavior (73-91) ICD-O-1" is not a valid value for Behavior (73-91) ICD-O-1

Description

Must be a valid Behavior (73-91) ICD-O-1 of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant). May be blank.

Behavior Code ICD02, Sequence Number--Hosp (COC)

Agency: COC

Last changed: 11/27/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Behavior (92-00) ICD-O-2 [Std# 430]
Sequence Number--Hospital [Std# 560]
Date of Diagnosis [Std# 390]
Histology (92-00) ICD-O-2 [Std# 420]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior (92-00) ICD-O-2 and Sequence Number--Hospital conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Behavior (92-00) ICD-O-2 is blank.

If Sequence Number--Hospital = 00-59, or 99, then Behavior (92-00) ICD-O-2 must = 2 (in situ) or 3 (malignant).

If tumor is benign or of uncertain behavior (Behavior (92-00) ICD-O-2 = 0 or 1), Sequence Number--Hospital must = 60-88.

Exceptions to the above rules are:

If year of Date of Diagnosis is greater than 2000 or is blank, the following Histologic (92-00) ICD-O-2 codes may have a Behavior (92-00) ICD-O-2 code of 1 (borderline) with a Sequence Number--Hospital of 00-59, or 99. These codes may have been entered in ICD-O-3 as malignant, but converted to ICD-O-2 as borderline. The Sequence Number--Hospital field would pertain to the pre-converted (ICD-O-3) malignant behavior.

8931
9393
9538
9950
9960
9961
9962
9980
9981
9982
9983
9984
9989

Administrative Notes

Modifications:

NACR110B

"If Sequence Number--Hospital = 00-35, or 99, then Behavior (92-00) ICD-O-2 must = 2 (in situ) or 3 (malignant)" changed to "If Sequence Number--Hospital = 00-59, or 99, then Behavior (92-00) ICD-O-2 must = 2 (in situ) or 3 (malignant)".

NACR110C

08/21/06

Edit description corrected: reference to Sequence Number--Hospital of "00-35" changed to "00-59".

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

Behavior Code ICD03, Seq Num--Central (SEER IF114)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Sequence Number--Central [Std# 380]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]

Default Error Message

[3144] Behavior Code ICD-O-3 and Sequence Number--Central conflict
Behavior Code ICD-O-3 and Sequence Number--Central conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Behavior Code ICD-O-3 is blank.

1. If Sequence Number--Central= 00-59, 98, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant).

Exceptions to the above rule are:

If Year of Diagnosis < 2001, and
Histologic Type ICD-O-3 = 8442,8451,8462,8472,8473, Behavior
Code ICD-O-3 can equal 1 (borderline) with a Sequence
Number--Central of 00-59, or 99.

These codes may have been entered in ICD-O-2 as malignant, but
converted to ICD-O-3 as borderline. The Sequence Number--
Central field would pertain to the pre-converted (ICD-O-2)
malignant behavior.(Please note that 9421 is not included
because the standard setting organizations have agreed to
collect it with a behavior of 3 rather than 1.)

2. If Year of Diagnosis > 2000, and Behavior Code ICD-O-3 = 2 (in situ) or 3 (malignant) and not cervix in situ (Primary Site equal C530-C539 (cervix) and Histologic Type ICD-O-3 < 9590 and Behavior Code ICD-O-3 = 2), then Sequence Number--Central cannot = 60-88.
3. If Year of Diagnosis > 2000, and Behavior Code ICD-O-3 = 0 or 1, Sequence Number--Central must = 60-88.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF114

Modifications:

NACR110B

"If Sequence Number--Central = 00-35, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)" changed to "If Sequence Number--Central = 00-59, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)".

NACR110C

08/21/06

Edit description corrected: reference to Sequence Number--Central of "00-35" changed to "00-59".

NAACCR v11.1A

02/07

Corrected typo: changed "Sequence Number--Hospital" to "Sequence Number--Central".

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Corrected edit logic for pre-2001 cases: If Histologic Type ICD-O-3 = 8442,8451,8462,8472,8473, Behavior Code ICD-O-3 can equal 1 (borderline) with a Sequence Number--Central of 00-59, or 99.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior Code ICD03, Sequence Number--Hosp (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Behavior Code ICD-O-3 [Std# 523]
Sequence Number--Hospital [Std# 560]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior Code ICD-O-3 and Sequence Number--Hospital conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if either Behavior Code ICD-O-3 or Sequence Number--Hospital is blank.

If Sequence Number--Hospital = 00-59, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant).

If tumor is benign or of uncertain behavior (Behavior Code ICD-O-3 = 0 or 1), Sequence Number--Hospital must = 60-88.

If Year of Date of Diagnosis is greater than 2003 and not blank and tumor is in situ or malignant (Behavior Code ICD-O-3 = 2 or 3), Sequence Number--Hospital must = 00-59, or 99.

Exceptions to the above rules are:

If year of Date of Diagnosis is less than 2001, the following Histologic Type ICD-O-3 codes may have a Behavior Code ICD-O-3 of 1 (borderline) with a Sequence Number--Hospital 00-59, or 99. These codes may have been entered in ICD-O-2 as malignant, but converted to ICD-O-3 as borderline. The Sequence Number--Hospital field would pertain to the pre-converted (ICD-O-2) malignant behavior. (Please note that 9421 is not included because the standard setting organizations have agreed to collect it with a behavior of 3 rather than 1.)

8442
8451
8462
8472
8473

Administrative Notes

Modifications:

NACR110B

"If Sequence Number--Hospital = 00-35, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)" changed to "If Sequence Number--Hospital = 00-59, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)".

NACR110C

08/21/06

Edit description corrected: reference to Sequence Number--Hospital of "00-35" changed to "00-59".

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified so that edit will be skipped if Sequence Number--Hospital is blank.

Behavior ICDO2 (COC)

Agency: COC

Last changed: 07/07/2005

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Behavior (92-00) ICD-O-2 [Std# 430]

Default Error Message

[303] Behavior Code not valid - ICDO2
Behavior Code not valid - ICDO2

Description

This field is allowed to be blank because the item was not required after 2000. Another edit (Behavior ICDO2, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is less than 2001. Registries should include both edits in their edit set.

Must be a valid Behavior (92-00) ICD-O-2 code of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant).

Behavior ICD02, Behavior ICD03 (SEER IF115)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Behavior (92-00) ICD-O-2 [Std# 430]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior (92-00) ICD-O-2 and Behavior Code ICD-O-3 conflict

Description

If Behavior (92-00) ICD-O-2 = 2 and Behavior Code ICD-O-3 = 3, an error is generated.

If Behavior (92-00) ICD-O-2 = 3 and Behavior Code ICD-O-3 = 2, an error is generated.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF115

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Behavior ICD02, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 11/27/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Behavior (92-00) ICD-O-2 [Std# 430]

Default Error Message

[1112] If year of %F1 < 2001, then %F2 cannot be blank
If year of Date of Diagnosis < 2001, then Behavior (92-00) ICD-O-2 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2001, then Behavior (92-00) ICD-O-2 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior ICDO2, Histology ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 11/27/2009

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Behavior (92-00) ICD-O-2 [Std# 430]

Histology (92-00) ICD-O-2 [Std# 420]

Default Error Message

[1129] Behavior not allowed for this ICDO2 histology for this dx year
Behavior not allowed for this ICDO2 histology for this dx year

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Behavior (92-00) ICD-O-2 = 1 (borderline), then year of Date of Diagnosis must be greater than 2000 or be blank and Histology (92-00) ICD-O-2 must equal one of the following codes. These codes may have been entered as malignant in ICD-O-3, but converted to borderline in ICD-O-2. (Most state registries only collect behavior codes 2 and 3; these converted cases (converted from ICD-O-3 to ICD-O-2) are exceptions to the rule.) The codes are:

8931
9393
9538
9950
9960
9961
9962
9980
9981
9982
9983
9984
9989

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior ICD02, Summary Stage 1977 (NAACCR)

Agency: NAACCR

Last changed: 08/02/2005

Fields

Behavior (92-00) ICD-O-2 [Std# 430]
SEER Summary Stage 1977 [Std# 760]
Type of Reporting Source [Std# 500]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior (92-00) ICD-O-2 and SEER Summary Stage 1977 conflict

Description

This edit is skipped if SEER Summary Stage 1977 is blank or if case is death certificate only (Type of Reporting Source = 7).

If Behavior (92-00) ICD-O-2 = 2 (in situ), then SEER Summary Stage 1977 must be 0.

If Behavior (92-00) ICD-O-2 = 3 (malignant), then SEER Summary Stage 1977 must be greater than 0.

Behavior ICDO3 (COC)

Agency: COC

Last changed: 03/12/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[503] Behavior Code not valid - ICDO3
Behavior Code not valid - ICDO3

Description

This field is allowed to be blank because the item was not required until 2001. Another edit (Behavior ICDO3, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2000 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid Behavior Code ICD-O-3 code of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant).

Behavior ICD03 Conversion (NAACCR)

Agency: NAACCR

Last changed: 11/29/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Behavior Code ICD-O-3" is not a valid value for Behavior Code ICD-O-3

Description

The purpose of this edit is to verify that Behavior Code ICD-O-3 is filled in (either directly or converted) for all cases.

Must be a valid Behavior Code ICD-O-3 code of 0 (benign), 1 (borderline), 2 (in situ), or 3 (malignant).

Behavior ICD03, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 11/27/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1113] If year of %F1 > 2000, then %F2 cannot be blank
If year of Date of Diagnosis > 2000, then Behavior Code ICD-O-3 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is greater than 2000 and is not blank, then Behavior Code ICD-O-3 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior ICD03, Site, Histology ICD03 (NAACCR)

Agency: NAACCR

Last changed: 01/12/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Behavior Code ICD-O-3 [Std# 523]
Histologic Type ICD-O-3 [Std# 522]
Primary Site [Std# 400]

Default Error Message

[3051] Conflict among ICD03 Behavior, Hist, Site, and DX Year
Conflict among ICD03 Behavior, Hist, Site, and DX Year

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped:

1. If Behavior Code ICD-O-3 is empty or greater than 1
2. If Date of Diagnosis is blank

Behavior Code ICD-O-3 is allowed to be 0 (benign) or 1 (borderline) only under the following conditions:

1. Behavior Code ICD-O-3 may be 0 or 1 if Year of Date of Diagnosis is greater than 2003 and Primary Site equals C700-C729 or C751-C753 (brain tumor sites).
2. Behavior Code ICD-O-3 may be 1 if year of Date of Diagnosis is less than 2001 and Histologic Type ICD-O-3 equals one of the following: 8442, 8451, 8462, 8472, 8473. (Please note that 9421 is not included because the standard setting organizations have agreed to collect it with a behavior of 3 rather than 1.) These codes may have been entered as malignant in ICD-O-2, but converted to borderline in ICD-O-3.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior ICDO3, Summary Stage 1977 (NAACCR)

Agency: NAACCR

Last changed: 11/29/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Behavior Code ICD-O-3 [Std# 523]
SEER Summary Stage 1977 [Std# 760]
Type of Reporting Source [Std# 500]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior Code ICD-O-3 and SEER Summary Stage 1977 conflict

Description

The purpose of this edit is to accommodate cases that have been converted from ICD-O-2 to ICD-O-3.

This edit is skipped if SEER Summary Stage 1977 is blank or if case is death certificate only (Type of Reporting Source = 7).

If Behavior Code ICD-O-3 = 2 (in situ), then SEER Summary Stage 1977 must be 0.

If Behavior Code ICD-O-3 = 3 (malignant), then SEER Summary Stage 1977 must be greater than 0.

Behavior ICD03, Summary Stage 2000 (NAACCR)

Agency: NAACCR

Last changed: 12/15/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Behavior Code ICD-O-3 [Std# 523]
SEER Summary Stage 2000 [Std# 759]
Type of Reporting Source [Std# 500]

Default Error Message

[1016] %F1 and %F2 conflict
Behavior Code ICD-O-3 and SEER Summary Stage 2000 conflict

Description

This edit is skipped if SEER Summary Stage 2000 is blank or if case is death certificate only (Type of Reporting Source = 7).

If Behavior Code ICD-O-3 = 2 (in situ), then SEER Summary Stage 2000 must be 0.

If Behavior Code ICD-O-3 = 3 (malignant), then SEER Summary Stage 2000 must be greater than 0.

Birthplace (SEER POB)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Verify Birthplace Conversion

Fields

Birthplace [Std# 250]

Tables

BPLACE.DBF

Default Error Message

[260] Birthplace not valid
Birthplace not valid

Description

If entered, must be a valid Birthplace code. See Appendix B of SEER Program Code Manual for numeric and alphabetic lists of places and codes. May be blank because Birthplace has been replaced by Birthplace--Country and Birthplace--State.

Administrative Notes

Modifications:

NAACCR v12.2A

- Administrative Notes updated to explain how COC and SEER versions of edit differ.
- Code 141 (Other Pacific area) added to BPLACE.dbf table

NAACCR v13

- Updated to allow the field to be blank. Birthplace has been replaced by Birthplace--Country and Birthplace--State.

Birthplace, Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Verify Birthplace Conversion

Fields

Birthplace [Std# 250]
Birthplace--Country [Std# 254]
Birthplace--State [Std# 252]

Tables

CNTRY_ST.DBF

Default Error Message

[3268] %F1 (%V1), %F2 (%V2), %F3 (%V3) conflict
Birthplace ("value of Birthplace"), Birthplace--Country ("value of Birthplace--Country"), Birthplace--State
("value of Birthplace--State") conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Birthplace--State and Birthplace--Country codes are valid for the Birthplace (geocode).

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF398

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Birthplace--Country (COC)

Agency: COC

Last changed: 12/08/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Verify Birthplace Conversion

Fields

Birthplace--Country [Std# 254]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Birthplace--Country" is not a valid value for Birthplace--Country

Description

Birthplace--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank. Another edit [Birthplace--Country, Date of Diagnosis (COC)] verifies that this item is not blank if the year of Date of Diagnosis is 2003 or later. COC-approved programs should include both edits in their edit set.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Birthplace--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Birthplace--Country [Std# 254]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Birthplace--Country" is not a valid value for Birthplace--Country

Description

Birthplace--Country must contain a valid ISO code or standard custom code for country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Birthplace--Country, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/19/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Verify Birthplace Conversion

Fields

Birthplace--Country [Std# 254]
Date of Diagnosis [Std# 390]

Default Error Message

[4993] %F1 cannot be blank if year of %F2 is 2003 or later
Birthplace--Country cannot be blank if year of Date of Diagnosis is 2003 or later

Additional Messages

[4992] Birthplace--Country cannot be "value of Birthplace--Country" if Date of Diagnosis is greater than 2012

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2003 or later, then Birthplace--Country cannot be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it specifically allows the field Birthplace--Country to be blank for cases diagnosed prior to 2003.

Modifications:

NAACCR v14

- Error message 4993 was corrected to specify that field cannot be blank if "year of Date of Diagnosis is 2003 or later.

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

NAACCR v16A

- Edit logic modified to only fail on blank Birthplace--Country for diagnosis year > 2002. Edit logic failing on specific country codes deleted, pending review by standard setters

Birthplace--Country, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Fields

Birthplace--Country [Std# 254]

Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012

Birthplace--Country cannot be "value of Birthplace--Country" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--Country cannot be any of the following "historic" codes:

XNI	North American Islands
XCB	Other Caribbean Islands
XEN	England, Channel Islands, Isle of Man
XSC	Scandinavia
XGR	Germanic Countries
XSL	Slavic Countries
XUM	Ukraine and Moldova
XNF	North Africa
XSD	Sudanese Countries
XWF	West Africa
XSF	South Africa
XEF	East Africa
XIF	African Islands
XET	Ethiopia and Eritrea
XAP	Arabian Peninsula
XIS	Israel and Palestine
XCR	Caucasian Republics of former USSR
XOR	Other Asian Republics of former USSR
XSE	Southeast Asia
XMS	Malaysia, Singapore, Brunei
XCH	China, NOS
XML	Melanesian Islands
XMC	Micronesian Islands
XPL	Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF399

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Birthplace--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits
Verify Birthplace Conversion

Fields

Birthplace--Country [Std# 254]
Birthplace--State [Std# 252]

Tables

CNTRY_ST.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Birthplace--Country and Birthplace--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Birthplace--State code is valid for the Birthplace--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF400

Modifications

NAACCR v15

- Edit updated to no longer allow Birthplace--State of XX (Resident of country other than U.S. or Canada, country known) with Birthplace--Country of ZZ (Not U.S. or Canada, country unknown)

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Birthplace--State (COC)

Agency: COC

Last changed: 11/28/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Verify Birthplace Conversion

Fields

Birthplace--State [Std# 252]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Birthplace--State" is not a valid value for Birthplace--State

Description

Birthplace--State must contain a valid ISO code or standard custom code for state.
May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank. Another edit [Birthplace--State, Date of Diagnosis (COC)] verifies that this item is not blank if the year of Date of Diagnosis is 2003 or later. COC-approved programs should include both edits in their edit set.

Birthplace--State (NAACCR)

Agency: NAACCR

Last changed: 11/28/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Birthplace--State [Std# 252]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Birthplace--State" is not a valid value for Birthplace--State

Description

Birthplace--State must contain a valid ISO code or standard custom code for state.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Birthplace--State, Date of Diagnosis (COC)

Agency: COC

Last changed: 09/13/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Verify Birthplace Conversion

Fields

Birthplace--State [Std# 252]
Date of Diagnosis [Std# 390]

Default Error Message

[4993] %F1 cannot be blank if year of %F2 is 2003 or later
Birthplace--State cannot be blank if year of Date of Diagnosis is 2003 or later

Additional Messages

[4992] Birthplace--State cannot be "value of Birthplace--State" if Date of Diagnosis is greater than 2012

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2003 or later, then Birthplace--State cannot be blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--State cannot be any of the following "historic" codes:

NN New England and New Jersey
MM Maritime Provinces
PP Prairie Provinces
YN Yukon and Northwest Territories

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the NAACCR edit of the same name in that it specifically allows the field Birthplace--State to be blank for cases diagnosed prior to 2003.

Modifications:

NAACCR v14

- Error message 4993 was corrected to specify that field cannot be blank if "year of Date of Diagnosis is 2003 or later.

Birthplace--State, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 12/11/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Birthplace--State [Std# 252]
Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012
Birthplace--State cannot be "value of Birthplace--State" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--State cannot be any of the following "historic" codes:

NN	New England and New Jersey
MM	Maritime Provinces
PP	Prairie Provinces
YN	Yukon and Northwest Territories

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF401

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Bladder, RX Hosp--Surg Prim Site, BRM (COC)

Agency: COC

Last changed: 07/24/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Hosp--Surg Prim Site [Std# 670]
RX Hosp--BRM [Std# 720]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, RX Hosp--Surg Prim Site and RX Hosp--BRM

Description

If Primary Site = C670-C679 (bladder) and RX Hosp--Surg Prim Site = 16, then RX Hosp--BRM must = 01.

Bladder, RX Summ--Surg Prim Site, BRM (COC)

Agency: COC

Last changed: 04/11/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--BRM [Std# 1410]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, RX Summ--Surg Prim Site and RX Summ--BRM

Description

This edit is skipped if either RX Summ--Surg Prim Site or RX Summ--BRM is empty.

If Primary Site = C670-C679 (bladder) and RX Summ--Surg Prim Site = 16, then RX Summ--BRM must = 01.

Administrative Notes

Modifications:

NACR111

12/11/06

The edit was updated so that it will be skipped if either RX Summ--Surg Prim Site or RX Summ--BRM is empty.

Cancer Status (COC)

Agency: COC

Last changed: 03/29/1997

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Cancer Status [Std# 1770]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Cancer Status" is not a valid value for Cancer Status

Description

Must be a valid Cancer Status code (1,2,9).

Cancer Status (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

Cancer Status [Std# 1770]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Cancer Status" is not a valid value for Cancer Status

Description

Must be a valid Cancer Status code (1,2,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Casefinding Source (NAACCR)

Agency: NAACCR

Last changed: 04/11/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Casefinding Source [Std# 501]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Casefinding Source" is not a valid value for Casefinding Source

Description

Must be a valid code (10, 20-30, 40, 50, 60, 70, 75, 80, 85, 90, 95, 99) or blank.

Administrative Notes

Modifications:

NACR110B

Deleted information in description regarding when data item is required.

Casefinding Source, Date of DX (SEER IF153)

Agency: SEER

Last changed: 11/29/2009

Fields

Date of Diagnosis [Std# 390]
Casefinding Source [Std# 501]

Default Error Message

[2005] If year of %F1 > 2006, then %F2 cannot be blank
If year of Date of Diagnosis > 2006, then Casefinding Source cannot be blank

Additional Messages

[2001] If year of Date of Diagnosis < 2007, then Casefinding Source must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2006, then Casefinding Source cannot be blank.

If year of Date of Diagnosis is less than 2007, then Casefinding Source must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF153

Modifications:

NACR110B

Deleted information in description regarding how edit differs from NAACCR edit of the same name.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Cause of Death (NAACCR)

Agency: NAACCR

Last changed: 04/11/2007

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Cause of Death [Std# 1910]

Default Error Message

[295] Cause of Death not valid
Cause of Death not valid

Description

This edit checks that Cause of Death contains either a 4-digit number, an upper case letter followed by 3 digits, or an upper case letter followed by 2 digits and a blank. Actual valid codes have varied with the edition of ICD in use. To check that only valid codes have been entered, use the edit "ICD Revision Number, Cause of Death (SEER IF37)", which checks for valid codes based on the ICD revision number that is used.

Must be a valid Underlying Cause of Death code:

0000 Patient alive at last contact

7777 State death certificate not available

7797 State death certificate available but underlying cause of death is not coded

All other cases: ICDA-8, ICD-9, or ICD-10 underlying cause of death code. ICDA-8 & ICD-9 codes consist of 4 digits while ICD-10 consists of an upper case letter followed by 3 digits.

Administrative Notes

This edit differs from the SEER edit of the same name in that it allows the field to be blank.

Cause of Death (SEER COD)

Agency: SEER

Last changed: 04/11/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Cause of Death [Std# 1910]

Default Error Message

[295] Cause of Death not valid
Cause of Death not valid

Description

This edit checks that Cause of Death contains either a 4-digit number, an upper case letter followed by 3 digits, or an upper case letter followed by 2 digits and a blank. Actual valid codes have varied with the edition of ICD in use. To check that only valid codes have been entered, use the edit "ICD Revision Number, Cause of Death (SEER IF37)", which checks for valid codes based on the ICD revision number that is used.

Must be a valid Underlying Cause of Death code:

0000 Patient alive at last contact
7777 State death certificate not available
7797 State death certificate available but underlying cause of death is not coded

All other cases: ICDA-8, ICD-9, or ICD-10 underlying cause of death code. ICDA-8 & ICD-9 codes consist of 4 digits while ICD-10 consists of an upper case letter followed by 3 digits.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it does not allow the field to be blank.

Census Block Group 2000 (NAACCR)

Agency: NAACCR

Last changed: 11/26/2007

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Census Block Group 2000 [Std# 362]

Default Error Message

[1023] %F1 is not valid
Census Block Group 2000 is not valid

Description

Must be a valid Census Block Group 2000 (0-9) or blank.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

Census Block Group 2010 (NAACCR)

Agency: NAACCR

Last changed: 11/09/2010

Fields

Census Block Group 2010 [Std# 363]

Default Error Message

[1023] %F1 is not valid

Census Block Group 2010 is not valid

Description

Must be a valid Census Block Group 2010 (0-9) or blank.

Codes

0 Census block group assignment was attempted, but the value could not be determined

1-9 Census block group values as defined by the Census Bureau

Blank Census Block Group 2010 not coded

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Census Block Grp 1970-90 (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Census Block Grp 1970-90 [Std# 368]

Default Error Message

[1023] %F1 is not valid

Census Block Grp 1970-90 is not valid

Description

Must be a valid Census Block Grp 1970-90 (0-9) or blank.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

Modifications

NAACCR v13

- Edit name changed from 'CensusBlockGroup 70/80/90 (NAACCR)' to 'Census Block Grp 1970-90 (NAACCR)'.
- Data item name changed from 'CensusBlockGroup 70/80/90' to 'Census Block Grp 1970-90'.

Census Cod Sys 1970/80/90 (SEER RESSYST)

Agency: SEER

Last changed: 02/11/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Cod Sys 1970/80/90 [Std# 120]

Default Error Message

[258] Census Tract Coding Sys not valid
Census Tract Coding Sys not valid

Description

Must be a valid Census Cod Sys 1970/80/90 code (0-3); may be blank.

Census Cod Sys 1970/80/90, Date of Diag (SEER IF49)

Agency: SEER

Last changed: 11/25/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Census Cod Sys 1970/80/90 [Std# 120]
Registry ID [Std# 40]
County at DX [Std# 90]

Default Error Message

[392] Reg, County, Censyst conflict
Reg, County, Censyst conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

The edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank
 2. Census Cod Sys 1970/80/90 is blank
 3. Registry ID = 0000001529 (Alaska), 0000001533 (Arizona Indians), 0000001537 (Rural Georgia), 0000001542 (Kentucky), 0000001543 (Louisiana), 0000001544 (New Jersey), or 0000001551 (Cherokee Nation)
1. If Registry ID = 0000001522 (Iowa) and County at DX = 049, 017, or 181:
 - A. If year of Date of Diagnosis = 1973-1977, then Census Cod Sys 1970/80/90 must = 0 (not tracted)
 - B. If year of Date of Diagnosis = 1978-1987, then Census Cod Sys 1970/80/90 must = 0 (not tracted) or 2 (1980 definitions)
 - C. If year of Date of Diagnosis = 1988+, then Census Cod Sys 1970/80/90 must = 3 (1990 definitions).
 2. If Registry ID = 0000001523 (New Mexico):
 - A. If Year of diagnosis is 1973-1977 and counties 001 or 043, Census Cod sys 1970/1980/1990 must specify 1970 definitions (1). All other counties must specify no census tract (0).
 - B. If year of diagnosis 1978-1987 Census cod sys 1970/1980/1990 must specify 1980 definitions (2).
 - C. If year of diagnosis 1988+, census cod sys 1970/1980/1990 must specify 1990 definitions (3).
 3. For any one of the following areas:

San Francisco-Oakland, SMSA, Connecticut, Metropolitan Detroit, Hawaii, Metropolitan Atlanta, San Jose-Monterey, Los Angeles (Registry ID = 0000001501, 0000001502, 0000001520, 0000001521, 0000001523, 0000001527, 0000001531, 0000001535, respectively) and any County at DX

Iowa (Registry ID = 0000001522) and County at DX = 013, 061, 103, 113, 153, 155, 163, or 193

Seattle Puget Sound (Registry = 0000001525) and County at DX = 033, 035, 053, 061, 067, or 073

Utah (Registry ID = 0000001526) and County at DX = 011, 035, 049, 057

Year of Date of Diagnosis year > 1977 and Utah (Registry ID = 0000001526) and County at DX = 045

Then

- A. Census Cod Sys 1970/80/90 must not = 0
 - B. If Diagnosis Year 1973-1977:
 1. If Seattle Puget Sound (Registry = 0000001525) and County at DX = 035,067, or 073, then Census Cod Sys 1970/80/90 must = 2 (1980 definitions)
 2. Otherwise, Census Cod Sys 1970/80/90 must = 1 (1970 definitions)
 - C. If Diagnosis Year 1978-1987, Census Cod Sys 1970/80/90 must = 2 (1980 definitions)
 - D. If Diagnosis Year > 1987, Census Cod Sys 1970/80/90 must = 2 (1980 definitions) or 3 (1990 definitions)
4. For all areas, if Diagnosis Year > 1987, Census Cod Sys 1970/80/90 must = 3 (1990 definitions)
 5. Otherwise, Census Cod Sys 1970/80/90 must = 0 (not tracted)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF49

Modifications:

NACR110C
07/23/06

Edit was modified to use "Registry ID" instead of "SEER Participant" since "SEER Participant" is not a standard NAACCR field.

NAACCR v11.2
7/2007

Corrected Edit Logic to do special processing for registries 0000001527 and 0000001531 instead of 0000001529 and 0000001521.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Added additional logic for New Mexico registry (0000001523).
- Added 0000001529 (Alaska), 0000001542 (Kentucky), and 0000001543 (Louisiana) to registries that are skipped.

NAACCR v12C

- Added closing brace "}" to edit logic. The missing closing brace allowed the edit to sometimes pass when it should fail.

NAACCR v14

- Modified to skip if Registry ID = 0000001533 (Arizona Indians)

Census Ind Code 1970-2000 vs. Coding System (NPCR)

Agency: NPCR

Last changed: 05/27/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Census Ind Code 1970-2000 [Std# 280]

Census Occ/Ind Sys 70-00 [Std# 330]

Tables

IND_1990.DBF

IND_2000.DBF

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2

"value of Census Ind Code 1970-2000" is not a valid Census Ind Code 1970-2000 for a Census Occ/Ind Sys 70-00 of "value of Census Occ/Ind Sys 70-00"

Description

The Industry Code is valid if it is blank or represented in a table of industry codes; the table used is determined by the Census Occ/Ind Sys 70-00. The coding systems are: 1- 1970 Census, 2- 1980 Census, 3- 1990 Census, 4- 2000 Census, 5- 2010 Census, 7- Other, and 9- Unknown.

The edit works as follows:

- If the Census Occ/Ind Sys 70-00 = 1, 2, 7, or 9, the edit automatically passes.
- If the Census Occ/Ind Sys 70-00 = 3 (1990 Census) or 4 (2000 Census), a table lookup is done, and if the entered Census Ind Code 1970-2000 is found, the edit passes; if not found, it fails
- If the Census Occ/Ind Sys 70-00 = 5 (2010 Census), the edit automatically passes; the 2010 codes are 4-character codes and will be added to the metafile in 2013 when a 4-character field is added to the NAACCR record layout.

Administrative Notes

Modifications

NAACCR v12.2

- Added: If the Occup/Ind Coding System = 5 (2010 Census), the edit automatically passes; the 2010 codes are 4-character codes and will be added to the metafile in 2013 when a 4-character field is added to the NAACCR record layout.

NAACCR v13

- Edit name changed from 'Industry Code vs. Coding System (NPCR)' to 'Census Ind Code 1970-2000 vs. Coding System (NPCR)'
- Data item name changed from 'Occup/Ind Coding System' to 'Census Occ/Ind Sys 70-00'
- Data item name changed from 'Industry Code--Census' to 'Census Ind Code 1970-2000'

NAACCR v13A

The binary Census occupation/industry lookup tables were replaced by DBF tables based on the current NIOSH lists of 1990 and 2000 codes.

Census Ind Code 2010 CDC (NPCR)

Agency: NPCR

Last changed: 01/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Census Ind Code 2010 CDC [Std# 272]

Tables

IND_2010.DBF

Default Error Message

[3311] %F1 (%V1) is invalid

Census Ind Code 2010 CDC ("value of Census Ind Code 2010 CDC") is invalid

Description

Census Ind Code 2010 CDC must be a 4-digit valid 2010 Census 2010 Industry code.
Field may be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v16

- Edit name changed from 'Census Ind Code 2010 (NPCR)' to 'Census Ind Code 2010 CDC (NPCR)'

Census Occ Code 1970-2000 vs. Coding System (NPCR)

Agency: NPCR

Last changed: 02/02/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Census Occ Code 1970-2000 [Std# 270]

Census Occ/Ind Sys 70-00 [Std# 330]

Tables

OCC_1990.DBF

OCC_2000.DBF

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2

"value of Census Occ Code 1970-2000" is not a valid Census Occ Code 1970-2000 for a Census Occ/Ind Sys 70-00 of "value of Census Occ/Ind Sys 70-00"

Description

The Census Occ Code 1970-2000 is valid if it is blank or represented in a table of occupation codes; the table used is determined by the Census Occ/Ind Sys 70-00. The coding systems are: 1- 1970 Census, 2- 1980 Census, 3- 1990 Census, 4- 2000 Census, 5- 2010 Census, 7- Other, and 9- Unknown. (Temporarily, the only tables available are for the 1990 and 2000 Census codes, which are the preferred codes.)

The edit works as follows:

- If the Census Occ/Ind Sys 70-00 = 1, 2, 7, or 9, the edit automatically passes.
- If the Census Occ/Ind Sys 70-00 = 3 (1990 Census) or 4 (2000 Census), a table lookup is done, and if the entered Census Occ Code 1970-2000 is found, the edit passes; if not found, it fails.
- If the Census Occ/Ind Sys 70-00 = 5 (2010 Census), the edit automatically passes; the 2010 codes are 4-character codes and will be added to the metafile in 2013 when a 4-character field is added to the NAACCR record layout.

Administrative Notes

Modifications

NAACCR v12.2

- Added: If the Occup/Ind Coding System = 5 (2010 Census), the edit automatically passes; the 2010 codes are 4-character codes and will be added to the metafile in 2013 when a 4-character field is added to the NAACCR record layout.

NAACCR v13

- Edit name changed from 'Occupation Code vs. Coding System (NPCR)' to 'Census Occ Code 1970-2000 vs. Coding System (NPCR)'.

- Data item name changed from 'Occup/Ind Coding System' to 'Census Occ/Ind Sys 70-00'.

- Data item name changed from 'Occupation Code--Census' to 'Census Occ Code 1970-2000'.

NAACCR v13A

The binary Census occupation/industry lookup tables were replaced by DBF tables based on the current NIOSH lists of 1990 and 2000 codes.

NAACCR v15

Added index "CODE" to the table "OCC_1990.DBF". Edit already worked correctly, but the index will speed up the processing of the edit.

Census Occ Code 2010 CDC (NPCR)

Agency: NPCR

Last changed: 01/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Census Occ Code 2010 CDC [Std# 282]

Tables

OCC_2010.DBF

Default Error Message

[3311] %F1 (%V1) is invalid

Census Occ Code 2010 CDC ("value of Census Occ Code 2010 CDC") is invalid

Description

Census Occ Code 2010 CDC must be a 4-digit valid 2010 Census 2010 Occupation code. Field may be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v16

- Edit name changed from 'Census Occ Code 2010 (NPCR)' to 'Census Occ Code 2010 CDC (NPCR)'

Census Occ/Ind Sys 70-00 (NPCR)

Agency: NPCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Census Occ/Ind Sys 70-00 [Std# 330]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Census Occ/Ind Sys 70-00" is not a valid value for Census Occ/Ind Sys 70-00

Description

The one-character field Census Occ/Ind Sys 70-00 must be blank or it must contain 1-5, 7, or 9.

Codes

1 1970 Census
2 1980 Census
3 1990 Census
4 2000 Census
5 2010 Census
7 Other coding system
9 Unknown coding system
Blank Not collected

Administrative Notes

Modifications

NAACCR v12.2

- Added code 5 (2010 Census) to list of allowable codes.

NAACCR v13

- Edit name changed from 'Occup/Ind Coding System (NPCR)' to 'Census Occ/Ind Sys 70-00 (NPCR)'.
- Data item name changed from 'Occup/Ind Coding System' to 'Census Occ/Ind Sys 70-00'.

Census Tr Cert 1970/80/90 (SEER CENSCERT)

Agency: SEER

Last changed: 02/21/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tr Cert 1970/80/90 [Std# 364]

Default Error Message

[323] Census Tract Certainty not valid
Census Tract Certainty not valid

Description

Must be a valid Census Tr Cert 1970/80/90 (1-6, 9) or blank.

Census Tr Certainty 2000 (SEER)

Agency: SEER

Last changed: 02/21/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tr Certainty 2000 [Std# 365]

Default Error Message

[1023] %F1 is not valid
Census Tr Certainty 2000 is not valid

Description

Must be a valid Census Tr Certainty 2000(1-6, 9) or blank.

Census Tr Certainty 2000, Date of DX (SEER IF112)

Agency: SEER

Last changed: 06/06/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Census Tract 2000 [Std# 130]
Registry ID [Std# 40]
Census Tr Certainty 2000 [Std# 365]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Census Tract 2000 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of diagnosis is blank.

- 1) If Registry ID[40] = 0000001533 (Arizona Indians), Census Tr Certainty 2000[365] can be blank.
- 2) If Registry ID[40] = 0000001541, 0000001542, 0000001543 or 0000001544 (Greater California, Kentucky, Louisiana, or New Jersey):
If Year of Diagnosis[390]=1996-2000, Census Tr Certainty 2000[365] can be blank.
If Year of Diagnosis[390] is 2001-2011, Census Tr Certainty 2000[365] cannot be blank.
- 3) For all other values of Registry ID[40]:
If Year of Diagnosis[390] is 1996-2011, Census Tr Certainty 2000[365] cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF112

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v14

- Modified to allow Census Tr Certainty 2000 to be blank if Registry ID = 0000001533 (Arizona Indians)

Census Tr Certainty 2010 (SEER)

Agency: SEER

Last changed: 11/09/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tr Certainty 2010 [Std# 367]

Default Error Message

[1023] %F1 is not valid
Census Tr Certainty 2010 is not valid

Description

Must be a valid Census Tr Certainty 2010 (1-6, 9) or blank.

Codes

- 1 Census tract based on complete and valid street address of residence
 - 2 Census tract based on residence ZIP + 4
 - 3 Census tract based on residence ZIP + 2
 - 4 Census tract based on residence ZIP code only
 - 5 Census tract based on ZIP code of P.O. Box
 - 6 Census tract/BNA based on residence city where city has only one census tract,
or based on residence ZIP code where ZIP code has only one census tract
 - 9 Not assigned, geocoding attempted
- Blank Not assigned, geocoding not attempted

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Census Tr Poverty Indictr (SEER)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tr Poverty Indictr [Std# 145]

Default Error Message

[3311] %F1 (%V1) is invalid
Census Tr Poverty Indictr ("value of Census Tr Poverty Indictr") is invalid

Description

Census Tr Poverty Indictr must be 1-4, 9 or blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Census Tr Poverty Indict, Date of DX (NPCR)

Agency: NPCR

Last changed: 10/07/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Date of Diagnosis [Std# 390]

Census Tr Poverty Indict [Std# 145]

Default Error Message

[4224] For DX Year 2014 and later, %F2 cannot be blank

For DX Year 2014 and later, Census Tr Poverty Indict cannot be blank

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2014 or later, then Census Tr Poverty Indict cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This edit differs from the SEER edit of the same name in that it applies only to cases diagnosed 2014 and later. The SEER edit applies to cases diagnosed 1996 and later.

Census Tr Poverty Indict, Date of DX (SEER)

Agency: SEER

Last changed: 10/07/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Census Tr Poverty Indict [Std# 145]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and Census Tr Poverty Indict conflict

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 1996 or later, then Census Tr Poverty Indict cannot be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF402

This edit differs from the NPCR edit of the same name in that it applies to cases diagnosed 1996 and later. The NPCR edit applies to cases diagnosed 2014 and later.

Modifications

NAACCR v14

- Updated Administrative Notes to specify how the SEER edit differs from the NPCR edit of the same name;
Agency code changed from 'NAACCR' to 'SEER'

Census Tract 1970/80/90 (SEER TRACT)

Agency: SEER

Last changed: 02/11/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tract 1970/80/90 [Std# 110]

Default Error Message

[257] Census Tract not valid
Census Tract not valid

Description

Must be a valid Census Tract 1970/80/90 code (000000, 000100-949999, 950100-998999, or 999999; may be blank.

Census Tract 1970/80/90, Census Cod Sys (SEER IF45)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tract 1970/80/90 [Std# 110]
Census Cod Sys 1970/80/90 [Std# 120]

Default Error Message

[388] Census & Censyst conflict
Census & Censyst conflict

Description

If Census Cod Sys 1970/80/90 is '0', meaning not tracted, then the code in Census Tract 1970/80/90 must be '000000' (not tracted); if the Census Tract 1970/80/90 is coded as '000000' then Census Cod Sys 1970/80/90 must be '0'.

If Census Cod Sys 1970/80/90 is blank, then Census Tract 1970/80/90 must be blank and vice versa.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF45

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Census Tract 2000 (SEER)

Agency: SEER

Last changed: 07/13/2004

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tract 2000 [Std# 130]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Census Tract 2000" is not a valid value for Census Tract 2000

Description

Must be a valid Census Tract 2000 code (000000, 000100-999998, or 999999); may be blank.

Census Tract 2000, Date of DX (SEER IF111)

Agency: SEER

Last changed: 05/27/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Census Tract 2000 [Std# 130]
Registry ID [Std# 40]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Census Tract 2000 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of diagnosis is blank.

- 1) If Registry ID[40] = 0000001541, 0000001542, 0000001543 or 0000001544 (Greater California, Kentucky, Louisiana, or New Jersey):
 - A) If Year of Diagnosis[390]=1996-2000, Census Tract 2000[130] can be blank.
 - B) If Year of Diagnosis[390] is 2001-2011, Census Tract 2000[130] cannot be blank.
- 2) For all other values of Registry ID[40]:

If Year of Diagnosis[390] is 1996-2011, Census Tract 2000[130] cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF111

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Census Tract 2000, State, County at DX (NPCR)

Agency: NPCR

Last changed: 07/08/2014

Fields

Addr at DX--State [Std# 80]
County at DX [Std# 90]
Census Tract 2000 [Std# 130]

Tables

TRAC2000.DBF

Default Error Message

[3522] %F3 (%V3) is invalid for %F1 (%V1)/%F2 (%V2)
Census Tract 2000 ("value of Census Tract 2000") is invalid for Addr at DX--State ("value of Addr at DX--State")/County at DX ("value of County at DX")

Description

This edit verifies that a Census Tract 2000 code is valid for a particular Addr at DX--State/County at DX.

This edit is skipped if any of the following conditions are true:

1. Census Tract 2000 is blank, 000000, or 999999
2. Addr at DX--State is blank
3. County at DX is blank, 998, or 999

Administrative Notes

New edit - added to NAACCR v13A metafile.

This edit differs from the edit 'Census Tract 2000, State, County, 2000-2009 (NPCR)' in that it does not check diagnosis year.

Census Tract 2000, State, County, 2000-2009 (NPCR)

Agency: NPCR

Last changed: 08/12/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Addr at DX--State [Std# 80]
County at DX [Std# 90]
Census Tract 2000 [Std# 130]
Date of Diagnosis [Std# 390]

Tables

TRAC2000.DBF

Default Error Message

[3522] %F3 (%V3) is invalid for %F1 (%V1)/%F2 (%V2)
Census Tract 2000 ("value of Census Tract 2000") is invalid for Addr at DX--State ("value of Addr at DX--State")/County at DX ("value of County at DX")

Description

This edit verifies that a Census Tract 2000 code is valid for a particular Addr at DX--State/County at DX. It applies only to cases diagnosed 2000-2009.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is not 2000-2009
2. Census Tract 2000 is blank, 000000, or 999999
3. Addr at DX--State is blank
4. County at DX is blank, 998, or 999

Administrative Notes

New edit - added to NAACCR v14A metafile.

This edit differs from the edit 'Census Tract 2000, State, County at DX (NPCR)' in that it applies only to cases diagnosed 2000-2009.

Modifications

NAACCR v15

- Updated edit to pass instead of fail when Date of Diagnosis is empty

Census Tract 2010 (SEER)

Agency: SEER

Last changed: 11/09/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Census Tract 2010 [Std# 135]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Census Tract 2010" is not a valid value for Census Tract 2010

Description

Must be a valid Census Tract 2010 code (000000, 000100-999998, or 999999); may be blank.

Codes

Census Tract Codes	000100-999998
000000	Area not census tracted
999999	Area census-tracted, but census tract is not available
Blank	Census Tract 2010 not coded

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Census Tract 2010, State, County at DX (NPCR)

Agency: NPCR

Last changed: 07/08/2014

Fields

Addr at DX--State [Std# 80]
County at DX [Std# 90]
Census Tract 2010 [Std# 135]

Tables

TRAC2010.DBF

Default Error Message

[3522] %F3 (%V3) is invalid for %F1 (%V1)/%F2 (%V2)
Census Tract 2010 ("value of Census Tract 2010") is invalid for Addr at DX--State ("value of Addr at DX--State")/County at DX ("value of County at DX")

Description

This edit verifies that a Census Tract 2010 code is valid for a particular Addr at DX--State/County at DX.

This edit is skipped if any of the following conditions are true:

1. Census Tract 2010 is blank, 000000, or 999999
2. Addr at DX--State is blank
3. County at DX is blank, 998, or 999

Administrative Notes

New edit - added to NAACCR v13A metafile.

This edit differs from the edit 'Census Tract 2010, State, County, 2010-2019 (NPCR)' in that it does not check diagnosis year.

Modifications:

- Updated state/county/census tract table "TRAC2010.DBF"

Census Tract 2010, State, County, 2010-2019 (NPCR)

Agency: NPCR

Last changed: 08/12/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Addr at DX--State [Std# 80]
County at DX [Std# 90]
Census Tract 2010 [Std# 135]
Date of Diagnosis [Std# 390]

Tables

TRAC2010.DBF

Default Error Message

[3522] %F3 (%V3) is invalid for %F1 (%V1)/%F2 (%V2)
Census Tract 2010 ("value of Census Tract 2010") is invalid for Addr at DX--State ("value of Addr at DX--State")/County at DX ("value of County at DX")

Description

This edit verifies that a Census Tract 2010 code is valid for a particular Addr at DX--State/County at DX. It applies only to cases diagnosed 2010-2019.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is not 2010-2019
2. Census Tract 2010 is blank, 000000, or 999999
3. Addr at DX--State is blank
4. County at DX is blank, 998, or 999

Administrative Notes

New edit - added to NAACCR v14A metafile.

This edit differs from the edit 'Census Tract 2010, State, County at DX (NPCR)' in that it applies only to cases diagnosed 2010-2019.

Modifications

NAACCR v15

- Updated edit to pass instead of fail when Date of Diagnosis is empty

Cervix In Situ ICDO3 (SEER IF88)

Agency: SEER

Last changed: 11/29/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Sequence Number--Central [Std# 380]
Primary Site [Std# 400]
Behavior Code ICD-O-3 [Std# 523]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[1183] Cervix in situ and Sequence Number conflict
Cervix in situ and Sequence Number conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Behavior Code ICD-O-3 is empty.

If year of Date of Diagnosis is greater than 1995 and less than 2003 AND Primary Site is C530-C539 (cervix) AND Histologic Type ICD-O-3 is less than 9590 AND Behavior Code ICD-O-3 is 2 (in situ), then Sequence Number--Central must equal 98.

If Sequence Number--Central is 98, then Date of Diagnosis must be greater than 1995 and less than 2003 AND Primary Site must = C530-C539 (cervix) and AND Histologic Type ICD-O-3 must be less than 9590 AND Behavior Code ICD-O-3 must be 2 (insitu).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF88_3

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Class of Case (COC)

Agency: COC

Last changed: 04/08/2009

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Class of Case" is not a valid value for Class of Case

Description

This field must contain a valid value for Class of Case (00, 10-14, 20-22, 30-38, 40-43, 49, or 99).

Administrative Notes

Modifications:

NACR110C

09/06

The description for this edit was updated.

NAACCR v12

04/09

- Class of Case was expanded from 1-digit to more explicit 2-digit codes.

Class of Case, RX (COC)

Agency: COC

Last changed: 01/25/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
RX Hosp--BRM [Std# 720]
RX Hosp--Chemo [Std# 700]
RX Hosp--Hormone [Std# 710]
RX Hosp--Other [Std# 730]
RX Hosp--Palliative Proc [Std# 3280]
RX Hosp--Surg Oth Reg/Dis [Std# 674]
RX Hosp--Surg Prim Site [Std# 670]
Rad--Location of RX [Std# 1550]

Default Error Message

[3211] Conflict among Class of Case 00 and RX Hosp data items
Conflict among Class of Case 00 and RX Hosp data items

Description

Class of Case must not = 00 (diagnosis at the reporting facility and all of the first course of treatment was performed elsewhere or the decision not to treat was made at another facility) if any of the following is true (patient was given first course of treatment by the facility):

RX Hosp--Surg Prim Site = 10-90
RX Hosp--Surg Oth Reg/Dis = 1-5
RX Hosp--BRM = 01
RX Hosp--Chemo = 01-03
RX Hosp--Hormone = 01
RX Hosp--Other = 1 or 2
RX Hosp--Palliative Proc = 1-3, 5 or 6
Rad--Location of RX = 1-3

Administrative Notes

Modifications:

NAACCR v12.0

- Class of Case code for "diagnosis at the reporting facility and all of the first course of treatment was performed elsewhere or the decision not to treat was made at another facility" changed from "0" to "00".

Class of Case, Date of 1st Cont, Date of DX (COC)

Agency: COC

Last changed: 01/25/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
Date of 1st Contact [Std# 580]
Date of Diagnosis [Std# 390]

Default Error Message

[3220] If Class of Case = 30-32, Date of 1st Contact must be > or = Date of Diagnosis
If Class of Case = 30-32, Date of 1st Contact must be > or = Date of Diagnosis

Additional Messages

ERROR_TEXT("Date of 1st Contact is invalid: %DC")
ERROR_TEXT("Date of Diagnosis is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

If Class of Case equals 30-32 (diagnosis and all of the first course of treatment performed elsewhere), then Date of 1st Contact must be greater than or equal to Date of Diagnosis.

If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to allow Date of 1st Contact to be greater than or equal Date of Diagnosis rather than just greater than Date of Diagnosis.
- Class of Codes for "diagnosis and all of the first course of treatment performed elsewhere" changed from "3" to "30-32".

Class of Case, Type of Reporting Source (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Edit Sets

Central: Vs16 State Example - Incoming Abstracts

Fields

Class of Case [Std# 610]

Type of Reporting Source [Std# 500]

Default Error Message

[1016] %F1 and %F2 conflict

Class of Case and Type of Reporting Source conflict

Description

This edit is skipped if either field is blank.

If Class of Case = 38 (first diagnosed at autopsy), Type of Reporting Source must = 6 (autopsy only) and vice versa. If Class of Case = 49 (diagnosis established only by death certificate), Type of Reporting Source must = 7 (death certificate only) and vice versa.

Administrative Notes

Modifications

NAACCR v12.0:

- Autopsy Only Case is now identified by Class of Case 38 instead of code 5; DCO is identified by Class of Case 49 instead of code 8.

Class of Case,Prim Site,Hist, Beh,DX (COC)

Agency: COC

Last changed: 12/07/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Class of Case [Std# 610]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[4851] This case should not be analytic
This case should not be analytic

Description

This edit checks that the types of cancer not required to be collected by CoC are not coded to analytic Class of Case 00-22.

Cases excluded from CoC abstracting requirements, and therefore not analytic, include:

Skin primary (C44.__) with histologies 8000-8110
Cervix primary (C53.__) with behavior 2 (in situ)
Intra-epithelial neoplasms of the cervix, prostate, vulva, vagina, or anus
 Primary sites C53.__, C619, C51.__, C529, C210
 Histologies 8077, 8148
Benign and borderline tumors of intracranial or CNS sites diagnosed prior to 2004
 DX < 2004
 Behavior 0, 1
 Primary sites C70.__, C71.__, C72.__, C75.1-3
Benign and borderline tumors of any other site for any diagnosis year
 Behavior 0, 1
 All primary sites except: C70.__, C71.__, C72.__, C75.1-3

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Class, Date Diag, Date Last Cont, Vit Stat (COC)

Agency: COC

Last changed: 05/23/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
Date of Last Contact [Std# 1750]
Date of Diagnosis [Std# 390]
Vital Status [Std# 1760]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among Class of Case, Date of Last Contact, Date of Diagnosis and Vital Status

Additional Messages

ERROR_TEXT("Date of Diagnosis is invalid: %DC")
ERROR_TEXT("Date of Last Contact is invalid: %DC")

Description

This edit is skipped if either Date of Diagnosis or Date of Last Contact is empty.

If the case was diagnosed at autopsy or from a death certificate only (Class of Case coded 38 or 49), then Vital Status must be dead(code 0). If the case is autopsy only, then Date of Diagnosis and Date of Last Contact must be the same date. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications

NAACCR v12.0:

- Autopsy Only Case is now identified by Class of Case 38 instead of code 5; DCO is identified by Class of Case 49 instead of code 8.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Logic deleted that requires the Date of Last Contact to equal the Date of Diagnosis for DCO case.

COC Coding Sys--Curr, COC Coding Sys--Orig (COC)

Agency: COC

Last changed: 03/20/2006

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

COC Coding Sys--Current [Std# 2140]
COC Coding Sys--Original [Std# 2150]

Default Error Message

[1021] %F1 must be greater than or equal to %F2
COC Coding Sys--Current must be greater than or equal to COC Coding Sys--Original

Description

This edit is skipped if either field is blank or equal to 99 (unknown coding system).

COC Coding Sys--Current must be greater than or equal to COC Coding Sys--Original.

COC Coding Sys--Current (COC)

Agency: COC

Last changed: 01/16/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

COC Coding Sys--Current [Std# 2140]

Default Error Message

[1158] %F1 must = 08
COC Coding Sys--Current must = 08

Description

COC Coding Sys--Current must = 08 for COC approved hospitals since they are required to convert their data to version 10 prior to using the version 10 metafile.

COC Coding Sys--Current (NAACCR)

Agency: NAACCR

Last changed: 01/16/2003

Fields

COC Coding Sys--Current [Std# 2140]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of COC Coding Sys--Current" is not a valid value for COC Coding Sys--Current

Description

Must be valid code for COC Coding Sys--Current (00-08,99).

COC Coding Sys--Current, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 11/02/2009

Fields

COC Coding Sys--Current [Std# 2140]

Date of Diagnosis [Std# 390]

Default Error Message

[1069] If %F2 is greater than 2002, then %F1 must = 08

If Date of Diagnosis is greater than 2002, then COC Coding Sys--Current must = 08

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then COC Coding Sys--Current must equal 08.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

COC Coding Sys--Original (COC)

Agency: COC

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

COC Coding Sys--Original [Std# 2150]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of COC Coding Sys--Original" is not a valid value for COC Coding Sys--Original

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (COC Coding Sys--Original, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid code for COC Coding Sys--Original (00-08,99) or blank.

COC Coding Sys--Original, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

COC Coding Sys--Original [Std# 2150]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then COC Coding Sys--Original cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then COC Coding Sys--Original cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

COC Coding Sys--Original, Date of DX (NAACCR)

Agency: NAACCR

Last changed: 11/02/2009

Fields

COC Coding Sys--Original [Std# 2150]

Date of Diagnosis [Std# 390]

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2

"value of COC Coding Sys--Original" is not a valid COC Coding Sys--Original for a Date of Diagnosis of

"value of Date of Diagnosis"

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if either COC Coding Sys--Original or year of Date of Diagnosis is blank.

If year of Date of Diagnosis is equal to or greater than 2003, then COC Coding Sys--Original must equal 08 (FORDS 2003/2004).

Administrative Notes

This edit differs from the COC edit of the same name in that it requires COC Coding Sys--Original, if entered, to equal 08 for cases diagnosed on or after 2003. The COC version requires only that the field be filled in (not blank) for cases diagnosed on or after 2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

Coding System for EOD (SEER EODSYST)

Agency: SEER

Last changed: 12/12/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Coding System for EOD [Std# 870]

Default Error Message

[279] EOD Coding System not valid
EOD Coding System not valid

Description

Must be a valid Coding System for EOD code (0...4) or blank.

Comorbid/Compl 1, Secondary DX 1, Date DX (COC)

Agency: COC

Last changed: 02/20/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 1 [Std# 3110]
Secondary Diagnosis 1 [Std# 3780]
Date of Diagnosis [Std# 390]

Default Error Message

[4116] If year of %F3 > 2002, at least one of %F1 or %F2 must not be blank
If year of Date of Diagnosis > 2002, at least one of Comorbid/Complication 1 or Secondary Diagnosis 1 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid

If year of Date of Diagnosis is greater than 2002, then at least one of the following comorbidity fields cannot be blank:

1. Comorbid/Complication 1 (used when entering ICD-9-CM codes)
2. Secondary Diagnosis 1 (used when entering ICD-10-CM codes)

Administrative Notes

New edit - added to NAACCR v13A metafile.

Comorbid/Complication 1 - 10 (COC)

Agency: COC

Last changed: 02/20/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 1 [Std# 3110]
Comorbid/Complication 2 [Std# 3120]
Comorbid/Complication 3 [Std# 3130]
Comorbid/Complication 4 [Std# 3140]
Comorbid/Complication 5 [Std# 3150]
Comorbid/Complication 6 [Std# 3160]
Comorbid/Complication 7 [Std# 3161]
Comorbid/Complication 8 [Std# 3162]
Comorbid/Complication 9 [Std# 3163]
Comorbid/Complication 10 [Std# 3164]

Additional Messages

[1149] If Comorbid/Complication 1=00000 or blank, then subsequent Comorbid/Complication items must be blank

[1150] If any Comorbid/Complication items are blank, subsequent items must be blank

Description

Comorbid/Complication 1, Comorbid/Complication 2, Comorbid/Complication 3, Comorbid/Complication 4, Comorbid/Complication 5, Comorbid/Complication 6, Comorbid/Complication 7, Comorbid/Complication 8, Comorbid/Complication 9 and Comorbid/Complication 10 are compared as follows:

If Comorbid/Complication 1 = 00000 or spaces, then all subsequent Comorbid/Complication fields (2-10) must = spaces.

If any of the Comorbid/Complication 2-10 fields = spaces, then all subsequent Comorbid/Complication fields must = spaces.

Administrative Notes

Modifications:

NAACCR v13A

- Changed edit so that if Comorbid/Complication 1 = 00000 OR SPACES, then all subsequent Comorbid/Complication fields (2-10) must = spaces.

Comorbid/Complication 1, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 1 [Std# 3110]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Comorbid/Complication 1 cannot be blank

Additional Messages

[1016] Comorbid/Complication 1 and Date of Diagnosis conflict
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 1 is blank or equal to 00000 (no secondary diagnoses documented)

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13A

- Edit logic from "Comorbid/Complication 2, ICD Revisn Comorbid (COC)" rolled into "Comorbid/Complication 2, Date DX (COC)".

- Deleted logic requiring Comorbid/Complication 1 to be non-blank for cases diagnosed 2003 and later.

Another edit, "Comorbid/Compl 1, Secondary DX 1, Date DX (COC)" requires the entry of Comorbid/Complication 1 and/or Secondary Diagnosis 1 for 2003+ cases.

- ICD9CM.DBF table updated.

- Check against ICD Revision Comorbid removed from original logic. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 10, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 10 [Std# 3164]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 10 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 10 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

- This edit replaces the edit "Comorbid/Complication 10 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication10, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 10, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 2, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 2 [Std# 3120]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 2 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 2 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

- This edit replaces the edit "Comorbid/Complication 2 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 2, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 2, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 3, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 3 [Std# 3130]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 3 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 3 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

- This edit replaces the edit "Comorbid/Complication 3 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 3, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 3, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 4, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 4 [Std# 3140]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 4 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 4 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 4 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 4, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 4, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 5, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 5 [Std# 3150]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 5 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 5 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 5 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 5, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 5, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 6, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 6 [Std# 3160]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 6 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 6 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 6 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 6, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 6, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 7, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 7 [Std# 3161]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 7 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 7 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 7 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 7, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 7, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 8, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 8 [Std# 3162]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 8 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 8 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 8 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 8, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 8, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

Comorbid/Complication 9, Date DX (COC)

Agency: COC

Last changed: 08/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Comorbid/Complication 9 [Std# 3163]
Date of Diagnosis [Std# 390]

Tables

ICD9CM.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Comorbid/Complication 9 and Date of Diagnosis conflict

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank or invalid
2. Comorbid/Complication 9 is blank

This edit refers to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

The rules for coding the ICD-9-CM comorbidity codes are:

1. If year of diagnosis is less than 2011, the following ranges of ICD-9-CM codes are allowed:
00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049
2. If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.
- This edit replaces the edit "Comorbid/Complication 9 (COC)".

Modifications:

NAACCR v13

- Added: If year of diagnosis is 2011 or later, then the abstracted ICD-9-CM code is checked against ICD9CM.dbf (table of all valid ICD-9-CM codes). If the code is not found, an error is generated.

NAACCR v13A

- Edit name changed from "Comorbid/Complication 9, ICD Revisn Comorbid (COC)" to "Comorbid/Complication 9, Date DX (COC)".
- ICD9CM.DBF table updated.
- Check against ICD Revision Comorbid removed from edit. This edit refers only to ICD-9-CM codes. ICD-10-CM codes should be entered in the Secondary Diagnosis 1-10 fields.

NAACCR v14

ICD-9-CM table was updated:

Deleted:

18889

Added:

25540

25640

28480

29180

33110

35920

35980

36480

51280

56780

78090

99850

V4400

CompEthn, Date of Diag (SEER IF71)

Agency: SEER

Last changed: 11/02/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Computed Ethnicity [Std# 200]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Computed Ethnicity conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is blank.

If the year of Date of Diagnosis is greater than 1993, then Computed Ethnicity must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF71

Modifications:

NACR110C:

07/24/06

1. Edit is skipped if diagnosis year is blank or equal to 9999
2. Edit no longer requires a blank for cases diagnosed prior to 1994

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Computed Ethnicity (SEER COMPETHN)

Agency: SEER

Last changed: 02/07/1997

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Computed Ethnicity [Std# 200]

Default Error Message

[321] Computed Ethnicity not valid
Computed Ethnicity not valid

Description

Must be a valid Computed Ethnicity code (0-7) or blank.

Computed Ethnicity Source (SEER ETHNSRC)

Agency: SEER

Last changed: 02/07/1997

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Computed Ethnicity Source [Std# 210]

Default Error Message

[322] Computed Ethnicity Source not valid
Computed Ethnicity Source not valid

Description

Must be a valid Computed Ethnicity Source code (0-9) or blank.

County (SEER IFCOUNTY)

Agency: SEER

Last changed: 11/14/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
County at DX [Std# 90]

Tables

SEERCNTY.DBF

Default Error Message

[256] County of Residence at DX not valid
County of Residence at DX not valid

Description

This edit verifies valid counties within each registry. See Appendix A of SEER Program Code Manual for valid counties.

Administrative Notes

Modifications:

NACR110C
07/24/06

Edit logic was modified to use "Registry ID" instead of "SEER Participant" since "SEER Participant" is not a standard NAACCR field.

NAACCR v14

- SEERCNTY.dbf updated: County codes added for San Francisco Oakland SMSA (01), Alaska Native (29), Greater Georgia (47) and Cherokee Nation (51)

County at DX (COC)

Agency: COC

Last changed: 04/11/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

County at DX [Std# 90]

Default Error Message

[1037] %F1 must be a three-digit number
County at DX must be a three-digit number

Description

County at DX must be a three-digit number. May be blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (County at DX, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

County at DX (NAACCR)

Agency: NAACCR

Last changed: 05/17/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

County at DX [Std# 90]

Default Error Message

[1037] %F1 must be a three-digit number
County at DX must be a three-digit number

Description

County at DX must be three-digit number.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

County at DX (NPCR)

Agency: NPCR

Last changed: 07/25/2003

Fields

County at DX [Std# 90]

Default Error Message

[1023] %F1 is not valid
County at DX is not valid

Description

County at DX can be any three-digit number except 998. Another edit (County at DX, Addr at DX--State (NAACCR)) verifies that codes are valid for a particular state.

County at DX Geocode1990

Agency: NAACCR

Last changed: 05/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

County at DX Geocode1990 [Std# 94]

Default Error Message

[1207] %F1 must be 000-840, or 998, or 999
County at DX Geocode1990 must be 000-840, or 998, or 999

Description

Must be a valid three-digit number (000-840, 998, 999) or blank.

Administrative Notes

New edit for NAACCR v16

County at DX Geocode2000 (NAACCR)

Agency: NAACCR

Last changed: 03/21/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

County at DX Geocode2000 [Std# 95]

Default Error Message

[1207] %F1 must be 000-840, or 998, or 999
County at DX Geocode2000 must be 000-840, or 998, or 999

Description

Must be a valid three-digit number (000-840, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

County at DX Geocode2010 (NAACCR)

Agency: NAACCR

Last changed: 03/21/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

County at DX Geocode2010 [Std# 96]

Default Error Message

[1207] %F1 must be 000-840, or 998, or 999
County at DX Geocode2010 must be 000-840, or 998, or 999

Description

Must be a valid three-digit number (000-840, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

County at DX Geocode2020 (NAACCR)

Agency: NAACCR

Last changed: 03/21/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

County at DX Geocode2020 [Std# 97]

Default Error Message

[1207] %F1 must be 000-840, or 998, or 999

County at DX Geocode2020 must be 000-840, or 998, or 999

Description

Must be a valid three-digit number (000-840, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

County at DX, Addr at DX--State (NAACCR)

Agency: NAACCR

Last changed: 09/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

County at DX [Std# 90]
Addr at DX--State [Std# 80]

Tables

CNTYALL.DBF

Default Error Message

[1016] %F1 and %F2 conflict
County at DX and Addr at DX--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if Addr at DX--State equals CD (Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown), US (Resident of United States, NOS, and state, territory, commonwealth or possession is unknown), XX (Country Known, Not US, Not Canada), YY (Country Unknown, Not US, Not Canada), or ZZ (Residence unknown).

This edit is skipped if Addr at DX--State indicates a Canadian province (AB,BC,MB,NB,NL,NT,NS,NU,ON,PE,QC,SK,YT).

This edit is skipped if Addr at DX--State is AA (APO/FPO for Armed Services the Americas), AE (APO/FPO for Armed Services Europe), or AP (APO/FPO for Armed Services Pacific).

This edit verifies that the County at DX code is valid for the Addr at DX--State.

Administrative Notes

Modifications:

NACR110B

Updated to include the new state codes of CD (Resident of Canada, NOS) and US (Resident of United States, NOS) in list of codes for which edit is skipped.

NACR111:

11/08/06

Corrected a typo.

NAACCR v13A

State/county table (CNTYALL.dbf) updated: five codes were added for AK: 105, 195, 198, 230, 275

NAACCR v15A

State/county table (CNTYALL.dbf) updated: code 158 (Kusilvak) added for Alaska

County at DX, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

County at DX [Std# 90]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
County at DX cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then County at DX cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

CS Eval Items, Class of Case (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
Primary Site [Std# 400]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Mets Eval [Std# 2860]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3231] Conflict among CS Eval items and %F1
Conflict among CS Eval items and Class of Case

Description

This edit is skipped if any of the following conditions are true:

1. Class of Case is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)), then Class of Case must = 38 (diagnosed at autopsy).

Administrative Notes

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- Edit modified to use Class of Case code 38 instead 5 when checking for autopsy only cases.
- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Eval Items, Type of Reporting Source (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Mets Eval [Std# 2860]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3231] Conflict among CS Eval items and %F1
Conflict among CS Eval items and Type of Reporting Source

Description

This edit is skipped if any of the following conditions are true:

1. Type of Reporting Source is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)), then Type of Reporting Source must = 6 (autopsy only).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF193

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Eval Items, Vital Status (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Vital Status [Std# 1760]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Mets Eval [Std# 2860]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3231] Conflict among CS Eval items and %F1
Conflict among CS Eval items and Vital Status

Description

This edit is skipped if any of the following conditions are true:

1. Vital Status is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

Vital Status must = 0 or 4 (dead) for the following conditions:

1. For all schemas: if CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy))
2. For cases using the Prostate schema
If CS Tumor Size/Ext Eval = 3 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]
For all other schemas:
If CS Tumor Size/Ext Eval = 2 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF194

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Logic was added to verify that if prostate schema is used and CS Tumor Size/Ext Eval = 3 OR, for all other schemas, if CS Tumor Size/Ext Eval = 2, then Vital Status must = 0 or 4.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, Histol ICD03, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3356] Conflict among schema, %F2 (%V2), %F4 (%V4)
Conflict among schema, Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"), CS Extension
("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Histology ICD-O-3 is coded as inflammatory carcinoma (8530),
CS Extension must be coded as 710, 715, 725, 730, or 750.

Notes:

CS Extension 710 =

OBSOLETE DATA RETAINED V0200

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 715 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 720 =

OBSOLETE - Should have been converted prior to implementing CSv2.

Diagnosis of inflammatory WITH a clinical diagnosis of inflammation, erythema, edema, peau d'orange, etc., of not more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS.

See code 710.

CS Extension 725 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving one-third (33%) or more but less than half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

CS Extension 730 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

CS Extension 750 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., but percent of involvement not stated, WITH or WITHOUT dermal lymphatic infiltration. If percentage is known, code to 715, 725, or 730.

Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF197

Modifications:

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Extension codes (per CSv2) of 710, 715, 725, 730, 750 for inflammatory carcinoma instead of CSv1.04 codes of 71, 72, and 73.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3415] Conflict among schema, %F4 (%V4),%F5 (%V5),%F6 (%V6),%F7(%V7)
Conflict among schema, CS Extension ("value of CS Extension"),CS Lymph Nodes ("value of CS Lymph Nodes"),CS Mets at DX ("value of CS Mets at DX"),CS Site-Specific Factor 1("value of CS Site-Specific Factor 1"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 1 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Retinoblastoma:

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:
 - CS Site-Specific Factor 1 must = 300-810, or 999
 - CS Lymph Nodes must = 100-800
 - CS Mets at DX must = 10-80

2. If CS Site-Specific Factor 1 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

- CS Extension must = 110-800
- CS Lymph Nodes must = 100-800
- CS Mets at DX must = 10-80

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF349

Modifications

NAACCR v13A

Added SEER IF number (IF349)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3415] Conflict among schema, %F4 (%V4),%F5 (%V5),%F6 (%V6),%F7(%V7)
Conflict among schema, CS Extension ("value of CS Extension"),CS Lymph Nodes ("value of CS Lymph Nodes"),CS Mets at DX ("value of CS Mets at DX"),CS Site-Specific Factor 3("value of CS Site-Specific Factor 3")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Prostate:

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:
 - CS Site-Specific Factor 3 must = 000, 200-750, 990
 - CS Lymph Nodes must = 100-800
 - CS Mets at DX must = 11-60

2. If CS Site-Specific Factor 3 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Extension must = 000-750

CS Lymph Nodes must = 100-800

CS Mets at DX must = 11-60

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF350

Modifications

NAACCR v13A

Added SEER IF number (IF350)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, Surg, TS/Ext Eval, Prostate (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
RX Summ--Surg Prim Site [Std# 1290]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[3444] If %F4 = %V4 and %F5 = %V5, %F6 must = 1 or 3
If CS Extension = "value of CS Extension" and RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", CS Tumor Size/Ext Eval must = 1 or 3

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that, for cases coded using the CS Prostate schema, if CS Extension indicates incidental findings on TURP or needle biopsy, and surgery indicate TURP or other non-prostatectomy procedures, then CS Tumor Size/Ext Eval must indicate no prostatectomy done.

In order to eliminate the need for retrospective review, this edit applies only to cases diagnosed 2012 or later. Although this edit could be applied to all cases, a decision was made that the edit was not warranted for pre-2012 cases.

If CS Extension = 100-150 (incidental findings on TURP or needle biopsy), and RX Summ-Surg Prim < 30 (TURP or other non-prostatectomy procedures), then CS TS/Ext Eval must = 1 (no prostatectomy done) or 3 (no prostatectomy done, but evidence derived from autopsy).

This edit is skipped if any of the following conditions are true:

1. Year of Diagnosis is less than 2012, blank, or invalid
2. Schema is not C619 (prostate)
3. CS Extension is blank
4. RX Summ--Surg Prim Site is blank
5. CS TS/Ext Eval is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF403

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext,TS/Ext Eval, SSF 1, MelanomaConjunc (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4102] Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Tumor Size/Ext Eval
[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Tumor Size/Ext Eval,
CS Site-Specific Factor 1

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension, Tumor Size/Ext Eval and Site-Specific Factor 1 (tumor size) combinations for the MelanomaConjunctive schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaConjunctiva:

An error will be generated under the following conditions:

1. If CS Extension code = 300, 310, 315, 320, 330, 335, 445, 450, 470, 475, 480, 485, 490 or 500 (codes requiring CS Site-Specific Factor 1 to generate pathologic T value)
AND CS Tumor Size/Ext Eval = 2, 3, 6, 8 or blank
AND CS Site-Specific Factor 1 = 000 or 998
2. If CS Extension code = 325 or 495 (codes generating only clinical T value)
AND CS Tumor Size/Ext Eval = 2, 3, 6 or 8

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF404

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension (CS)

Agency: CS

Last changed: 03/10/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Extension [Std# 2810]

Default Error Message

[1037] %F1 must be a three-digit number
CS Extension must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

Modifications:

NAACCR v12.0

The size of CS Extension was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

CS Extension Required 2016plus (NAACCR)

Agency: NAACCR

Last changed: 05/11/2016

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]

Additional Messages

ERROR_TEXT("CS Extension cannot be blank")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

The purpose of this edit is to verify that CS Extension is not blank for cases diagnosed 2016 and later. This edit can be used by SEER registries requiring non SSF CS data items for cases diagnosed 2016 and later. This edit can be used with the edit CS Items - SEER Required - Non-SSF (CS) to ensure all required CS data items are not blank.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of Date of Diagnosis is <2016

Administrative Notes

New Edit for v16

This is can be used by registries continuing to collect CS Non SSF's in 2016

This edit is not included in the SEER Transmit edit set.

CS Extension, Brain Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Extension ("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify the following:

1. CS Extension codes indicating infratentorial tumors are not coded to supratentorial sites of the brain
2. CS Extension codes indicating supratentorial tumors are not coded to infratentorial site of the brain
3. CS schema is invalid

This edit is skipped if CS Extension is empty.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Brain:

1. If Primary Site = C711-C715 (supratentorial), then CS Extension must not = 110, 120, 200, or 510 (infratentorial tumors).
2. If Primary Site = C716-C717 (infratentorial), then CS Extension must not = 100 or 500 (supratentorial tumors).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF212

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, CS Lymph Nodes, CS Mets at DX (CS)

Agency: CS

Last changed: 10/01/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Extension ("value of CS Extension"), CS Lymph Nodes ("value of CS Lymph Nodes"), CS Mets at DX ("value of CS Mets at DX")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension, CS Lymph Nodes, or CS Mets at DX is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all except Prostate and Retinoblastoma,
if CS Extension = 950 (no evidence of primary tumor):
then CS Lymph Nodes and CS Mets at DX cannot both specify none (000 and 00).

If CS schema is Breast:
If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (none;
no regional lymph node involvement, or ITCs detected by immunohistochemistry
or molecular methods ONLY) or 050 (none; no regional lymph nodes but with
(ITCs) detected on routine H and E stains) and CS Mets at DX must = 00 (none).

If CS schema is IntracranialGland:

If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (obsolete data retained v0200: none) or 988 (not applicable for this schema) and CS Mets at DX must = 00 (none).

For the following schemas and in situ CS Extension codes, CS Lymph Nodes must = 000 (no lymph node involvement) and CS Mets at DX must = 00 (none):

Schema	CS Extension
Bladder	010, 030, 060
KidneyRenalPelvis	050, 060
Urethra	050, 060, 070, 080
UrinaryOther	050, 060

If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther:

If CS Extension = 000, then both CS Lymph Nodes must = 000 (none) and CS Mets at DX must = 00 (none).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF121

Modifications:

NACR111

11/02/06

Added logic: If CS Extension = 00 (in situ), then both CS Lymph Nodes and CS Mets at DX must = 00 (none).

NAACCR v11.1A

4/2007

The edit was modified:

1. It will be skipped if CS Extension, CS Lymph Nodes, or CS Mets at DX is blank.
2. It will be skipped if histology is Kaposi Sarcoma, Lymphoma, or Hematopoietic.
3. An exception was added for breast schema: If CS Extension = 00, then CS Lymph Nodes must = 00 or 05 and CS Mets at DX must = 00.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

This edit was also modified: If Primary Site = C670-C679 (Bladder):

If CS Extension = 01, 03, or 06 (in situ), then CS Lymph Nodes must = 00 (no lymph node involvement) and CS Mets at DX must = 00 (none).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

- An exception was added for the Placenta schema:

If CS Extension = 00 (in situ), then CS Mets at DX must = 00 (none).

(The edit no longer requires CS Lymph Nodes of 00 for CS Extension of 00... since the CS Lymph Nodes code is always 88 for the Placenta schema.)

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check 3-digit CS Extension and CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.

NAACCR v12.1

- Additional schemas added to the edit: KidneyRenalPelvis, Urethra, and UrinaryOther.
- Statement on Placenta removed.

NAACCR v13

- Updated last paragraph of description: changed "For all other sites" to "If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added
- Modified edit to allow, for IntracranialGland schema, CS Lymph Nodes of 988 (not applicable for this schema) when CS Extension = 000 (in situ)

CS Extension, CS Tumor Size, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Extension ("value of CS Extension"), CS Tumor Size ("value of CS Tumor Size")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Extension and CS Tumor Size are coded consistently for the Breast schema.

This edit is skipped if any of the following conditions are true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Tumor Size = 997 (Paget disease of nipple without demonstrable tumor), CS Extension must = 050 (Paget without tumor) or 070 (Paget without tumor pathologically).

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not equal 400 or higher (T4 tumors), except for code 999 (unknown extension).

If CS Extension = 170 (T1 with no other information on size or extension), CS Tumor Size must = 990, 991, or 992 (Stated as T1mic, T1b,T1NOS/T1c with no other information on size).

If CS Extension = 180 (T2 with no other information on size or extension),CS Tumor Size must = 995 (Stated as T2 with no other information on size).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF258

Modifications

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v12.1

- Changed logic due to converted codes.

From:

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not = 380, 390, or any code greater than 500 (T4 tumors), except for code 999 (unknown extension).

To:

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not equal 400 or higher (T4 tumors),except for code 999 (unknown extension).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, CS Tumor Size, MycosisFungoides (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Extension ("value of CS Extension"), CS Tumor Size ("value of CS Tumor Size")

Description

The purpose of this edit is to verify that CS Extension and CS Tumor Size are coded consistently for MycosisFungoides cases that are originally coded using CSv02.05 or higher.

CSv02.05 contains the following Note for MycosisFungoides Tumor Size:
Record the size of the largest tumor only. For Mycosis Fungoides, a tumor is described as a solid or nodular lesion at least 1 cm in diameter with evidence of depth and/or vertical growth. Do not record the size of individual patches, papules, or plaques. Use code 999 if it is unknown if tumors are present, or if the size of the largest tumor is unknown.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not MycosisFungoides
3. CS Extension is empty
4. CS Tumor Size is empty.
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MycosisFungoides:

If CS Extension = 110, 120, 130, 150, 210, 220, 230, 300 (codes not indicating tumor)
then

CS Tumor Size must = 000 (no tumors present) or 999 (unknown)

If CS Extension = 600 (one or more tumors equal to 1 cm or greater

or cutaneous tumor, size not stated)
then

CS Tumor Size must not = 990 (microscopic focus or foci only
and no size of focus given) or 991 (described as "less than 1
centimeter")

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF463

CS Extension, CS Tumor Size, Site, Hist ICD03 (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Tables

MEL_HN.DBF

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Extension ("value of CS Extension"), CS Tumor Size ("value of CS Tumor Size")

Additional Messages

[3323] Conflict among schema, CS Extension ("value of CS Extension"), CS Tumor Size ("value of CS Tumor Size"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")
[3377] Conflict among schema, "stated as" CS Extension ("value of CS Extension"), CS Tumor Size ("value of CS Tumor Size")
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is not KaposiSarcoma, MelanomaSkin, Conjunctiva, MelanomaConjunctiva, MelanomaChoroid, MelanomaIris, MelanomaCiliaryBody, LymphomaOcularAdnexa, or Prostate:

If CS Extension = 950 (no evidence of primary tumor), then CS Tumor Size must = 000 (no mass/tumor found).

If CS schema is Prostate:

If CS Extension = 950 and CS Site-Specific Factor 3 (pathologic extension) = 950, then CS Tumor Size must = 000.

If CS schema is not IllDefinedOther, one of the Mucosal Melanoma of Head and Neck schemas, or MycosisFungoides:

If CS Tumor Size = 000, then CS Extension must = 950.

The following schemas contain some CS Extension codes that are "stated as" values. These particular "stated as" codes reflect T values that match tumor size codes in the CS Tumor Size table. If the CS Extension is coded to one of the "stated as" values below, the CS Tumor Size must not be coded 999 (unknown; size not stated).

Schema	Extension "stated as" codes
AdrenalGland	200, 250
Anus	310, 320, 330
Bone	310, 350
Breast	110, 130, 140, 170, 180
BuccalMucosa	405, 410, 415
CarcinoidAppendix	320, 330, 335
FloorMouth	405, 410, 415
GISTAppendix	170, 210, 250, 270
GISTColon	170, 210, 250, 270
GISTEsophagus	170, 210, 250, 270
GISTPeritoneum	350, 360, 370, 380
GISTRectum	170, 210, 250, 270
GISTSmallIntestine	170, 210, 250, 270
GISTStomach	340, 390, 395, 398
GumLower	405, 410, 415
GumOther	405, 410, 415
GumUpper	405, 410, 415
HeartMediastinum	350, 375
Hypopharynx	305
KidneyParenchyma	310, 320, 330, 340, 350, 360
LacrimalGland	610, 620, 630
LipLower	405, 410, 415
LipOther	405, 410, 415
LipUpper	405, 410, 415
Lung	115, 120, 125
MerkelCellPenis	330, 560, 570
MerkelCellScrotum	310, 320, 330
MerkelCellSkin	600, 610, 620
MerkelCellVulva	450, 460, 470
MouthOther	405, 410, 415
NETAmpulla	310, 430
NETColon	170, 180, 190
NETRectum	170, 180, 190

NETSmallIntestine	170
NETStomach	170
Orbit	200, 300
Oropharynx	305, 310
PalateHard	405, 410, 415
PalateSoft	405, 410
PancreasBodyTail	150, 200
PancreasHead	150, 200
PancreasOther	150, 200
ParotidGland	305, 310
Peritoneum	350, 375
PharyngealTonsil	330, 350
Retroperitoneum	350, 375
SalivaryGlandOther	305, 310
Scrotum	310
Skin	510
SoftTissue	302, 312, 322
SubmandibularGland	305, 310
Thyroid	405, 410, 415, 420
TongueAnterior	405, 410, 415
TongueBase	405, 410

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF122

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added logic that checks schemas with CS Extension codes indicating "stated as" values and verifies that CS Tumor Size is not coded to 999.

- Edit modified to get schema name from function call to CS dll

NAACCR v12.1

- Revised to match CSv02.03 schemas

NAACCR v12.2C

- Edit modified to check CS SSF 3 (as well as CS Extension) for Prostate schema: if CS Extension = 950 and CS Site-Specific Factor 3 = 950, then CS Tumor Size must = 000.

NAACCR v14

- Edit modified to exclude MycosisFungoides schema when requiring CS Extension of 950 for CS Tumor Size of 000.
- Code 120 removed from list of Breast schema CS Extension "stated as" codes that require CS Tumor Size not be coded as 999.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hematopoietic (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
Type of Reporting Source [Std# 500]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Extension ("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is HemeRetic:

The CS Extension values of 100 (localized disease) and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9740, 9750, 9751, 9755-9758, and 9930 in the HemeRetic schema. This is because these particular histologies may be coded to either 100 (localized) or 800 (systemic) and it is possible that it might be unknown (999) whether the disease is localized or systemic. (Except for death certificate only cases, all other hematopoietic histologies must be coded to 800. This is edited by the CS algorithm program.)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF143

MODIFICATIONS:

NAACCR v11.1A

2/2007

The edit was modified:

1. It will be skipped if case is death certificate only (Type of Reporting Source = 7).
2. CS Extension of 99 (unknown) is allowed only for histologies in the hematopoietic schema that allow CS Extension of 10 (localized disease): 9731, 9734, 9740, 9750, 9755-9758, and 9930. This is because these particular histologies may be coded to either 10 (localized) or 80 (systemic) and it is possible that it might be unknown (99) whether the disease is localized or systemic. Other than death certificate only cases, all other histologies in the hematopoietic schema should be coded as 80.

NAACCR v11.2

Added code to skip if:

- Histologic Type ICD-O-3 = 9823 or 9827 and Primary Site is not C420, C421, or C424. (As of CS release 01.04, 9823 and 9827 are coded using the Lymphoma schema unless the Primary Site is C420, C42, or C424.)

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Added code 9751 to list of histology codes that allow CS Extension codes of 100 and 999.

NAACCR v12.1

- 9731 and 9734 removed from list of histologies that can be coded to 100. (9731 and 9734 have been moved to the MyelomaPlasmaCellDisorder schema.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hist, Grade, Esophagus Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
Grade [Std# 440]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4860] Esophagus schema: If %F2 = %V2 and %F4 = 000, %F5 (%V5) must = 1 or 9
Esophagus schema: If Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3" and CS Extension = 000, Grade ("value of Grade") must = 1 or 9

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Esophagus schema, if the case is in situ and the adenocarcinoma or squamous cell carcinoma AJCC 7th Ed. staging applies to the histology, then grade must be coded to either 1 (grade I) or 9 (unknown grade).

Note: This edit was added because AJCC only recognizes grades 1 and 9 for esophagus in situ cases and the CS algorithm will not work properly with any other grades.

If schema is Esophagus:

If CS Extension = 000 (in situ) and Histologic Type ICD-O-3 = 8000-8576, 8940-8950, or 8980-8981, then Grade must = 1 or 9.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Grade is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF351

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hist, Grade, EsophagusGEJunction(CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
Grade [Std# 440]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4869] EsophagusGEJunction schema: If %F2 = %V2 and %F4 = 000, %F5 (%V5) must = 1 or 9
EsophagusGEJunction schema: If Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3" and CS
Extension = 000, Grade ("value of Grade") must = 1 or 9

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the EsophagusGEJunction schema, if the case is in situ and the squamous cell carcinoma AJCC 7th Ed. staging applies to the histology, then grade must be coded to either 1 (grade I) or 9 (unknown grade).

Note: This edit was added because AJCC only recognizes grades 1 and 9 for EsophagusGEJunction in situ cases and the CS algorithm will not work properly with any other grades.

If schema is EsophagusGEJunction:

If CS Extension = 000 (in situ) and Histologic Type ICD-O-3 = 8000-8046, 8051-8131, 8148-8152, 8154-8157, 8170-8175, 8230-8231, 8243-8245, 8247-8248, 8508-8513, 8560-8570, 8575, 8950, 8980-8981, then Grade must = 1 or 9.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Grade is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF352

Modifications:

NAACCR v12.2

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Histology, Grade, Thyroid (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Grade [Std# 440]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for histology, grade and CS Extension combinations for the Thyroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. Grade is blank
3. CS Extension is empty
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Thyroid:

An error will be generated under the following conditions:

If [Histologic Type ICD-O-3 = 8000-8019, 8022-8029, 8033, 8074, 8153, 8240, 8300, 8392, 8413, 8525, 8576, 8490, 8950, 8980, or 8981 (anaplastic carcinoma and synonyms) AND Grade = 4]
OR [Histologic Type ICD-O-3 = 8020, 8021, 8030, 8031, or 8032]

AND

CS Extension = 405 (stated as T1a), 410 (stated as T1b),
415 (stated as T1NOS), 420 (stated as T2), or 490 (stated as T3)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF405

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, KidneyRenalPelvis Schema (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3419] KidneyRenalPelvis schema: %F4 (%V4) allowed only for C659 (Renal Pelvis)
KidneyRenalPelvis schema: CS Extension ("value of CS Extension") allowed only for C659 (Renal Pelvis)

Additional Messages

[3420] KidneyRenalPelvis schema: CS Extension ("value of CS Extension") allowed only for C669 (Ureter)
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is KidneyRenalPelvis:

Renal Pelvis (C659) and Ureter (C669) belong to the same schema, but Renal Pelvis can have CS Extension of 600, 665, and 670, while Ureter cannot. Ureter can have CS Extension code 685, 690, and 695, while RenalPelvis cannot. All other CS Extension values are the same for both sites and edited by the CS algorithm program.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF124

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Updated to skip the following histologies: 9140, 9590-9699, 9702-9729, 9731-9989.

NAACCR v12.0:

- Changed edit name from "CS Extension, Renal Pelvis/Ureter Schema (CS)" to "CS Extension, KidneyRenalPelvis Schema (CS)".
- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- CS Extension code 665 and 670 added as code allowed for renal pelvis only; 685, 690, and 695 codes added for ureter only.

NAACCR v12.2

- Fixed typos in Administrative Notes

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Extension, Lymphoma Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
Type of Reporting Source [Std# 500]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3322] Conflict between %F1 (%V1) and %F3 (%V3)
Conflict between Primary Site ("value of Primary Site") and CS Extension ("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension is coded properly for lymphomas.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Lymphoma:

If CS Extension = 100 (Involvement of a single lymph node region, Stage I), then Primary Site must be one of the following:

C770-C775, C779 (single lymph node region), C024 (lingual tonsil),
C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring),
C172 (ilium), C181 (appendix) or C379 (thymus)

If CS Extension = 110 (Localized involvement of a single extralymphatic organ/ site in the absence of any lymph node involvement, multifocal involvement of one extralymphatic organ/site, Stage IE), then Primary Site must NOT be one of the following:

C770-C775, C779, C379 or C422

If CS Extension = 120 (Involvement of spleen only, Stage IS), then Primary Site must be C422 (Spleen) .

Additionally,

If Primary Site = C778 (Multiple LNs), then CS Extension must be > or = 200.

If Primary Site = C422 (Spleen), then CS Extension must be 120, 220, 230, 320, 330, 800, or 999.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

In the SEER*Edits software, the title of this edit is: IF195

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Added C024 to list of primary sites allowed for CS Extension 10.

NAACCR v11.3A

9/2008

- Removed C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ilium), and C181 (appendix) from list of primary sites NOT allowed for CS Extension 11.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Morphology, Bladder ICDO3 (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Morph--Type&Behav ICD-O-3 [Std# 521]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histologic Type ICD-O-3 and Morph--Type&Behav ICD-O-3

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the CS Bladder schema, if the histology/behavior is 8130/2 (papillary transitional cell carcinoma, non-invasive), then CS Extension must not be coded to 100 (confined to mucosa, NOS).

Note: This edit is based on Note 3 of the CS Extension for Bladder schema: If a tumor is described as confined to mucosa AND as papillary, use extension code 010 or 030. Use code 100 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Bladder:

- If Morph--Type&Behav ICD-O-3 = 81302 (Papillary transitional cell carcinoma, non-invasive), then CS Extension must not = 100 (confined to mucosa, NOS).
- If CS Extension = 100, then Morph--Type&Behav ICD-O-3 must not = 81302.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF210

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- Reference to "Note 8" changed to "Note 3".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Mycosis Fungoides Schema (CS)

Agency: CS

Last changed: 11/05/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3253] Mycosis Fungoides Schema: %F1, %F3 conflict
Mycosis Fungoides Schema: Primary Site, CS Extension conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension is coded properly for the Mycosis Fungoides and Sezary Disease schema per Note 4 for CS Extension: Use code 150 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 300 when there is skin involvement but there is no mention of location/site.

This edit is skipped if:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MycosisFungoides:

If Primary Site = C440-C448 (specified skin sites), then CS Extension must not = 300 (Skin involvement, NOS).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF215

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15

- Description updated: "per Note 5 for CS Extension: Use code 250 when skin involvement is..." changed to "per Note 4 for CS Extension: Use code 150 when skin involvement is..."

CS Extension, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Extension ("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the extension values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Extension values of 100 (localized disease) and 400 (Multiple osseous or multiple extraosseous plasmacytoma lesion) are allowed only for Histologic Type ICD-O-3 codes 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary).

2. The CS Extension values of 110 (Single plasmacytoma lesion WITHOUT soft tissue extension or unknown if soft tissue extension), 200 (Single plasmacytoma lesion WITH soft tissue extension), and 500 (Plasmacytoma, NOS) are allowed only for Histologic Type ICD-O-3 code 9731 (Plasmacytoma, NOS).

3. The CS Extension value of 300 (Single plasmacytoma lesion occurring in tissue other than bone) is allowed only for Histologic Type ICD-O-3 code 9734 (Plasmacytoma, extramedullary).

4. The CS Extension value of 810 (Plasma cell myeloma/multiple myeloma/myelomatosis) and 820 (Myeloma, NOS) are allowed only for Histologic Type ICD-O-3 code 9732 (Multiple myeloma).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF342

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Primary Site, Behavior ICDO3 (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]
Type of Reporting Source [Std# 500]

Default Error Message

[3243] Conflict among schema, %F3 (%V3), and %F4 (%V4)
Conflict among schema, Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3"), and CS Extension ("value of CS Extension")

Additional Messages

[3358] Conflict among schema, Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"), Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3"), CS Extension ("value of CS Extension")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all CS schemas except Prostate:

If CS Extension = 000, then Behavior Code ICD-O-3 must = 2 (in situ).

If schema is Stomach, SmallIntestine, GISTStomach, GISTSmallIntestine, NETStomach, NETSmallIntestine, or EsophagusGEJunction:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Colon, Rectum, GISTColon, GISTRectum, NETColon, or NETRectum:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 050.

If schema is Breast:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 000, 050, or 070.

If schema is Cervix:

If CS Extension = 010, then Behavior Code ICD-O-3 must = 2.

If schema is Penis:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Brain schema, CNSOther, or IntracranialGland:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).

If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 050.

If schema = EndocrineOther

If Primary Site = C754 (carotid body), or C755 (aortic body and other paraganglia):

CS Extension must not = 000.

If schema = KidneyRenalPelvis or UrinaryOther:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050 or 060.

If CS Extension = 050 or 060, then Behavior Code ICD-O-3 must = 2.

If schema = Urethra:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050, 060, 070, or 080.

If CS Extension = 050, 060, 070, or 080, then Behavior Code ICD-O-3 must = 2.

If schema = Bladder:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 010, 030, 060, or 100.

If CS Extension = 010, 030, or 060, then Behavior Code ICD-O-3 must = 2.

If schema = MelanomaConjunctiva:

If CS Extension = 005, then Behavior Code ICD-O-3 must = 3.

If CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

If none of the above conditions are true:

If CS Extension is greater than or equal to 100, then Behavior Code ICD-O-3 must = 3 (invasive).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF123

MODIFICATIONS:

NACR110B

Modified to skip DCO cases (Type of Reporting Source = 7).

NACR110C

Corrected typo in description.

NACR111:

09/25/06

Modified to require that, if after all exceptions have been checked, if CS Extension is greater than or equal to 10, then Behavior Code ICD-O-3 must = 3 (invasive).

NAACCR v11.1A

2/07

1. Added code to check if Primary Site = C379, C740-741, C749, C750-C755, and C758-C759 (Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands schema):
 - A. If CS Extension = 05, then Primary Site must = C751, C752, or C753 and Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
 - B. If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 05.
2. Added code to skip borderline ovarian cases (Primary Site = C569, Histologic Type ICD-O-3 = 8442, 8451, 8462, 8472, or 8473, and Behavior Code ICD-O-3 = 1).
3. Added: If Primary Site = C180-C189 (Colon schema) or C199 or C209 (Rectum schema) and Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 05.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

11/2007

- Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.
- Repeated code deleted from edit logic

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

11/2008

Added:

1. If Primary Site = C160-C169 (Stomach schema) or C170-C179 (Small Intestine schema):
 - If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.
2. If Primary Site = C530-C539 (Cervix Uteri schema):

If CS Extension = 01, then Behavior Code ICD-O-3 must = 2.

3. If Primary Site = C600-C609 (Penis schema):

If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.

4. If Primary Site = C740, C741, C749, C754, or C755, CS Extension must not = 00.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Additional schemas added.
- Deleted: if schema = AdrenalGland, CS Extension must not = 000.

NAACCRv12.1

- For the statement "If CS Extension = 000, then Behavior Code ICD-O-3 must = 2 (in situ)", an exception was added for the Prostate schema.
- CS Extension codes which require Behavior ICD-O-3 code of 2 were changed for the following schemas:
KidneyRenalPelvis or UrinaryOther: changed from 000 and 050 to 050 and 060.
Urethra: changed from 000, 010, 020, 050 to 050, 060, 070, 080
- Added: If schema = MelanomaConjunctiva and CS Extension = 005, then Behavior Code ICD-O-3 must = 3.
- Added error message 3243

NAACCRv12.2

- Added: If schema = MelanomaConjunctiva and CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Extension ("value of CS Extension") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Extension is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Extension, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Extension is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Extension (SEER IF146)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Extension, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF227

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Conjunctiva Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 1

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 1 (tumor size) combinations for the Conjunctiva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is Conjunctiva:

An error will be generated under the following conditions:

If CS Extension code = 110, 120, 140, 150 or 350 (codes requiring tumor size to derive T value)
AND CS Site-Specific Factor 1 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF406

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3523] For this schema: If %F4 = %V4, then %F5 must = 000 or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 1 must = 000 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 1 (size of lymph nodes) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther

GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 1 (size of lymph nodes) must = 000 (no involved regional nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF464

CS Extension, SSF 1, Lung Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4862] Lung schema: If %F4 = %V4, %F5 must not = %V5
Lung schema: If CS Extension = "value of CS Extension", CS Site-Specific Factor 1 must not = "value of CS Site-Specific Factor 1"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Lung schema, if extension indicates in situ or no evidence of primary, then SSF 1 must not indicate separate tumor nodules in ipsilateral lung.

If schema is Lung:

 If CS Extension code = 000, 950, or 980 (in situ or no evidence of primary)
 then CS Site-Specific Factor 1 must not = 010, 020, 030, or 040 which indicate separate tumor nodules in the ipsilateral lung.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. CS Site-Specific Factor 1 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF353

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, MelanomaConjunctiva (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 1

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 1 (tumor size) combinations for the MelanomaConjunctiva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaConjunctiva:

An error will be generated under the following conditions:

If CS Extension code = 300-500 (codes requiring tumor size to derive T value)
AND CS Site-Specific Factor 1 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF460

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Thyroid Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Extension ("value of CS Extension"), CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Extension or CS Site-Specific Factor 1 is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Thyroid:

If CS Extension = 100 (Single invasive tumor confined to thyroid), then CS Site-Specific Factor 1 must = 010 (Solitary tumor).

If CS Extension = 200 (Multiple foci confined to thyroid), then CS Site-Specific Factor 1 must = 020 (Multifocal tumor)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF125

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- Edit modified to use CS SSF1 codes of 010 and 020 instead of 001 and 002 which are now "OBSOLETE DATA CONVERTED V0203".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 11, MerkelCellVulva Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3536] MerkelCellVulva schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
MerkelCellVulva schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor11 must = 000, 998, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for MerkelCellVulva non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)

Then

CS Site-Specific Factor11 (regional lymph node - laterality)
must = 000 (all regional lymph nodes negative), 998 (lymph nodes
not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF465

CS Extension, SSF 11, Vulva Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3543] Vulva schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
Vulva schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor11 must = 000, 998, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for non-invasive Vulva cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vulva:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)
Then
CS Site-Specific Factor11 (regional lymph node - laterality)
must = 000 (all regional lymph nodes negative), 998 (lymph nodes not assessed), or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF466

CS Extension, SSF 16, MerkelCell Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3534] MerkelCell schemas: If %F4 = %V4, then %F5 must = 000, 998, or 999
MerkelCell schemas: If CS Extension = "value of CS Extension", then CS Site-Specific Factor16 must = 000, 998, or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of metastasis in lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor16 (size of metastasis in lymph nodes)
must = 000 (no regional lymph node involvement), 998 (no histologic
examination of regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF467

CS Extension, SSF 16, Scrotum Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3539] Scrotum schema: If %F4 = %V4, then %F5 must = 000 or 999
Scrotum schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor16 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Scrotum cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Scrotum:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then
CS Site-Specific Factor16 (size of lymph nodes)
must = 000 (no involved regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF468

CS Extension, SSF 16, Skin Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3538] Skin schema: If %F4 = %V4, then %F5 must = 000 or 999
Skin schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor16 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Skin cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Skin:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)

Then

CS Site-Specific Factor16 (size of lymph nodes)
must = 000 (no involved regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF469

CS Extension, SSF 17, MerkelCell Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3535] MerkelCell schemas: If %F4 = %V4, then %F5 must not = 010, 040, or 070
MerkelCell schemas: If CS Extension = "value of CS Extension", then CS Site-Specific Factor17 must not = 010, 040, or 070

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 17 (extracapsular extension of regional lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor17 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor17 (extracapsular extension of regional lymph nodes) must not equal any of the following codes:

- 010 No extracapsular extension clinically AND extracapsular extension present on pathology
- 040 Extracapsular extension clinically AND extracapsular extension present on pathology
- 070 Extracapsular extension clinically unknown AND extracapsular extension present on pathology

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF470

CS Extension, SSF 17, Penis Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3537] Penis schema: If %F4 = %V4, then %F5 must = 000 or 999
Penis schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor17 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 17 (extranodal extension of regional lymph nodes) are coded consistently for Penis non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor17 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Penis:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor17 (extranodal extension of regional lymph nodes)
must = 000 (no regional nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF471

CS Extension, SSF 18, MerkelCell Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3544] MerkelCell schemas: If %F4 = %V4, then %F5 must = 000, 010, or 999
MerkelCell schemas: If CS Extension = "value of CS Extension", then CS Site-Specific Factor18 must = 000, 010, or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 18 (isolated tumor cells in regional lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor18 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then
CS Site-Specific Factor18 (isolated tumor cells in regional lymph nodes) must = 000 (regional lymph nodes negative on H and E, no IHC), 010 (regional lymph nodes negative on H and E, IHC done and ITCs not present) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF472

CS Extension, SSF 2, Bladder Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3524] Bladder schema: If %F4 = %V4, then %F5 must = 000 or 999
Bladder schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 2 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 2 (size of metastasis in lymph nodes) are coded consistently for Bladder cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Bladder

If schema is Bladder:

If CS Extension = 010, 030, or 060 (codes indicating noninvasive or in situ carcinoma)

Then

CS Site-Specific Factor 2 (size of metastasis in lymph nodes) must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF473

CS Extension, SSF 2, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4203] If %F4 = %V4 and %F5 = %V5, %F6 must not = %V6
If CS Extension = "value of CS Extension" and CS Tumor Size/Ext Eval = "value of CS Tumor Size/Ext Eval",
CS Site-Specific Factor 2 must not = "value of CS Site-Specific Factor 2"

Additional Messages

[4204] If CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", CS Extension must not = "value of CS Extension"

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Extension and CS Site-Specific Factor 2 (depth of renal parenchymal invasion) are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Extension is blank
2. Site-Specific Factor 2 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the KidneyRenalPelvis schema:

1. If CS Extension = 600 (for renal pelvis only: ipsilateral kidney parenchyma and kidney, NOS)
AND CS Tumor Size/Ext Eval= 3 or 6 (codes indicating pathologic staging, excluding autopsy)
Then
CS Site-Specific Factor 2 must not = 000 (renal parenchymal invasion not present/not identified) or 999 (unknown)

2. If Primary Site = C659 (Renal pelvis)
AND CS Site-Specific Factor 2 = 001-980 or 991 (codes indicating
positive statement about invasion)
THEN
CS Extension must not = 050-400, 610, 950, 999

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF407

Modifications

NAACCR v13A

Extra parenthesis removed from end of edit name.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, Lung Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4862] Lung schema: If %F4 = %V4, %F5 must not = %V5
Lung schema: If CS Extension = "value of CS Extension", CS Site-Specific Factor 2 must not = "value of CS Site-Specific Factor 2"

Additional Messages

[4112] Lung schema: If CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", CS Extension must not = "value of CS Extension"
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Lung schema, extension and SSF 2 (pleural/elastic layer invasion) are coded consistently. If SSF 2 is coded, a path report is required.

If schema is Lung:

1. If CS Extension code = 000-410 (410 = Extension to but not into pleura, including invasion of elastic layer BUT not through the elastic layer)
then CS Site-Specific Factor 2 must = 000 (no evidence of visceral invasion), 998 (no histologic examination), or 999 (unknown if PL present)
2. If CS Site-Specific Factor 2 = 010, 020, 040 (codes indicating involvement of pleura or more extensive involvement).
then CS Extension must = 420-810 or 999.
3. If CS Site-Specific Factor 2 = 030 (involvement of parietal pleura)
then CS Extension must = 600-810 (involvement of parietal pleura or more extensive involvement) or 999.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. CS Site-Specific Factor 2 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF408

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, MelanomaChoroid (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 2

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 2 (measured basal diameter) combinations for the MelanomaChoroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid:

An error will be generated under the following conditions:

If CS Extension code = 150, 160, 170 or 180 (codes requiring
CS Site-Specific Factor 2 to derive T value)
AND CS Site-Specific Factor 2 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF409

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, MelanomaCiliaryBody (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 2

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 2 (measured basal diameter) combinations for the MelanomaCiliaryBody schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaCiliaryBody:

An error will be generated under the following conditions:

If CS Extension code = 160 or 180 (codes requiring CS Site-Specific Factor 2 to derive T value)
AND CS Site-Specific Factor 2 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF410

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, Vagina Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3542] Vagina schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
Vagina schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 2 must = 000, 998, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 2 (pelvic nodal status) are coded consistently for non-invasive Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)
Then
CS Site-Specific Factor 2 (pelvic nodal status)
must = 000 (negative pelvic lymph nodes), 998 (pelvic lymph nodes not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF474

CS Extension, SSF 24, Breast Schema (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4062] Breast schema: If %F2 = %V2, %F5 must = 010 or 020
Breast schema: If Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", CS Site-Specific Factor24 must = 010 or 020

Additional Messages

[4063] Breast schema: If CS Extension = "value of CS Extension", CS Site-Specific Factor24 must = 010 or 020
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Breast schema, CS Extension, CS Site-Specific Factor 24 (Pagets Disease) and Histologic Type ICD-O-3 are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty
2. CS Site-Specific Factor 24 is empty or = 988 (not applicable or not collected)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Histologic Type ICD-O-3 is coded as Paget disease of the breast (8540, 8541, 8543), CS Site-Specific Factor 24 must = 010 (Paget disease present) or 020 (Pagetoid).

If CS Extension = 050 or 070 (Paget disease of nipple), then CS SSF 24 must = 010 (Paget disease present) or 020 (Pagetoid).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF259

Modifications:

NAACCR v12.1B

- Check for CS Extension codes '50' and '70' corrected to check '050' and '070'
- Updated logic to require CS SSF 24 to equal 010 or 020 if histology equal 8540, 8541, 8543 or CS Extension = 050 or 070

NAACCR v12.2

- Error message 4063 fixed so that it states "Breast schema" rather than "Prostate schema".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Extension, SSF 3, Behavior, Prostate (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Type of Reporting Source [Std# 500]

Default Error Message

[4865] If %F4 = %V4 and %F5 = %V5, %F3 (%V3) must = 2
If CS Extension = "value of CS Extension" and CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3") must = 2

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions are true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Prostate:

[If CS Extension = 000 and CS Site-Specific Factor 3 not = 200-750, or 985
OR
If CS Site-Specific Factor 3 = 000 and CS Extension not = 100-750]
then Behavior Code ICD-O-3 must = 2 (in situ).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF346

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 3, Bladder Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3524] Bladder schema: If %F4 = %V4, then %F5 must = 000 or 999
Bladder schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 3 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) are coded consistently for Bladder cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Bladder

If schema is Bladder:

If CS Extension = 010, 030, or 060 (codes indicating noninvasive or in situ carcinoma)

Then

CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF475

CS Extension, SSF 3, Breast Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3526] Breast schema: If %F4 = %V4, then %F5 must = 000, 098, or 099
Breast schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 3 must = 000, 098, or 099

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) are coded consistently for Breast cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Breast

If schema is Breast:

If CS Extension = 000 (mapping to in situ for AJCC staging)

Then

CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) must = 000 (all ipsilateral axillary nodes examined negative), 098 (no axillary nodes examined) or 099 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF476

CS Extension, SSF 3, CorpusCarcinoma Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3529] CorpusCarcinoma schema: If %F4 = %V4, then %F5 must = 000, 098, or 999
CorpusCarcinoma schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 3 must = 000, 098, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (number of positive pelvic nodes) are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not CorpusCarcinoma

If schema is CorpusCarcinoma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive)

Then

CS Site-Specific Factor 3 (number of positive pelvic nodes)
must = 000 (all pelvic nodes examined negative), 098 (no pelvic nodes examined) or 999 (unknown if pelvic nodes positive)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF477

CS Extension, SSF 3, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3523] For this schema: If %F4 = %V4, then %F5 must = 000 or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 3 must = 000 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (levels I-III, lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther

LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
Then

 CS Site-Specific Factor 3 (levels I-III, lymph nodes for head and neck)
 must = 000 (no involvement in Levels I, II, or III lymph nodes) or 999
 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF478

CS Extension, SSF 3, MelanomaChoroid (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 3

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 3 [Measured thickness (depth)] combinations for the MelanomaChoroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid:

An error will be generated under the following conditions:

If CS Extension code = 150, 160, 170 or 180 (codes requiring
CS Site-Specific Factor 3 to derive T value)
AND CS Site-Specific Factor 3 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF411

Modifications:

NAACR v13A

- Fixed order of fields in error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 3, MelanomaCiliaryBody (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Site-Specific Factor 3

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 3 [Measured thickness (depth)] combinations for the MelanomaCiliaryBody schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaCiliaryBody:

An error will be generated under the following conditions:

If CS Extension code = 160 or 180 codes requiring
CS Site-Specific Factor 3 to derive T value)
AND CS Site-Specific Factor 3 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF412

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 4, FallopianTube Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3530] FallopianTube schema: If %F4 = %V4, then %F5 must = 000, 098, or 999
FallopianTube schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 4 must = 000, 098, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (number of positive pelvic nodes) are coded consistently for FallopianTube cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not FallopianTube

If schema is FallopianTube:

If CS Extension = 000 (In situ, intraepithelial, noninvasive; limited to tubal mucosa)

Then

CS Site-Specific Factor 4 (number of positive pelvic nodes) must = 000 (all pelvic nodes examined negative), 098 (no pelvic nodes examined) or 999 (unknown if pelvic nodes positive)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF479

CS Extension, SSF 4, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3523] For this schema: If %F4 = %V4, then %F5 must = 000 or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 4 must = 000 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (levels IV-V and retropharyngeal lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic

LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
Then

CS Site-Specific Factor 4 (levels IV-V and retropharyngeal lymph nodes
for head and neck) must = 000 (no involvement in Levels IV or V or
retropharyngeal lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF480

CS Extension, SSF 4, Vagina Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3542] Vagina schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
Vagina schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 4 must = 000, 998, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (para-aortic nodal status) are coded consistently for Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 4 (para-aortic nodal status)
must = 000 (negative para-aortic lymph nodes), 998 (para-aortic lymph nodes not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF481

CS Extension, SSF 5, CorpusCarcinoma Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3529] CorpusCarcinoma schema: If %F4 = %V4, then %F5 must = 000, 098, or 999
CorpusCarcinoma schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 5 must = 000, 098, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (number of positive para-aortic nodes) are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not CorpusCarcinoma

If schema is CorpusCarcinoma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive)

Then

CS Site-Specific Factor 5 (number of positive para-aortic nodes) must = 000 (all para-aortic nodes examined negative), 098 (no para-aortic nodes examined) or 999 (unknown if para-aortic nodes positive)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF482

CS Extension, SSF 5, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3523] For this schema: If %F4 = %V4, then %F5 must = 000 or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 5 must = 000 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (levels VI-VII and facial lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther

LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
Then

CS Site-Specific Factor 5 (levels VI-VII and facial lymph nodes for
head and neck) must = 000 (no involvement in Levels VI or VII or
facial lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS
Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type
ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS
schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF483

CS Extension, SSF 5, Testis Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3541] Testis schema: If %F4 = %V4, then %F5 must = 000 or 999
Testis schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 5 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (size of metastasis in lymph nodes) are coded consistently for non-invasive Testis cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Testis:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 5 (size of metastasis in lymph nodes)
must = 000 (no lymph node metastasis) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF484

CS Extension, SSF 6, FallopianTube Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3530] FallopianTube schema: If %F4 = %V4, then %F5 must = 000, 098, or 999
FallopianTube schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 6 must = 000, 098, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 (number of positive para-aortic nodes) are coded consistently for FallopianTube cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not FallopianTube

If schema is FallopianTube:

If CS Extension = 000 (In situ, intraepithelial, noninvasive; limited to tubal mucosa)

Then

CS Site-Specific Factor 6 (number of positive para-aortic nodes) must = 000 (all para-aortic nodes examined negative), 098 (no para-aortic nodes examined) or 999 (unknown if para-aortic nodes positive)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF485

CS Extension, SSF 6, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3523] For this schema: If %F4 = %V4, then %F5 must = 000 or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 6 must = 000 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 (parapharyngeal, parotid, and suboccipital/retroauricular lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic

LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
Then

CS Site-Specific Factor 6 (parapharyngeal, parotid, and
suboccipital/retroauricular lymph nodes for head and neck)
must = 000 (no involvement in parapharyngeal, parotid, and
suboccipital/retroauricular lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS
Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF486

CS Extension, SSF 6, Vagina Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3542] Vagina schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
Vagina schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 6 must = 000, 998, or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 [distant (mediastinal, scalene) nodal status] are coded consistently for non-invasive Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 6 [distant(mediastinal, scalene) nodal status]
must = 000 (negative mediastinal, scalene lymph nodes), 998 (mediastinal,
scalene lymph nodes not assessed), or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF487

CS Extension, SSF 8, KidneyParenchyma (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3531] KidneyParenchyma schema: If %F4 = %V4, then %F5 must = 000 or 999
KidneyParenchyma schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 8 must = 000 or 999

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 8 (extranodal extension of regional nodes) are coded consistently for KidneyParenchyma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 8 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not KidneyParenchyma

If schema is KidneyParenchyma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)
Then
CS Site-Specific Factor 8 (extranodal extension of regional nodes)
must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF488

CS Extension, SSF 9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3528] For this schema: If %F4 = %V4, then %F5 must = 000, 998, or 999
For this schema: If CS Extension = "value of CS Extension", then CS Site-Specific Factor 9 must = 000, 998, or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 9 (extracapsular extension pathologically, lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 9 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic

LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
Then

CS Site-Specific Factor 9 (extracapsular extension pathologically,
lymph nodes for head and neck) must = 000 (no regional lymph nodes
involved pathologically), 998 (no histopathologic examination of
regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS
Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF489

CS Extension, Surgery, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Version Input Original [Std# 2935]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Extension ("value of CS Extension"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that, for cases coded using the CS Prostate schema, if CS Extension indicates a TURP was done, then RX Summ--Surg Prim Site must also indicate a TURP, at least, was done.

This edit is skipped if any of the following conditions are true:

1. Schema is not C619 (prostate)
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid
5. Date of Diagnosis is blank
6. RX Summ--Surg Prim Site is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Extension is coded 130 or 140 (TURP was done), then
RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

If year of Diagnosis is 2010 or higher OR CS Version Input Original is 020100 or higher:

If CS Extension is coded 100(TURP was done), then

RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

Notes:

CS Extension 100 =

Incidental histologic finding on TURP, number of foci or percent involved tissue not specified (clinically inapparent); Stage A, NOS; Stated as cT1, NOS

CS Extension 130 =

Incidental histologic finding on TURP in 5% or less of tissue resected (clinically inapparent); Stated as cT1a based on TURP findings

CS Extension 140 =

Incidental histologic finding on TURP more than 5% of tissue resected (clinically inapparent); Stated as cT1b based on TURP findings

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF199

Modifications:

NAACCR v12.0:

- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes.
- CS Extension code 100 was added as an additional code (along with 130 and 140)that requires at least a TURP be performed.

NAACCR v12A:

- Logic changed to include CS Extension code 100 as "TURP performed" only if year of Diagnosis is 2010+ or the case was originally coded using CSv2.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, TS/Ext Eval, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Extension ("value of CS Extension") and CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval")
conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the CS Prostate schema, CS Extension and CS Tumor Size/Ext Eval are consistent.

This edit is skipped if any of the following conditions are true:

1. CS Extension is blank
2. CS Tumor Size/Ext Eval is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

1. If CS Extension is coded 130 [Incidental histologic finding in 5% or less of tissue resected (clinically inapparent); Stated as cT1a] or 140 [Incidental histologic finding more than 5% of tissue resected (clinically inapparent); Stated as cT1b]

then:

CS Tumor Size/Ext Eval must NOT = 0 (No prostatectomy done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used).

2. If CS Tumor Size/Ext Eval = 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700 (see Note 3)

then:

CS Extension must = 410-700.

3. If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only)

then:

CS Extension must = 999 (Extension unknown).

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF200

NAACCR v11.3A

11/2008

- Deleted:

If CS Extension is coded 15, then CS Tumor Size/Ext Eval must NOT = 0

- Added:

If CS Tumor Size/Ext Eval = 2, CS Extension must = 41-70.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes. Miscellaneous wording changed to match CSv2.

- Added: If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only), CS Extension must = 999 (Extension unknown).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Tumor Size, Lung Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Extension, CS Tumor Size

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and CS Tumor Size combinations for the Lung schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is Lung:

An error will be generated under the following conditions:

If CS Extension code = 000 (in situ)

AND CS Tumor Size = 997 [(diffuse (entire lobe))] or 998 [diffuse (entire lung or NOS)]

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Tumor Size is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF413

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - Non-SSF (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3334] Conflict between Date of Diagnosis and CS items
Conflict between Date of Diagnosis and CS items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX > 2009, CS Extension cannot be blank")
SAVE_TEXT("If DX > 2009, CS Lymph Nodes cannot be blank")
SAVE_TEXT("If DX > 2009, CS Lymph Nodes Eval cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Bone cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Brain cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Liver cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Lung cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets Eval cannot be blank")
SAVE_TEXT("If DX > 2009, CS Site-Specific Factor25 cannot be blank")
SAVE_TEXT("If DX > 2009, CS Tumor Size cannot be blank")
SAVE_TEXT("If DX > 2009, CS Tumor Size/Ext Eval cannot be blank")
SAVE_TEXT("If DX > 2009, CS Version Input Current cannot be blank")

```
SAVE_TEXT("If DX > 2009, CS Version Input Original cannot be blank")
SAVE_TEXT("If DX > 2009, Lymph-vascular Invasion cannot be blank")
SAVE_TEXT("If DX > 2009, Regional Nodes Examined cannot be blank")
SAVE_TEXT("If DX > 2009, Regional Nodes Positive cannot be blank")
SAVE_TEXT("t_schema_msg")
```

Description

The purpose of this edit is to verify that all CS data items required by the Canadian Council of Cancer Registries (CCCR), other than the site-specific factors, are entered (not blank) for cases diagnosed 2011 and later. The site-specific factors are edited schema-specifically in other edits.

This edit is skipped if:

1. Year of Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is 2010 or later, then the following CS data items cannot be blank:

```
Regional Nodes Examined
Regional Nodes Positive
  CS Tumor Size
  CS Extension
  CS Tumor Size/Ext Eval
  CS Lymph Nodes
  CS Lymph Nodes Eval
  CS Mets at DX
  CS Mets Eval
CS Version Input Original
CS Version Input Current
CS Mets at DX-Bone
CS Mets at DX-Brain
CS Mets at DX-Liver
CS Mets at DX-Lung
Lymph-vascular Invasion
CS Site-Specific Factor25
```

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2C

Changed edit so that it requires non-SSF data items for cases diagnosed 2010 and later rather than 2011 and later.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 1 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 1 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor 1 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 1 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 1 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

List of Schemas for which CS Site-Specific Factor 1 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Appendix

BileDuctsIntraHepat
Brain
Breast
BuccalMucosa
CNSOther
Colon
Conjunctiva
EpiglottisAnterior
Esophagus
EsophagusGEJunction
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
IntracranialGland
KaposiSarcoma
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaConjunctiva
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid

MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
MycosisFungoides
NasalCavity
Nasopharynx
NETStomach
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
Peritoneum
PharyngealTonsil
PharynxOther
Placenta
Pleura
Prostate
Rectum
Retinoblastoma
Retroperitoneum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SoftTissue
Stomach
SubmandibularGland
Thyroid
TongueAnterior
TongueBase

Additionally required only for cases diagnosed 2015 or later:

Bladder
KidneyRenalPelvis
PeritoneumFemGen
Urethra

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor 1 must not be 988 for the Bladder,
KidneyRenalPelvis, PeritoneumFemaleGen, and Urethra schemas.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor 1 must not be 988 for the schemas for which CS Site-Specific Factor 1 is required (see above).
3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
THEN

If CS Site-Specific Factor 1 was not defined in CSv01
(see list below),
then CS Site-Specific Factor 1 must be coded 988.

List of schemas for which CS Site-Specific Factor 1, although required for CSv02,
was not defined in CSv01:

Conjunctiva
Esophagus
HeartMediastinum
Lung
Peritoneum
Retroperitoneum
SkinEyelid
SoftTissue

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 1 cannot be blank or 988 for schemas for which it is required.

NAACCR v13A

- Updated CS_SSF.dbf so that SSF1 is not required for KidneyParenchyma and Skin schemas for CCR.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v14A

- Removed SkinEyelid from list of schemas for which CS Site-Specific Factor 1 is required.

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:

Bladder
KidneyRenalPelvis
PeritoneumFemGen
Urethra

CS Items - CCCR Required - SSF 10 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor10 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor10 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor10 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.

List of Schemas for which CS Site-Specific Factor10 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

BileDuctIntrahepatic
Breast
GISTPeritoneum
Oropharynx
PalateSoft
PharyngealTonsil
Prostate
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 10 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 11 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor11 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor11 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor11 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor11 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.

List of Schemas for which CS Site-Specific Factor11 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Appendix
Breast
GISTAppendix
GISTColon
GISTRectum
MerkelCellVulva
Vulva

Additionally required only for cases diagnosed 2015 or later:

Prostate

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor11 must not be 988 for the Prostate schema.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor11 must not be 988 for the schemas for which CS Site-Specific Factor11 is required (see above).
3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 11 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:
Prostate

CS Items - CCCR Required - SSF 12 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor12 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor12 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor12 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor12 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.

List of Schemas for which CS Site-Specific Factor12 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
GISTAppendix
GISTColon
GISTRectum
Scrotum
Skin

Additionally required only for cases diagnosed 2015 or later:

Prostate

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor12 must not be 988 for the Prostate schema.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor12 must not be 988 for the schemas for which CS Site-Specific Factor12 is required (see above).
3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 12 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:

Prostate

CS Items - CCCR Required - SSF 13 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor13 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor13 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor13 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor13 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.

List of Schemas for which CS Site-Specific Factor13 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
Testis

Additionally required only for cases diagnosed 2015 or later:

Prostate

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor13 must not be 988 for the Prostate schema.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor13 must not be 988 for the schemas for which CS Site-Specific Factor13 is required (see above).

3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 13 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:

Prostate

CS Items - CCCR Required - SSF 14 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor14 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor14 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor14 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor14 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.

List of Schemas for which CS Site-Specific Factor14 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor14 must not be 988 for the schemas for which CS Site-Specific Factor14 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor14 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 14 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 15 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor15 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor15 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor15 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor15 cannot be blank.

List of Schemas for which CS Site-Specific Factor15 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
Testis

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or
higher:

CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-
Specific Factor15 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since
conversion from CSv01 to CSv02):

CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated
with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or
later, CS SSF 15 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 16 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor16 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor16 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor16 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.

List of Schemas for which CS Site-Specific Factor16 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
Scrotum
Skin
Testis

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or
higher:

CS Site-Specific Factor16 must not be 988 for the schemas for which CS Site-
Specific Factor16 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since
conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated
with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or
later, CS SSF 16 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 17 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor17 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor17 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor17 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor17 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor17 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.

List of Schemas for which CS Site-Specific Factor17 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
Scrotum
Skin
Testis

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor17 must not be 988 for the schemas for which CS Site-Specific Factor17 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor17 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 17 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 18 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor18 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor18 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor18 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 19 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor19 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor19 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor19 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor19 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 2 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 2 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 2 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 2 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.

List of Schemas for which CS Site-Specific Factor 2 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Appendix
BileDuctsIntraHepat
Bladder
Breast
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
Liver
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
NETColon
NETRectum
Prostate
Rectum
SmallIntestine

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or
higher:

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-
Specific Factor 2 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01
to CSv02):

THEN

If CS Site-Specific Factor 2 was not defined in CSv01 (see list below),
then CS Site-Specific Factor 2 must be coded 988.

List of schemas for which CS Site-Specific Factor 2, although required for CSv02,
was not defined in CSv01:

Bladder
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
SmallIntestine

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Updated CS_SSF.tbl (removed SSF2 from Lung schema for CCCR)

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 2 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 20 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor20 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor20 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor20 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor20 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 21 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor21 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor21 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor21 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 22 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor22 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor22 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor22 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 23 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor23 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor23 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor23 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 24 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4232] Conflict between %F4 and CCCR requirements
Conflict between CS Site-Specific Factor24 and CCCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor24 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor24 is populated based on the CCCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor24 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 3 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 3 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor 3 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 3 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 3 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.

List of Schemas for which CS Site-Specific Factor 3 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLarynxOther
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther
NasalCavity

Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

Additionally required only for cases diagnosed 2015 or later:

Bone

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor 3 must not be 988 for the Bone schema.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor 3 must not be 988 for the schemas for which CS Site-Specific Factor 3 is required (see above).
3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
THEN

If CS Site-Specific Factor 3 was not defined in CSv01 (see list below),
then CS Site-Specific Factor 3 must be coded 988.

List of schemas for which CS Site-Specific Factor 3, although required for CSv02, was not defined in CSv01:

MelanomaChoroid
MelanomaCiliaryBody
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 3 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:
 - Bone

CS Items - CCCR Required - SSF 4 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 4 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 4 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 4 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 4 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

List of Schemas for which CS Site-Specific Factor 4 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLarynxOther
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther

SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor 4 must not be 988 for the schemas for which CS Site-Specific Factor 4 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

THEN

If CS Site-Specific Factor 4 was not defined in CSv01 (see list below), then CS Site-Specific Factor 4 must be coded 988.

List of schemas for which CS Site-Specific Factor 4, although required for CSv02, was not defined in CSv01:

MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.1A:

Prostate schema removed from list of schemas requiring CS Site-Specific Factor 4.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 4 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 5 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 5 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 5 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 5 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

List of Schemas for which CS Site-Specific Factor 5 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
BuccalMucosa
EpiglottisAnterior
FloorMouth
GISTPeritoneum
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLarynxOther
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary

SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor 5 must not be 988 for the schemas for which CS Site-Specific Factor 5 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

THEN

If CS Site-Specific Factor 5 was not defined in CSv01 (see list below), then CS Site-Specific Factor 5 must be coded 988.

List of schemas for which CS Site-Specific Factor 5, although required for CSv02, was not defined in CSv01:

GISTPeritoneum

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 5 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 6 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 6 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 6 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 6 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 6 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

List of Schemas for which CS Site-Specific Factor 6 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
BuccalMucosa
EpiglottisAnterior
FloorMouth
GISTEsophagus
GISTPeritoneum
GISTSmallIntestine
GISTStomach
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLarynxOther
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther

Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SubmandibularGland
TongueAnterior
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor 6 must not be 988 for the schemas for which CS Site-Specific Factor 6 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

THEN

If CS Site-Specific Factor 6 was not defined in CSv01 (see list below), then CS Site-Specific Factor 6 must be coded 988.

List of schemas for which CS Site-Specific Factor 6, although required for CSv02, was not defined in CSv01:

GISTEsophagus
GISTPeritoneum
GISTSmallIntestine
GISTStomach
Rectum
SkinEyelid

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 6 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 7 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 7 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 7 must be 988 for this schema
[4835] For DX Year > 2014, CS Site-Specific Factor 7 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 7 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 7 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 7 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.

List of Schemas for which CS Site-Specific Factor 7 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
GISTEsophagus
GISTSmallIntestine
GISTStomach
MelanomaSkin
Prostate

Additionally required only for cases diagnosed 2015 or later:

Colon
Rectum

1. If year of Diagnosis is 2015 or later:
CS Site-Specific Factor 7 must not be 988 for the Colon and Rectum schemas.
2. If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:
CS Site-Specific Factor 7 must not be 988 for the schemas for which CS Site-Specific Factor 7 is required (see above).
3. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 7 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 7 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Additional schemas that are required for diagnosis year 2015 and later:
Colon
Rectum

CS Items - CCCR Required - SSF 8 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 8 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 8 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 8 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.

List of Schemas for which CS Site-Specific Factor 8 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using CSv020302 or higher:

Breast
Prostate

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor 8 must not be 988 for the schemas for which CS Site-Specific Factor 8 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 8 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CCCR Required - SSF 9 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4231] Conflict between %F6 and CCCR requirements
Conflict between CS Site-Specific Factor 9 and CCCR requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 9 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 9 must not be blank
[4853] For DX Year > 2009 OR CS Version Input Original of 020302 or higher, CS Site-Specific Factor 9 must not be 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by CCCR.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.

List of Schemas for which CS Site-Specific Factor 9 is Required for CSv0203 or higher by CCCR

Required only for cases diagnosed 2010 or later OR entered originally using
CSv020302 or higher:

Breast
BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLarynxOther
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
SalivaryGlandOther
SinusEthmoid
SinusMaxillary

SinusOther
SubmandibularGland
TongueAnterior
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor 9 must not be 988 for the schemas for which CS Site-Specific Factor 9 is required (see above).

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:
THEN

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2C

- Edit updated to require SSF for cases diagnosed 2010+ instead of 2011+. That is, if year of diagnosis is 2010 or later, CS SSF 9 cannot be blank or 988 for schemas for which it is required.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - CoC Required - Non-SSF 2016 (CS)

Agency: COC

Last changed: 07/28/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Mets Eval [Std# 2860]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3334] Conflict between Date of Diagnosis and CS items
Conflict between Date of Diagnosis and CS items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX > 2003, Regional Nodes Examined cannot be blank")
SAVE_TEXT("If DX > 2003, Regional Nodes Positive cannot be blank")
SAVE_TEXT("If DX > 2009, Lymph-vascular Invasion cannot be blank for this schema")
SAVE_TEXT("If DX > 2015, CS Extension must be blank, 988, or 999")
SAVE_TEXT("If DX > 2015, CS Lymph Nodes Eval must be blank or 9")
SAVE_TEXT("If DX > 2015, CS Lymph Nodes must be blank, 988, or 999")
SAVE_TEXT("If DX > 2015, CS Mets at DX must be blank, 98, or 99")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Bone must be blank, 8, or 9")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Brain must be blank, 8, or 9")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Liver must be blank, 8, or 9")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Lung must be blank, 8 or 9")
SAVE_TEXT("If DX > 2015, CS Mets Eval must be blank or 9")
SAVE_TEXT("If DX > 2015, CS Tumor Size must be blank, 988, or 999")
SAVE_TEXT("If DX > 2015, CS Tumor Size/Ext Eval must be blank or 9")
```

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that all CS data items other than the site-specific factors, CS Version Input Original, and CS Version Input Current are blank or defaulted to an unknown or not applicable code for cases diagnosed 2016 and later per the CoC requirements. This edit also enforces the continued requirement of Regional Nodes Positive, Regional Nodes Examined, and Lymph-Vascular for cases diagnosed 2016 and later.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of Date of Diagnosis is 2015 or earlier

If year of Date of Diagnosis is greater than 2015, then the following CS data items must be blank or equal to the appropriate default value for schemas where there is only one valid value (i.e., blank, unknown or not applicable). Default values are being allowed temporarily to accommodate the modification of automated vendor software functions that are currently programmed to support the collection of Collaborative Stage.

- CS Tumor Size
- CS Extension
- CS Tumor Size/Ext Eval
- CS Lymph Nodes
- CS Lymph Nodes Eval
- CS Mets at DX
- CS Mets Eval
- CS Mets at DX-Bone
- CS Mets at DX-Brain
- CS Mets at DX-Liver
- CS Mets at DX-Lung

If year of Date of Diagnosis is greater than 2003, then the following additional CS data items cannot be blank:

- Regional Nodes Pos
- Regional Nodes Examined
- CS Version Input Original
- CS Version Input Current

If year of Date of Diagnosis is greater than 2009, then the following additional CS data items CANNOT be blank:

- Lymph-vascular Invasion (for Penis and Testis schemas only;
may be blank for all other schemas)

Administrative Notes

New edit - added to NAACCR v16 metafile-JH
Included in the CoC Edit set

Updates for V16A

- This edit was updated to allow default codes for unknown or not applicable for CS Tumor Size, CS Extension, CS Tumor Size/Ext Eval, CS Lymph Nodes, CS Lymph Nodes Eval, CS Mets at DX, CS Mets Eval, CS Mets at DX-Bone, CS Mets at DX-Brain, CS Mets at Dx-Liver, CS Mets at DX-Lung. The following CS Derived items were removed from this edit: Derived AJCC-6 T, Derived AJCC-6 T Descriptor, Derived AJCC-6 N, Derived AJCC-6 N Descriptor, Derived AJCC-6M, Derived AJCC-6 M Descriptor, Derived AJCC-6 Stage Group, Derived SS1977, Derived SS2000, CS Version Derived, Derived AJCC-7 T, Derived AJCC-7 T Descriptor, Derived AJCC-7 N, Derived AJCC-7 N Descriptor, Derived AJCC-7 M, Derived AJCC-7 M Descriptor, Derived AJCC-7 Stage Group

CS Items - COC Required - Non-SSF (CS)

Agency: COC

Last changed: 05/25/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3334] Conflict between Date of Diagnosis and CS items
Conflict between Date of Diagnosis and CS items

Additional Messages

SAVE_TEXT("If DX > 2003, CS Extension cannot be blank")
SAVE_TEXT("If DX > 2003, CS Lymph Nodes cannot be blank")
SAVE_TEXT("If DX > 2003, CS Lymph Nodes Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Mets at DX cannot be blank")
SAVE_TEXT("If DX > 2003, CS Mets Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Site-Specific Factor25 cannot be blank")
SAVE_TEXT("If DX > 2003, CS Tumor Size cannot be blank")
SAVE_TEXT("If DX > 2003, CS Tumor Size/Ext Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Current cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Original cannot be blank")
SAVE_TEXT("If DX > 2003, Regional Nodes Examined cannot be blank")
SAVE_TEXT("If DX > 2003, Regional Nodes Positive cannot be blank")

```
SAVE_TEXT("If DX > 2009, CS Mets at DX-Bone cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Brain cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Liver cannot be blank")
SAVE_TEXT("If DX > 2009, CS Mets at DX-Lung cannot be blank")
SAVE_TEXT("If DX > 2009, Lymph-vascular Invasion cannot be blank")
SAVE_TEXT("t_schema_msg")
```

Description

The purpose of this edit is to verify that all CS data items required by COC, other than the site-specific factors, are entered (not blank) for cases diagnosed 2004-2015. The site-specific factors are edited schema-specifically in other edits.

This edit is skipped if:

1. Year of Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid
4. Year of Date of Diagnosis is 2016 or greater

If year of Date of Diagnosis is greater than 2003, then the following CS data items CANNOT be blank:

```
Regional Nodes Examined
Regional Nodes Positive
  CS Tumor Size
  CS Extension
  CS Tumor Size/Ext Eval
  CS Lymph Nodes
  CS Lymph Nodes Eval
  CS Mets at DX
  CS Mets Eval
CS Version Input Original
CS Version Input Current
CS Site-Specific Factor25
```

If year of Date of Diagnosis is greater than 2009 and less than 2016, then the following data items CANNOT be blank:

```
CS Mets at DX-Bone
CS Mets at DX-Brain
CS Mets at DX-Liver
CS Mets at DX-Lung
Lymph-vascular Invasion
```

Administrative Notes

New edit - added to NAACCR v12.0 metafile; replaces former edit "CS Items, Date of Diagnosis (COC)"

Modifications:

NAACCR v12.1

- CS Site-Specific Factor25 was added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-This edit skipped if dx year is 2016 and later. CS Items - CoC Required - Non-SSF (CS) 2016 Plus will enforce blanks for cases diagnosed 2016 and later. JH

CS Items - COC Required - SSF 1 (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 1 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must not be 988
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 1 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas for which it is required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 02xxxx:, then CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 1 is required (see List 1 below).
3. If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 1 is required (see List 1 below), with the following exceptions:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
 1. If CS Site-Specific Factor 1 was not defined in CSv01 (List 2 below), then CS Site-Specific Factor 1 must be coded 988.
 2. If schema is Stomach, EsophagusGEJunction or NETStomach (both based on Stomach) - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.
 - B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):
 1. If CS Site-Specific Factor 1 was not defined in CSv01 (see List 2 below), or schema is Stomach, EsophagusGEJunction, or NETStomach - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 1 is Required for CSv02 (all versions) by COC

Appendix

BileDuctsIntraHepat

Bladder

Brain

Breast

BuccalMucosa

Cervix

CNSOther

Colon

Conjunctiva

CorpusAdenosarcoma

CorpusCarcinoma

CorpusSarcoma

EpiglottisAnterior

Esophagus

EsophagusGEJunction

FallopianTube

FloorMouth

GumLower

GumOther

GumUpper

HeartMediastinum

HemeRetic

Hypopharynx

IntracranialGland

KaposiSarcoma

KidneyParenchyma

KidneyRenalPelvis
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaConjunctiva
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther
MycosisFungoides
NasalCavity
Nasopharynx
NETStomach
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
Peritoneum
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Placenta

Pleura
Prostate
Rectum
Retinoblastoma
Retroperitoneum
SalivaryGlandOther
Scrotum
SinusEthmoid
SinusMaxillary
SinusOther
Skin
SmallIntestine
SoftTissue
Stomach
SubmandibularGland
Thyroid
TongueAnterior
TongueBase
Urethra
Vagina

List 2: Schemas for which CS Site-Specific Factor 1, although required for CSv02, was not defined in CSv01

Bladder
Cervix
Conjunctiva
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
Esophagus
FallopianTube
HeartMediastinum
HemeRetic
KidneyParenchyma
KidneyRenalPelvis
Lung
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Peritoneum
PeritoneumFemaleGen
Retroperitoneum
Scrotum
Skin
SmallIntestine
SoftTissue
Urethra
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 1 (CS)" to "CS Items - COC Required - SSF 1 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 10 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor10 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor10 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor10 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor10 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.

2. If year of Diagnosis is 2011 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required.

3. If year of Diagnosis is 2010 OR CS version Input Original is 0201xx or 0202xx: CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required.

Exceptions:

1. If schema = BileDuctsIntraHepat, the edit is skipped
(Note: BileDuctsIntraHepat was not required prior to CSv0203)

4. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 10 is Required for CSv2 by COC

BileDuctsIntraHepat (required only for cases diagnosed 2011+
or entered originally in CSv0203)

Breast
GISTPeritoneum
Hypopharynx
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Nasopharynx
Oropharynx
PalateSoft
Penis
PharyngealTonsil
PharynxOther
Prostate
SkinEyelid
Testis
TongueBase
Vulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- BileDuctsIntraHepat added to list of schemas requiring SSF 10 (required only for cases diagnosed 2011+ or entered originally in CSV0203)
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 10 (CS)" to "CS Items - COC Required - SSF 10 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 11 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor11 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor11 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor11 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 - CS Site-Specific Factor11 must not be 988 for the schemas for which CS Site-Specific Factor11 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor11 must not be blank. (For several SEER registries, CS Site-Specific Factor11 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor11 is Required for CSv2 by COC

Appendix

BileDuctsIntraHepat

BileDuctsPerihilar

Breast

BuccalMucosa

FloorMouth

GISTAppendix

GISTColon

GISTRectum

GumLower

GumOther

GumUpper

LipLower

LipOther

LipUpper

MelanomaBuccalMucosa

MelanomaChoroid

MelanomaCiliaryBody

MelanomaEpiglottisAnterior

MelanomaFloorMouth

MelanomaGumLower

MelanomaGumOther

MelanomaGumUpper

MelanomaHypopharynx

MelanomaIris

MelanomaLarynxGlottic

MelanomaLarynxOther

MelanomaLarynxSubglottic

MelanomaLarynxSupraglottic

MelanomaLipLower

MelanomaLipOther

MelanomaLipUpper

MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellVulva
MouthOther
NasalCavity
NETSmallIntestine
NETStomach
PalateHard
Prostate
SinusEthmoid
SinusMaxillary
SinusOther
Skin
TongueAnterior
Vulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis schema removed from list of schemas requiring SSF11
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 11 (CS)" to "CS Items - COC Required - SSF 11 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 12 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor12 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor12 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor12 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.

2.If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor12 must not be 988 for the schemas for which CS Site-Specific Factor12 is required.

3.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor12 is Required for CSv2 by COC

Breast
GISTAppendix
GISTColon
GISTRectum
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
NETSmallIntestine
NETStomach
Prostate
Scrotum
Skin

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 12 (CS)" to "CS Items - COC Required - SSF 12 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 13 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor13 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor13 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor13 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 - CS Site-Specific Factor13 must not be 988 for the schemas for which CS Site-Specific Factor13 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 13 is Required for CSv2 by COC

 Breast
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 Prostate
 Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- Testis added to list of schemas requiring SSF 13
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 13 (CS)" to "CS Items - COC Required - SSF 13 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 14 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor14 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor14 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor14 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor14 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 - CS Site-Specific Factor14 must not 988 for the schemas for which CS Site-Specific Factor14 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor14 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor14 must not be blank. (For several SEER registries, CS Site-Specific Factor14 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 14 is Required for CSv2 by COC

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 14 (CS)" to "CS Items - COC Required - SSF 14 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 15 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor15 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor15 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor15 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor15 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor15 cannot be blank.
2. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:
then
 CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.
3. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then
 CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.

Exceptions:

1. If schema = Breast, the edit is skipped
(Note: Breast was not required prior to CSv0203)

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
then
 CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor15 must not be blank.
(For several SEER registries, CS Site-Specific Factor15 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 15 is Required for CSv0203 by COC

Breast (required only for cases diagnosed 2011+
 or entered originally in CSv0203 or higher)
Testis

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 15 (CS)" to "CS Items - COC Required - SSF 15 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 16 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor16 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor16 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor16 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 - CS Site-Specific Factor16 must not be 988 for the schemas for which CS Site-Specific Factor16 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
 - CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 16 is Required for CSv2 by COC

 MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva
 NETColon
 NETRectum
 Scrotum
 Skin
 Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis added to schemas requiring SSF 16
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 16 (CS)" to "CS Items - COC Required - SSF 16 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 17 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor17 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor17 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor17 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor17 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor17 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020101 or higher then
CS Site-Specific Factor17 must not be 988 for the schemas for which CS Site-Specific Factor17 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor17 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor17 is Required for CSv2 by COC

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
NETColon
NETRectum
Penis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 17 (CS)" to "CS Items - COC Required - SSF 17 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 18 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor18 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor18 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor18 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor18 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor18 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 CS Site-Specific Factor18 must not be 988 for the schemas for which CS Site-Specific Factor18 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

 CS Site-Specific Factor18 must = 988.

 Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor18 is Required for CSv2 by COC

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 18 (CS)" to "CS Items - COC Required - SSF 18 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 19 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4230] Conflict between %F4 and COC requirements
Conflict between CS Site-Specific Factor19 and COC requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor19 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor19 is populated based on the COC requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor19 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 19 (CS)" to "CS Items - COC Required - SSF 19 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 2 (CS)

Agency: CS

Last changed: 07/30/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 2 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 2 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor 2 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 2 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank

2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows::

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.

2. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:

then

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-Specific Factor 2 is required (see List 1 below).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-Specific Factor 2 is required only for cases diagnosed 2011 or later OR entered originally in CSv0203.

3. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:

then

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-Specific Factor 2 is required.

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 2 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 2 below), then

CS Site-Specific Factor 2 must be coded 988.

2. If schema is = Appendix, CarcinoidAppendix, or NETColon (all three based on Colon schema), Colon, NETRectum (based on Rectum schema), or Rectum (schemas that were added after the initial implementation of CSv01),

then

CS Site-Specific Factor 2 can be any valid code including 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 2 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 2 below), then

CS Site-Specific Factor 2 can be any valid code including 988.

2. If schema is = Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, or Rectum (schemas that were added after the initial implementation of CSv01), then

CS Site-Specific Factor 2 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 2 is Required for CSv2 by COC

Appendix
BileDuctsIntraHepat
Bladder
Breast
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
KidneyRenalPelvis
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203)

NETColon
NETRectum
Ovary
PeritoneumFemaleGen
Placenta
Pleura
Prostate
Rectum
SmallIntestine
Vagina

List 2: List of schemas for which CS Site-Specific Factor 2, although required for CSv02, was not defined in CSv01:

Bladder
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
KidneyRenalPelvis
Lung
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
Ovary
PeritoneumFemaleGen
Placenta
Pleura
SmallIntestine
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 2
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Edit logic corrected: two brackets removed so that pre-2010 cases originally entered in CSV01 and updated to CSV02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 2 (CS)" to "CS Items - COC Required - SSF 2 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

- removed reference to IF289

NAACCR v16A

- Edit was not identified as IF289 in Administrative Notes. Reference was included in CS Items - NPCR Required - SSF 2 (CS)

CS Items - COC Required - SSF 20 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4230] Conflict between %F4 and COC requirements
Conflict between CS Site-Specific Factor20 and COC requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor20 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor20 is populated based on the COC requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor20 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 20 (CS)" to "CS Items - COC Required - SSF 20 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 21 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor21 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor21 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor21 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor21 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor21 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor21 must not be 988 for the schemas for which CS Site-Specific Factor21 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor21 must = 988.

List of Schemas for which CS Site-Specific Factor 21 is Required for CSV2 by COC

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 21 (CS)" to "CS Items - COC Required - SSF 21 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 22 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor22 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor22 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor22 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor22 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor22 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 CS Site-Specific Factor22 must not be 988 for the schemas for which CS Site-Specific Factor22 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

 If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

 CS Site-Specific Factor22 must = 988.

List of Schemas for which CS Site-Specific Factor 22 is Required for CSV2 by COC

Breast
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v13A

- SEER IF# changed from IF308 to IF309

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 22 (CS)" to "CS Items - COC Required - SSF 22 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 23 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor23 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor23 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor23 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor23 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor23 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.

- 2.If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher
then
 CS Site-Specific Factor23 must not be 988 for the schemas
 for which CS Site-Specific Factor23 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

 If CS Version Input Current = 020510 (not changed since
 conversion from CSv01 to CSv02):

 CS Site-Specific Factor23 must = 988.

List of Schemas for which CS Site-Specific Factor 23 is Required for CSV2 by COC

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 23 (CS)" to "CS Items - COC Required - SSF 23 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 24 (CS)

Agency: CS

Last changed: 09/23/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4230] Conflict between %F4 and COC requirements
Conflict between CS Site-Specific Factor24 and COC requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor24 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor24 is populated based on the COC requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor24 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 24 (CS)" to "CS Items - COC Required - SSF 24 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - COC Required - SSF 3 (CS)

Agency: CS

Last changed: 05/17/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 3 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 3 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor 3 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 3 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank

2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.

2. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:

then

CS Site-Specific Factor 3 must not be 988 for the schemas for which CS Site-Specific Factor 3 is required (see List 1).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-Specific Factor 3 is required only for cases diagnosed 2011 or later OR entered originally in CSv0203.

3. If year of Diagnosis is 2010 or later OR CS Version Input Original is 0201xx or 0202xx:

then

CS Site-Specific Factor 3 must not be 988 for the schemas for which CS Site-Specific Factor 3 is required (see List 1).

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see List 2 below), then

CS Site-Specific Factor 3 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see List 2 below), then

CS Site-Specific Factor 3 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 3 is Required for CSv2 by COC

- Appendix
- Bladder
- Bone
- Breast
- BuccalMucosa

Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
KidneyParenchyma
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther
MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203)

NasalCavity
Nasopharynx
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SmallIntestine
SoftTissue
SubmandibularGland
TongueAnterior
TongueBase
Vagina

List 2: List of schemas for which CS Site-Specific Factor 3, although required for CSv02, was not defined in CSv01:

Appendix
Bladder
Bone
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
HeartMediastinum
KidneyParenchyma
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Ovary
PeritoneumFemaleGen
Rectum
SkinEyelid
SmallIntestine
SoftTissue
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 3
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 3 (CS)" to "CS Items - COC Required - SSF 3 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

- removed reference to IF290

CS Items - COC Required - SSF 4 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 4 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 4 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 4 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 4 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 4 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank

2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

2. If year of Date of Diagnosis is 2004-2009 AND schema is Prostate, then CS Site-Specific Factor 4 must not be 988 (not applicable; information not collected for this case).

3. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor 4 must not be 988 for the schemas for which CS Site-Specific Factor 4 is required (see List 1 below).

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 2 below), then
 CS Site-Specific Factor 4 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 2 below), then
 CS Site-Specific Factor 4 may be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 4 is Required for CSv2 by COC

-
-
- Brain
 - Breast
 - BuccalMucosa
 - CNSOther
 - Colon
 - CorpusAdenosarcoma
 - CorpusCarcinoma
 - CorpusSarcoma
 - EpiglottisAnterior
 - FallopianTube
 - FloorMouth

GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland

Testis
TongueAnterior
TongueBase
Vagina

List 2: List of schemas for which CS Site-Specific Factor 4, although required for CSV02, was not defined in CSV01:

Brain
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
KidneyParenchyma
LacrimalGland
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Rectum
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12A

- Edit modified to skip if Date of Diagnosis is blank.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Edit logic corrected: semicolon added so that pre-2010 cases originally entered in CSV01 and updated to CSV02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 4 (CS)" to "CS Items - COC Required - SSF 4 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.

- CS versioning updated to work for CSV02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

-removed reference to IF291 in administrative notes

CS Items - COC Required - SSF 5 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 5 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 5 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 5 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

- 4. CS schema is invalid
- 5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher
then

CS Site-Specific Factor 5 must not be 988 for the schemas
for which CS Site-Specific Factor 5 is required (see List 1 below).

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 5 must not be 988.

Exceptions:

- 1. If CS Site-Specific Factor 5 was not defined in CSv01 (see List 2 below),
then
CS Site-Specific Factor 5 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 5 must not be 988.

Exceptions:

- 1. If CS Site-Specific Factor 5 was not defined in CSv01
(see list below),
then
CS Site-Specific Factor 5 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 5 is Required for CSv2 by COC

-
- Brain
- Breast
- BuccalMucosa
- CNSOther
- CorpusAdenosarcoma
- CorpusCarcinoma
- CorpusSarcoma
- EpiglottisAnterior
- FallopianTube
- FloorMouth
- GISTPeritoneum
- GumLower
- GumOther
- GumUpper
- Hypopharynx
- LarynxGlottic
- LarynxOther
- LarynxSubglottic

LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
NETAmpulla
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase
Vagina

List 2: List of schemas for which CS Site-Specific Factor 5, although required for CSV02, was not defined in CSV01:

Brain
CNSOther
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
GISTPeritoneum
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 5 (CS)" to "CS Items - COC Required - SSF 5 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

- Removed reference to IF292 from administrative notes

CS Items - COC Required - SSF 6 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 6 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 6 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 6 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 6 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

- 4. CS schema is invalid
- 5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher
then

CS Site-Specific Factor 6 must not be 988 for the schemas
for which CS Site-Specific Factor 6 is required (see List 1 below).

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 6 must not be 988.

Exceptions:

- 1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 2 below),
then
CS Site-Specific Factor 6 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 6 must not be 988.

Exceptions:

- 1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 2 below),
then
CS Site-Specific Factor 6 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 6 is Required for CSv2 by COC

-
- Brain
- Breast
- BuccalMucosa
- CNSOther
- Colon
- CorpusAdenosarcoma
- CorpusCarcinoma
- CorpusSarcoma
- EpiglottisAnterior
- FallopianTube
- FloorMouth
- GISTEsophagus
- GISTPeritoneum
- GISTSmallIntestine
- GISTStomach
- GumLower
- GumOther
- GumUpper

Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
NETAmpulla
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SubmandibularGland

Testis
TongueAnterior
TongueBase
Vagina

List 2: List of schemas for which CS Site-Specific Factor 6, although required for CSV02, was not defined in CSV01:

Brain
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
GISTEsophagus
GISTPeritoneum
GISTSmallIntestine
GISTStomach
KidneyParenchyma
LacrimalGland
Liver
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Rectum
SkinEyelid
Testis
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v13

- Corrected typo in description: changed "required by COC and COC" to "required by SEER and COC"

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 6 (CS)" to "CS Items - COC Required - SSF 6 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Removed reference to IF293 from administrative notes

CS Items - COC Required - SSF 7 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 7 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 7 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 7 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 7 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 7 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.

2.If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor 7 must not be 988 for the schemas for which CS Site-Specific Factor 7 is required.

3.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 7 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 7 is Required for CSv2 by COC

Breast
FallopianTube
GISTEsophagus
GISTSmallIntestine
GISTStomach
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
Prostate
Testis
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 7 (CS)" to "CS Items - COC Required - SSF 7 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Removed reference to IF294 in administrative notes

CS Items - COC Required - SSF 8 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 8 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 8 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 8 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor 8 must not be 988 for the schemas for which CS Site-Specific Factor 8 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 8 is Required for CSv2 by COC

Breast
Colon
KidneyParenchyma
LacrimalGland
Liver
Prostate
Rectum
SkinEyelid
Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 8 (CS)" to "CS Items - COC Required - SSF 8 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Removed reference to IF295 in administrative notes

CS Items - COC Required - SSF 9 (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4229] Conflict between %F6 and COC requirements
Conflict between CS Site-Specific Factor 9 and COC requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 9 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 9 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 9 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by COC.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor 9 must not be 988 for the schemas for which CS Site-Specific Factor 9 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor 9 must not be blank. (For several SEER registries, CS Site-Specific Factor 9 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 9 is Required for CSv2 by COC

Breast
BuccalMucosa
Colon
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther

MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 9 (CS)" to "CS Items - COC Required - SSF 9 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to COC.
- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Removed reference to IF296 in administrative notes

CS Items - NPCR Required - Non-SSF (CS)

Agency: NPCR

Last changed: 03/25/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Tumor Size [Std# 2800]
CS Tumor Size/Ext Eval [Std# 2820]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Type of Reporting Source [Std# 500]

Default Error Message

[3136] Conflict between year of DX and CS items
Conflict between year of DX and CS items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, CS Site-Specific Factor25 cannot be blank")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, CS Tumor Size cannot be blank")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, CS Version Input Current cannot be blank")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, CS Version Input Original cannot be blank")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, Regional Nodes Examined cannot be blank")
SAVE_TEXT("If %F2 = %V2 and %F16 = %V16, Regional Nodes Positive cannot be blank")
SAVE_TEXT("If DX > 2003, CS Site-Specific Factor25 cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Current cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Original cannot be blank")
SAVE_TEXT("If year of DX > 2003, CS Extension cannot be blank")
SAVE_TEXT("If year of DX > 2003, CS Lymph Nodes cannot be blank")
SAVE_TEXT("If year of DX > 2003, CS Mets at DX cannot be blank")
SAVE_TEXT("If year of DX > 2007, CS Tumor Size cannot be blank")
SAVE_TEXT("If year of DX > 2007, CS Tumor Size/Ext Eval cannot be blank")
SAVE_TEXT("If year of DX > 2011, Regional Nodes Examined cannot be blank")
SAVE_TEXT("If year of DX > 2011, Regional Nodes Positive cannot be blank")

Description

The purpose of this edit is to verify that all CS data items required by NPCR, other than the site-specific factors, are entered (not blank) per the NPCR requirements. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later. This is checked in another edit: CS Over-ride CS 20, Rpt Srce, CS Fields (NPCR).

- Type of Reporting Source
- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

The site-specific factors are edited schema-specifically in other edits.

This edit is skipped if:

1. Date of Diagnosis is blank or less than 2004.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
3. CS Schema is invalid
4. Type reporting source 6 or 7

A. If Over-ride CS 20 is blank, indicating all CS items required by NPCR for staging are coded:

1. If year of Date of Diagnosis is 2004-2015, the following CS data items cannot be blank. If year of diagnosis is 2016 or later, they may be blank.

- CS Extension
- CS Lymph Nodes
- CS Mets at DX
- CS Version Input Original
- CS Version Input Current

2. If year of Date of Diagnosis is 2008-2015, the following additional CS data items cannot be blank. If year of Date of Diagnosis is 2016 or later, they may be blank.

- CS Tumor Size
- CS Tumor Size/Ext Eval

3. If year of Date of Diagnosis is 2012 or later, the following additional CS data items cannot be blank:

- Regional Nodes Examined
- Regional Nodes Positive

Note: For cases diagnosed 2016 or later CS Version Input Current and CS Version Input Original may be blank, unless a CS Site Specific Factor is required. The

edits that check for required CS Site Specific Factors also check that CS Version Input Current and CS Version Input Original are not blank.

B. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, the following CS data item cannot be blank:

- Regional Nodes Examined
- Regional Nodes Positive
- CS Tumor Size
- CS Version Input Original
- CS Version Input Current
- CS Site-Specific Factor25

C. If Over-ride CS 20 is '1' and Type of Reporting Source = 3-7, all CS input items may be left blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile; replaces former edit "CS Items, Date of Diagnosis (NPCR)"

Modifications:

NAACCR v12.1

- CS Site-Specific Factor25 was added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v12.2

- Updated to require Regional Nodes Examined and Regional Nodes Positive for cases diagnosed 2012+.
- Updated to require Lymph-vascular Invasion for Penis and Testis schemas for cases diagnosed 2012+.
- Updated to require only Regional Nodes Examined, Regional Nodes Positive, CS Tumor Size, CS Version Input Original, CS Version Input Current, and CS Site-Specific Factor25 if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v12.2A

- Updated to no longer require Lymph-vascular Invasion.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- CS Extension, CS Lymph Nodes, CS Mets at DX, CS Site-Specific Factor25, CS Tumor Size, CS Tumor Size/Ext Eval, CS Version Input Original, and CS Version Input Current may be blank for cases diagnosed 2016 and after. Reflects NPCR reporting requirements for 2016.

CS Items - NPCR Required - SSF 1 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor 1 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor 1 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 1 must not be blank
[4856] For DX Year > 2003, CS Site-Specific Factor 1 must not be 988
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor 1 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank OR invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004 - 2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS SSF 1 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 1 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 1 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2011 - 2015
then
CS Site-Specific Factor 1 must not be 988 (not collected) or blank for any of the schemas for which it is required (see List 1).
2. If year of Diagnosis is 2010
then
CS Site-Specific Factor 1 must not be 988 or blank for Pleura, Breast, Lung, and Retinoblastoma schemas.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
then
CS Site-Specific Factor 1 must not be 988 or blank for Pleura or Retinoblastoma.
Note: No need to check if CS Site-Specific Factor 1 is 988 for Retinoblastoma schema since 988 is not a valid code for Retinoblastoma.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 1 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor 1 must not be 988 or blank for Breast, Brain, CNSOther, and IntraCranialGland schemas.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 1 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 1 is required by NPCR

Required for cases diagnosed 2004 or later:

Pleura

Additionally required only for cases diagnosed 2010 or later:

Breast

Lung

Retinoblastoma

Additionally required only for cases diagnosed 2011 or later:

Brain

CNSOther

IntraCranialGland

List 2: Schemas for which CS Site-Specific Factor 1 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Brain

CNSOther

IntraCranialGland

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12C:

- Added Lung to the schemas for which NPCR requires CS Site-Specific Factor 1. Table 'CS_SSF.dbf' was updated to enforce this requirement.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.

- Brain, CNSOther, and IntraCranialGland added to list of schema requiring CS Site-Specific Factor 1.

- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 1 for only Breast, Brain, CNSOther, and IntraCranialGland schemas if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 1 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 1 (CS) to CS Items - NPCR Required - SSF 1 (CS) - 2015

NAACCR v16A

- Error messages corrected, fields out of order
- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 1 (CS) to CS Items - NPCR Required - SSF 1 (CS) - 2015

CS Items - NPCR Required - SSF 1 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 1 [Std# 2880]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7124] If year of %F1 is 2016 or later, %F2 must be blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 1 must be blank

Additional Messages

[7125] If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 1 cannot be 988 or blank
[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions are true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

If year of Diagnosis is 2016 or later CS Site Specific Factor 1 must not be 988 (not collected) or blank for Prostate, Placenta, MycosisFungoides, Breast, Brain, CNSOther, and IntraCranialGland Schemas. If CS Site Specific Factor 1 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New Edit for NAACCR v16

- Edit is skipped if diagnosis date is 2015 or prior

Modifications

NAACCR v16A

- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

CS Items - NPCR Required - SSF 10 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor10 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor10 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor10 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor10 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
 - 4 (physician's office)
 - 5 (nursing home)
 - 6 (autopsy only)
 - 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor10 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor10 cannot = 988 or blank for the schemas for which CS Site-Specific Factor10 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2014-2015 OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor10 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor10 is required for CSv0205 by NPCR.
 - NPCR requires CS Site-Specific Factor10 for no schemas for CSv0205

2. If year of Diagnosis is 2010-2013
then

CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required (see List 1 below).

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7 and CS Site-Specific Factor10 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

If year of Diagnosis is 2014-2015 OR CS Version Input Original

is 020550 (originally entered in CSV0205) or higher.

Then

CS Site-Specific Factor10 must not be blank for Breast schema

Otherwise

CS Site-Specific Factor10 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor10 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor10 is Required by NPCR

Required only for cases diagnosed 2010-2013 OR entered originally in CSV0201-CSV0204:

Breast

List 2: Schemas for which CS Site-Specific Factor10 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 10 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements: SSF 10 is no longer required for Breast schema for cases diagnosed 2014 or later OR originally coded in CSV0205
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 10 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.

- Name changed from CS Items - NPCR Required - SSF 10 (CS) to CS Items - NPCR Required - SSF 10 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 10 (CS) to CS Items - NPCR Required - SSF 10 (CS) - 2015

CS Items - NPCR Required - SSF 10 (CS) - 2016+

Agency: NPCR

Last changed: 07/23/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor10 [Std# 2864]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor10 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 10 cannot be 988 (not collected) or blank for GISTPeritoneum and Prostate schemas.

If CS Site Specific Factor 10 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Name changed from CS Items - NPCR Required - SSF 10 (CS) - 2016 to CS Items - NPCR Required - SSF 10 (CS) - 2016+
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 11 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor11 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor11 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor11 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor11 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
 - 4 (physician's office)
 - 5 (nursing home)
 - 6 (autopsy only)
 - 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later.

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor11 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor11 cannot = 988 or blank for the schemas for which CS Site-Specific Factor11 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015
then
CS Site-Specific Factor11 must not be 988 for the schemas
for which CS Site-Specific Factor11 is required (see List 1 below).
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor11 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:
- CS Site-Specific Factor11 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor11 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor11 is required by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor11 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 11 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 11 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 11 (CS) to CS Items - NPCR Required - SSF 11 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 11 (CS) to CS Items - NPCR Required - SSF 11 (CS) - 2015

CS Items - NPCR Required - SSF 11 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor11 [Std# 2865]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor11 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 11 cannot be 988 (not collected) or blank for Appendix, Breast, GISTAppendix, GISTColon, and GISTRectum schemas.

If CS Site Specific Factor 11 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 12 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor12 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor12 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor12 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor12 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
 - 4 (physician's office)
 - 5 (nursing home)
 - 6 (autopsy only)
 - 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor12 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor12 cannot = 988 or blank for the schemas for which CS Site-Specific Factor12 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2014-2015 OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor12 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor12 is required for CSv0205 by NPCR.
 - NPCR requires CS Site-Specific Factor12 for no schemas for CSv0205
2. If year of Diagnosis is 2010-2013 then CS Site-Specific Factor12 must not be 988 for the schemas for which CS Site-Specific Factor12 is required (see List 1 below).
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor12 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSV0205) or higher.

Then

CS Site-Specific Factor12 must not be blank for Breast schema

Otherwise

CS Site-Specific Factor12 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor12 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor12 is required by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor12 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 12 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements: SSF 12 is no longer required for Breast schema for cases diagnosed 2014 or later OR originally coded in CSV0205
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, this edit will be skipped.
- Name changed from CS Items - NPCR Required - SSF 12 (CS) to CS Items - NPCR Required - SSF 12 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 12 (CS) to CS Items - NPCR Required - SSF 12 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 12 (CS) - 2015 to CS Items - NPCR Required - SSF 12 (CS)

CS Items - NPCR Required - SSF 13 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor13 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor13 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor13 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor13 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor13 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor13 cannot = 988 or blank for the schemas for which CS Site-Specific Factor13 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015
then

CS Site-Specific Factor13 must not be 988 for the schemas
for which CS Site-Specific Factor13 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated
with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor13 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor13 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor13 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor13 is required by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor13 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 13 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 13 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 13 (CS) to CS Items - NPCR Required - SSF 13 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 13 (CS) to CS Items - NPCR Required - SSF 13 (CS) - 2015

CS Items - NPCR Required - SSF 13 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor13 [Std# 2867]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor13 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 13 cannot be 988 (not collected) or blank for Breast and Testis schemas.

If CS Site Specific Factor 13 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 14 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor14 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor14 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor14 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor14 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor14 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor14 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor14 cannot = 988 or blank for the schemas for which CS Site-Specific Factor14 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015:
then

CS Site-Specific Factor14 must not be 988 for the schemas for which CS Site-Specific Factor14 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor14 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor14 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor14 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor14 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor14 is required by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor14 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 14 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 14 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 14 (CS) to CS Items - NPCR Required - SSF 14 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 14 (CS) to CS Items - NPCR Required - SSF 14 (CS) - 2015

CS Items - NPCR Required - SSF 14 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor14 [Std# 2868]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor14 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 14 is populated based on the NPCR requirements.

This edit is skipped if any of the following conditions are true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank or invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 14 cannot be 988 (not collected) or blank for Breast schema.

If CS Site Specific Factor 14 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 14 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor 14 can be blank except for Breast Schemas.

NAACCR v16A

- Default error message changed to 7125
 - Description modified to reflect NPCR requirements for 2016 diagnosis year. Description from v15A was retained in v16 metafile.
 - Description and edit logic updated to skip if Type of Reporting Source = 6 or 7.
- Edit logic corrected to pass for Behavior Code ICD-O-3 if schema = Brain, CNSOther, IntracranialGland

CS Items - NPCR Required - SSF 15 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor15 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor15 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor15 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor15 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
 - 4 (physician's office)
 - 5 (nursing home)
 - 6 (autopsy only)
 - 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor15 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor15 cannot = 988 or blank for the schemas for which CS Site-Specific Factor15 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:.

1. If year of Diagnosis is 2011-2015
then

CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor15 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor15 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor15 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor15 is required by NPCR

Required only for cases diagnosed 2011-2015"
Breast

List 2: Schemas for which CS Site-Specific Factor15 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to require SSF 15 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 15 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 15 (CS) to CS Items - NPCR Required - SSF 15 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 15 (CS) to CS Items - NPCR Required - SSF 15 (CS) - 2015

CS Items - NPCR Required - SSF 15 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor15 [Std# 2869]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor15 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 15 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 15 cannot be 988 (not collected) or blank for Breast and Testis schemas.

If CS Site Specific Factor 15 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 16 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor16 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor16 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor16 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor16 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor16 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor16 cannot = 988 or blank for the schemas for which CS Site-Specific Factor16 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2011-2015
then
CS Site-Specific Factor16 must not be 988 for the schemas
for which CS Site-Specific Factor16 is required.
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor16 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:
- CS Site-Specific Factor16 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor16 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor16 is required by NPCR

Required only for cases diagnosed 2011-2015:
Breast

List 2: Schemas for which CS Site-Specific Factor16 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to require SSF 16 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
 - For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 9 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 16 (CS) to CS Items - NPCR Required - SSF 16 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 16 (CS) to CS Items - NPCR Required - SSF 16 (CS) - 2015

CS Items - NPCR Required - SSF 16 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor16 [Std# 2870]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor16 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 16 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 16 cannot be 988 (not collected) or blank for Breast and Testis schemas.

If CS Site Specific Factor 16 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 17 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor17 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor17 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor17 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor17 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor17 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 17 (CS) to CS Items - NPCR Required - SSF 17 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 17 (CS) to CS Items - NPCR Required - SSF 17 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 17 (CS) - 2015 to CS Items - NPCR Required - SSF 17 (CS)

CS Items - NPCR Required - SSF 18 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor18 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor18 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor18 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor18 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor18 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 18 (CS) to CS Items - NPCR Required - SSF 18 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 18 (CS) to CS Items - NPCR Required - SSF 18 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 18 (CS) - 2015 to CS Items - NPCR Required - SSF 18 (CS)

CS Items - NPCR Required - SSF 19 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor19 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor19 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor19 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor19 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS site-Specific Factor19 can be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor19 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 19 (CS) to CS Items - NPCR Required - SSF 19 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 19 (CS) to CS Items - NPCR Required - SSF 19 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 19 (CS) - 2015 to CS Items - NPCR Required - SSF 19 (CS)

CS Items - NPCR Required - SSF 2 (CS) - 2015

Agency: NPCR

Last changed: 07/20/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor 2 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor 2 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 2 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor 2 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004 - 2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 2 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 2 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 2 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010 - 2015
then
CS Site-Specific Factor 2 must not be 988 for the schemas
for which CS Site-Specific Factor 2 is required (see List 1 below).
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
 1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 2 below),
then
CS Site-Specific Factor 2 must be coded 988.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 2 must not be 988 or blank for the schemas listed in List 3 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:
- CS Site-Specific Factor 2 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 2 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 2 is Required for CSv2 by NPCR

Required only for cases diagnosed 2010 - 2015:

Breast
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma

List 2: Schemas for which CS Site-Specific Factor 2, although required for CSV02, was not defined in CSV01:

CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma

List 3: Schemas for which CS Site-Specific Factor 2 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 2 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 2 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 2 (CS) to CS Items - NPCR Required - SSF 2 (CS) - 2015
- Removed reference to IF289

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 2 (CS) to CS Items - NPCR Required - SSF 2 (CS) - 2015
- Administrative note updated for NAACCR v16 to indicate that reference to IF289 removed from edit

CS Items - NPCR Required - SSF 2 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 2 [Std# 2890]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7124] If year of %F1 is 2016 or later, %F2 must be blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 2 must be blank

Additional Messages

[7125] If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 2 cannot be 988 or blank
[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions are true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

If year of Diagnosis is 2016 or later CS Site Specific Factor 2 must not be 988 (not collected) or blank for Breast.

If CS Site Specific Factor 2 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v16A

- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

CS Items - NPCR Required - SSF 20 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor20 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor20 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor20 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor20 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor20 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 20 (CS) to CS Items - NPCR Required - SSF 20 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 20 (CS) to CS Items - NPCR Required - SSF 20 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 20 (CS) - 2015 to CS Items - NPCR Required - SSF 20 (CS)

CS Items - NPCR Required - SSF 21 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor21 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor21 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor21 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor21 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor21 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 21 (CS) to CS Items - NPCR Required - SSF 21 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 21 (CS) to CS Items - NPCR Required - SSF 21 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 21 (CS) - 2015 to CS Items - NPCR Required - SSF 21 (CS)

CS Items - NPCR Required - SSF 22 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor22 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor22 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor22 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor22 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account aht CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor22 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 22 (CS) to CS Items - NPCR Required - SSF 22 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 22 (CS) to CS Items - NPCR Required - SSF 22 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 22 (CS) - 2015 to CS Items - NPCR Required - SSF 22 (CS)

CS Items - NPCR Required - SSF 23 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor23 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor23 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor23 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor23 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis 2016 or later, CS Site-Specific Factor23 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 23 (CS) to CS Items - NPCR Required - SSF 23 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 23 (CS) to CS Items - NPCR Required - SSF 23 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 23 (CS) - 2015 to CS Items - NPCR Required - SSF 23 (CS)

CS Items - NPCR Required - SSF 24 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor24 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor24 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor24 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor24 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor24 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 24 (CS) to CS Items - NPCR Required - SSF 24 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 24 (CS) to CS Items - NPCR Required - SSF 24 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 24 (CS) - 2015 to CS Items - NPCR Required - SSF 24 (CS)

CS Items - NPCR Required - SSF 25 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[7128] If year of %F1 is 2016 or later, %F2 cannot be blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor25 cannot be blank

Additional Messages

ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")

Description

The purpose of this edit is to verify that CS Site-Specific Factor25 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions are true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid
4. Date of Diagnosis is 2015 or prior
5. Primary site is C48.1, C48.2 or C48.8
6. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or later CS SSF 25 must not be blank for BileDuctsDistal, BileDuctsPerihilar, CysticDuct, EsophagusGEJunction, LacrimalGland, LacrimalSac, MelanomaCiliaryBody, MelanomaIris, Nasopharynx, PharyngealTonsil, and Stomach schemas.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v16A

- Name changed from CS Items - NPCR Required - SSF 25 (CS) - 2016 to CS Items - NPCR Required - SSF 25 (CS) - 2016+
- Description updated to include notice that edit first determines correct CS schema by function call by passing Primary Site, Histologic Type ICD-O3, and CS Site-Specific Factor 25 to CS dll, and CS schema name is returned.
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

CS Items - NPCR Required - SSF 3 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor 3 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 3 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 3 is populated based on the NPCR requirements. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is between 2004-2015, CS Site-Specific Factor 3 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS Site-Specific Factor 3 can be blank.

Note: There is no need to check for CS Site-Specific Factor 3 of 988 since 988 is not an allowable code for the Prostate schema.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.NAACCR v14
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, this edit will pass.
- Name changed from CS Items - NPCR Required - SSF 3 (CS) to CS Items - NPCR Required - SSF 3 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 3 (CS) to CS Items - NPCR Required - SSF 3 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 3 (CS) - 2015 to CS Items - NPCR Required - SSF 3 (CS)

CS Items - NPCR Required - SSF 4 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor 4 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 4 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 4 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 4 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS Site-Specific Factor 4 can be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, this edit will pass.
- Name changed from CS Items - NPCR Required - SSF 4 (CS) to CS Items - NPCR Required - SSF 4 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 4 (CS) to CS Items - NPCR Required - SSF 4 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 4 (CS) - 2015 to CS Items - NPCR Required - SSF 4 (CS)

CS Items - NPCR Required - SSF 5 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor 5 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 5 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 5 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 5 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for GISTPeritoneum Schema.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 5 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 5 (CS) to CS Items - NPCR Required - SSF 5 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 5 (CS) to CS Items - NPCR Required - SSF 5 (CS) - 2015

CS Items - NPCR Required - SSF 5 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 5 [Std# 2920]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 5 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank or invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or later, CS Site-Specific Factor 5 cannot be 988 (not collected) or blank for GISTPeritoneum Schemas.

If CS Site Specific Factor 5 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

CS Items - NPCR Required - SSF 6 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor 6 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 6 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 6 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 - 2015, CS Site-Specific Factor 6 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 6 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 6 (CS) to CS Items - NPCR Required - SSF 6 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 6 (CS) to CS Items - NPCR Required - SSF 6 (CS) - 2015

CS Items - NPCR Required - SSF 6 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 6 [Std# 2930]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 6 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 6 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 6 cannot be 988 (not collected) or blank for GISTEsophagus, GISTSmallIntestine, and GISTStomach schemas.

If CS Site Specific Factor 6 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 7 (CS)

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4226] Conflict between %F4 and NPCR requirements
Conflict between CS Site-Specific Factor 7 and NPCR requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 7 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 7 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759])
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 7 cannot be blank.

For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor 7 can be skipped.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor 7 can be skipped.

CS Items - NPCR Required - SSF 8 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor 8 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor 8 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 8 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor 8 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 8 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 8 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 8 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010 or later
then

CS Site-Specific Factor 8 must not be 988 for the schemas
for which CS Site-Specific Factor 8 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated
with 988 upon conversion from CSv01 to CSv02.

- 3.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 8 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor 8 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 8 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 8 is required for CSV2 by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor 8 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 8 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 8 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 8 (CS) to CS Items - NPCR Required - SSF 8 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 8 (CS) to CS Items - NPCR Required - SSF 8 (CS) - 2015

CS Items - NPCR Required - SSF 8 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 8 [Std# 2862]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 8 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 8 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 8 cannot be 988 (not collected) or blank for Breast and Prostate schemas.

If CS Site Specific Factor 8 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Default error message changed to 7125
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

CS Items - NPCR Required - SSF 9 (CS) - 2015

Agency: NPCR

Last changed: 07/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Tables

CS_SSF.DBF

Default Error Message

[4225] Conflict between %F6 and NPCR requirements
Conflict between CS Site-Specific Factor 9 and NPCR requirements

Additional Messages

[3177] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor 9 must not be 988 for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 9 must be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 9 must not be blank
[4882] If Over-ride CS 20 = '1' and Type of Reporting Source = "value of Type of Reporting Source", then CS Site-Specific Factor 9 must not be blank or 988
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input

fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 9 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 9 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 9 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015
then
CS Site-Specific Factor 9 must not be 988 for the schemas
for which CS Site-Specific Factor 9 is required (see List 1 below).
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 9 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1':

- CS Site-Specific Factor 9 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 9 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 9 is required for CSV2 by NPCR

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor 9 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 9 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 9 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 9 (CS) to CS Items - NPCR Required - SSF 9 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 9 (CS) to CS Items - NPCR Required - SSF 9 (CS) - 2015

CS Items - NPCR Required - SSF 9 (CS) - 2016+

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
NPCR SSF Test

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor 9 [Std# 2863]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
Type of Reporting Source [Std# 500]

Default Error Message

[7125] If year of %F1 is 2016 or later, %F2 cannot be 988 or blank
If year of Date of Diagnosis is 2016 or later, CS Site-Specific Factor 9 cannot be 988 or blank

Additional Messages

[7126] CS Version Input Original cannot be left blank
[7127] CS Version Input Current cannot be left blank

Description

This edit verifies that CS Site-Specific Factor 9 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or later then CS Site-Specific Factor 9 cannot be 988 (not collected) or blank for Breast schema.

If CS Site Specific Factor 9 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Default error message changed to 7125
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description is updated to include skip if CS schema is invalid

CS Items - Required for Staging - SSF 1 (NAACCR)

Agency: CS

Last changed: 10/04/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 1 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 1 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

List of Schemas for which CS Site-Specific Factor 1 is required for staging (AJCC 6, 7, or Summary Staging).

BuccalMucosa
Conjunctiva
EpiglottisAnterior
Esophagus
EsophagusGEJunction
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Lung
MelanomaConjunctiva
MelanomaSkin
MouthOther
MycosisFungoides
NETStomach
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
Peritoneum
PharyngealTonsil
Placenta
Pleura
Prostate
Retinoblastoma
Retroperitoneum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SoftTissue
Stomach
SubmandibularGland
TongueAnterior
TongueBase

1.If year of Diagnosis is 2010 or later OR CS version Input Original is 02xxxx:
CS Site-Specific Factor 1 must not be blank or 988 for the schemas for which CS Site-Specific Factor 1 is required.

2.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

then

CS Site-Specific Factor 1 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 1 was not defined in CSv01 (see list below), then CS Site-Specific Factor 1 must be coded 988.
2. If schema is Stomach, EsophagusGEJunction or NETStomach (both based on Stomach), - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 must not be blank

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

then

CS Site-Specific Factor 1 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 1 was not defined in CSv01 (see list below), then CS Site-Specific Factor 1 must not be blank.
2. If schema is Stomach, EsophagusGEJunction, or NETStomach - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 must not be blank

List of schemas for which CS Site-Specific Factor 1, although required for CSv02, was not defined in CSv01:

Conjunctiva
Esophagus
HeartMediastinum
Lung
Peritoneum
Retroperitoneum
SoftTissue

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 10 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor10 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor10 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor10 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor10 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 10 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.

List of Schemas for which CS Site-Specific Factor 10 is required for staging (AJCC 6, 7, or Summary Staging).

BileDuctsIntraHepat (required only for cases diagnosed 2011+
or entered originally in CSv0203)
GISTPeritoneum
Prostate

1. If year of Diagnosis is 2011 or later OR CS version Input Original is 020302 or higher:

CS Site-Specific Factor10 must not be blank or 988 for the schemas for which CS Site-Specific Factor10 is required.

2.If year of Diagnosis is 2010 OR CS version Input Original is 0201xx or 0202xx:
CS Site-Specific Factor10 must not be blank or 988 for the schemas for which CS Site-Specific Factor10 is required.

Exceptions:

1. If schema = BileDuctsIntraHepat, the edit is skipped
(Note: BileDuctsIntraHepat was not required prior to CSv0203)

3.If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor10 must not be blank.

Exceptions:

1. If schema = BileDuctsIntraHepat, the edit is skipped
(Note: BileDuctsIntraHepat was not required prior to CSv0203)

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- BileDuctsIntraHepat added to list of schemas requiring SSF 10 (required only for cases diagnosed 2011+ or entered originally in CSv0203)
- Testis removed from list of schemas requiring SSF 10 for staging
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 11 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor11 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor11 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor11 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 11 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.

List of Schemas for which CS Site-Specific Factor 11 is required for staging (AJCC 6, 7, or Summary Staging).

Appendix
GISTAppendix
GISTColon
GISTRectum
MerkelCellVulva
Vulva

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor11 must not be blank or 988 for the schemas for which CS Site-Specific Factor11 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSV01 to CSV02):

CS Site-Specific Factor11 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSV01 to CSV02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSV02xxxx):

CS Site-Specific Factor11 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Testis schema removed from list of schemas required for staging
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 12 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor12 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor12 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor12 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 12 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.

List of Schemas for which CS Site-Specific Factor 12 is required for staging (AJCC 6, 7, or Summary Staging).

Scrotum
Skin

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor12 must not be blank or 988 for the schemas for which CS Site-Specific Factor12 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor12 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 13 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor13 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor13 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor13 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.

List of Schemas for which CS Site-Specific Factor13 is required for staging (AJCC 6, 7, or Summary Staging).

Testis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor13 must not be blank or 988 for the schemas for which CS Site-Specific Factor13 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor13 must not be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 14 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor14 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor14 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.

List of Schemas for which CS Site-Specific Factor14 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 15 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor15 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor15 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor15 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor15 cannot be blank.

List of Schemas for which CS Site-Specific Factor 15 is required for staging (AJCC 6, 7, or Summary Staging).

Testis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor13 must not be blank or 988 for the schemas for which CS Site-Specific Factor13 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor13 must not be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 16 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor16 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor16 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor16 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 16 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.

List of Schemas for which CS Site-Specific Factor 16 is required for staging (AJCC 6, 7, or Summary Staging).

Scrotum
Skin
Testis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor16 must not be blank or 988 for the schemas for which CS Site-Specific Factor16 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor16 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- Testis added to schemas requiring SSF 16
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 17 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor17 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor17 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor17 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor17 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor17 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 17 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.

List of Schemas for which CS Site-Specific Factor 17 is required for staging (AJCC 6, 7, or Summary Staging).

Penis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor17 must not be blank or 988 for the schemas for which CS Site-Specific Factor17 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSV01 to CSV02):

CS Site-Specific Factor17 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSV01 to CSV02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSV02xxxx):

CS Site-Specific Factor17 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 18 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor18 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor18 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor18 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.

List of Schemas for which CS Site-Specific Factor18 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 19 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor19 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor19 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor19 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor19 cannot be blank.

List of Schemas for which CS Site-Specific Factor19 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 2 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 2 and SSFs required for staging

Additional Messages

[3373] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be blank for this schema
[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must be 988 for this schema
[3383] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be blank or 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 2 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor 2 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 2 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

- schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
 5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.

List of Schemas for which CS Site-Specific Factor 2 is required for staging (AJCC 6, 7, or Summary Staging).

Appendix
Bladder
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
NETColon
NETRectum
Rectum
SmallIntestine

1. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:
then

CS Site-Specific Factor 2 must not be blank or 988 for the schemas for which CS Site-Specific Factor 2 is required.

2. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor 2 must not be blank or 988 for the schemas for which CS Site-Specific Factor 2 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 2 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see list below),
then

CS Site-Specific Factor 2 must be coded 988.

2. If schema is = Appendix, CarcinoidAppendix, or NETColon (all three based on Colon schema), Colon, NETRectum (based on Rectum schema), or Rectum (schemas that were added after the initial implementation of CSv01),
then

CS Site-Specific Factor 2 must not be blank

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 2 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 2 was not defined in CSV01 (see list below), then
CS Site-Specific Factor 2 must not be blank.
2. If schema is = Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, or Rectum (schemas that were added after the initial implementation of CSV01), then
CS Site-Specific Factor 2 must not be blank

List of schemas for which CS Site-Specific Factor 2, although required for CSV02, was not defined in CSV01:

Bladder
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
SmallIntestine

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 20 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor20 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor20 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor20 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor20 cannot be blank.

List of Schemas for which CS Site-Specific Factor20 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 21 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor21 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor21 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor21 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.

List of Schemas for which CS Site-Specific Factor21 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 22 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor22 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor22 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor22 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.

List of Schemas for which CS Site-Specific Factor22 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 23 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor23 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor23 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor23 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.

List of Schemas for which CS Site-Specific Factor23 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 24 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor24 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor24 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor24 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor24 cannot be blank.

List of Schemas for which CS Site-Specific Factor24 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 3 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 3 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must be 988 for this schema
[3383] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be blank or 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 3 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor 3 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor 3 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.

List of Schemas for which CS Site-Specific Factor 3 is required for staging (AJCC 6, 7, or Summary Staging).

Breast
MelanomaChoroid
MelanomaCiliaryBody
MelanomaSkin
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Prostate

1. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:

then

CS Site-Specific Factor 3 must not be blank or 988 for the schemas for which CS Site-Specific Factor 3 is required.

2. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor 3 must not be blank or 988 for the schemas for which CS Site-Specific Factor 3 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 3 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see list below),
then

CS Site-Specific Factor 3 must be coded 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 3 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see list below),
then

CS Site-Specific Factor 3 must not be blank.

List of schemas for which CS Site-Specific Factor 3, although required for CSv02, was not defined in CSv01:

MelanomaChoroid
MelanomaCiliaryBody
MerkelCellPenis

MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 4 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 4 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must be 988 for this schema
[3383] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be blank or 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 4 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 4 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 4 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

List of Schemas for which CS Site-Specific Factor 4 is required for staging (AJCC 6, 7, or Summary Staging).

Breast
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
Testis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor 4 must not be blank or 988 for the schemas for which CS Site-Specific Factor 4 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 4 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see list below), then
CS Site-Specific Factor 4 must be coded 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 4 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see list below), then
CS Site-Specific Factor 4 must not be blank.

List of schemas for which CS Site-Specific Factor 4, although required for CSv02, was not defined in CSv01:

MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 5 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 5 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must be 988 for this schema
[3383] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be blank or 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 5 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 5 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

List of Schemas for which CS Site-Specific Factor 5 is required for staging (AJCC 6, 7, or Summary Staging).

Breast
GISTPeritoneum
Testis

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor 5 must not be blank or 988 for the schemas for which CS Site-Specific Factor 5 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 5 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see list below), then
CS Site-Specific Factor 5 must be coded 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 5 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see list below), then
CS Site-Specific Factor 5 must not be blank.

List of schemas for which CS Site-Specific Factor 5, although required for CSv02, was not defined in CSv01:

GISTPeritoneum

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 6 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 6 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must be 988 for this schema
[3383] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be blank or 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be 988
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 6 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 6 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 6 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

List of Schemas for which CS Site-Specific Factor 6 is required for staging (AJCC 6, 7, or Summary Staging).

GISTEsophagus
GISTSmallIntestine
GISTStomach
SkinEyelid

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor 6 must not be blank or 988 for the schemas for which CS Site-Specific Factor 6 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 6 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see list below), then

CS Site-Specific Factor 6 must be coded 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 6 must not be blank or 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see list below), then

CS Site-Specific Factor 6 must not be blank.

List of schemas for which CS Site-Specific Factor 6, although required for CSv02, was not defined in CSv01:

GISTEsophagus
GISTSmallIntestine
GISTStomach
SkinEyelid

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 7 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 7 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 7 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 7 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 7 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 7 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 7 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.

List of Schemas for which CS Site-Specific Factor 7 is required for staging (AJCC 6, 7, or Summary Staging).

MelanomaSkin

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor 7 must not be blank or 988 for the schemas for which CS Site-Specific Factor 7 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 7 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Site-Specific Factor 7 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Testis schema removed from list of schemas required for staging
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 8 (NAACCR)

Agency: CS

Last changed: 09/23/2013

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF_2.DBF

Default Error Message

[4233] Conflict between %F6 and SSFs required for staging
Conflict between CS Site-Specific Factor 8 and SSFs required for staging

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must be 988 for this schema
[3385] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must not be blank
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 8 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 8 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.

List of Schemas for which CS Site-Specific Factor 8 is required for staging (AJCC 6, 7, or Summary Staging).

Prostate

1.If year of Diagnosis is 2010 OR CS Version Input Original is 020101 or higher then

CS Site-Specific Factor 8 must not be blank or 988 for the schemas for which CS Site-Specific Factor 8 is required.

2.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx:

CS Site-Specific Factor 8 must not be blank.

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - Required for Staging - SSF 9 (NAACCR)

Agency: CS

Last changed: 09/16/2015

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4234] Conflict between %F4 and SSFs required for staging
Conflict between CS Site-Specific Factor 9 and SSFs required for staging

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor 9 must not be blank
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas which require it for staging (AJCC 6, 7, or Summary Staging).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.

List of Schemas for which CS Site-Specific Factor 9 is required for staging (AJCC 6, 7, or Summary Staging).

None

Administrative Notes

New edit - added to NAACCR v12C metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Testis schema removed from list of schemas required for staging

- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

CS Items - SEER Required - Non-SSF (CS)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All + CS
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Mets Eval [Std# 2860]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3334] Conflict between Date of Diagnosis and CS items
Conflict between Date of Diagnosis and CS items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("CS Lymph Nodes cannot be blank")
SAVE_TEXT("CS Lymph Nodes Eval cannot be blank")
SAVE_TEXT("CS Lymph Nodes Eval must be blank")
SAVE_TEXT("CS Lymph Nodes must be blank")
SAVE_TEXT("CS Mets at DX cannot be blank")
SAVE_TEXT("CS Mets at DX must be blank")
SAVE_TEXT("CS Mets Eval cannot be blank")
SAVE_TEXT("CS Mets Eval must be blank")
SAVE_TEXT("CS Tumor Size cannot be blank")
SAVE_TEXT("CS Tumor Size must be blank")
SAVE_TEXT("CS Tumor Size/Ext Eval cannot be blank")
SAVE_TEXT("CS Tumor Size/Ext Eval must be blank")
SAVE_TEXT("If CS Version Input Orig > or = 020100, CS Lymph Nodes Eval cannot be blank")
SAVE_TEXT("If CS Version Input Orig > or = 020100, CS Mets Eval cannot be blank")
SAVE_TEXT("If CS Version Input Orig > or = 020100, CS Tumor Size/Ext Eval cannot be blank")


```
SAVE_TEXT("If DX > 2003, CS Extension cannot be blank")
SAVE_TEXT("If DX > 2003, CS Lymph Nodes cannot be blank")
SAVE_TEXT("If DX > 2003, CS Lymph Nodes Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Mets at DX cannot be blank")
SAVE_TEXT("If DX > 2003, CS Mets Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Tumor Size cannot be blank")
SAVE_TEXT("If DX > 2003, CS Tumor Size/Ext Eval cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Current cannot be blank")
SAVE_TEXT("If DX > 2003, CS Version Input Original cannot be blank")
SAVE_TEXT("If DX > 2009 and <2016, CS Mets at DX-Bone cannot be blank")
SAVE_TEXT("If DX > 2009 and <2016, CS Mets at DX-Brain cannot be blank")
SAVE_TEXT("If DX > 2009 and <2016, CS Mets at DX-Liver cannot be blank")
SAVE_TEXT("If DX > 2009 and <2016, CS Mets at DX-Lung cannot be blank")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Bone must be blank")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Brain must be blank")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Liver must be blank")
SAVE_TEXT("If DX > 2015, CS Mets at DX-Lung must be blank")
SAVE_TEXT("t_schema_msg")
```

Description

The purpose of this edit is to verify that all CS data items required by SEER, other than the site-specific factors, are entered (not blank) per the SEER requirements. The site-specific factors are edited schema-specifically in other edits.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If year of Date of Diagnosis is greater than 2003 and less than 2016, then the following CS data items cannot be blank:

```
CS Tumor Size
CS Extension
CS Lymph Nodes
CS Mets at DX
CS Version Input Original
CS Version Input Current
```

If year of Date of Diagnosis is greater than 2007 and less than 2016 OR (year of Date of Diagnosis is 2004-2015 and CS Version Input Original is greater than or = 020100 (indicating the case was originally coded using CSv2), then the following additional CS data items cannot be blank:

```
CS Tumor Size/Ext Eval
CS Lymph Nodes Eval
CS Mets Eval
```

If year of Date of Diagnosis is greater than 2009 and less than 2016, then the following additional CS data items cannot be blank:

```
CS Mets at DX-Bone
CS Mets at DX-Brain
```

CS Mets at DX-Liver
CS Mets at DX-Lung

For cases diagnosed 2016 and later this edit checks CS Extension. If CS extension is blank, then all non-SSF CS Items must be blank. If CS Extension is not blank, then all non-SSF CS items must not be blank.

Non-ssf CS Items include:

CS Tumor Size
CS Extension
CS Lymph Nodes
CS Mets at DX
CS Tumor Size/Ext Eval
CS Lymph Nodes Eval
CS Mets Eval

If year of Date of Diagnosis is greater than 2015, then the following CS data items must be blank:

CS Mets at DX-Bone
CS Mets at DX-Brain
CS Mets at DX-Liver
CS Mets at DX-Lung

Administrative Notes

New edit - added to NAACCR v12.0 metafile; replaces former edit "CS Items, Date of Diagnosis (SEER)"

In the SEER*Edits software, the title of this edit is: IF312

Modifications:

NAACCR v12.1

- CS Site-Specific Factor25 was added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v13A

- Regional Nodes Examined and Regional Nodes Positive added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-This edit checks that CS items are not blank when required. For cases diagnosed 2016 and later this edit checks CS Extension. If CS extension is blank, then all non-SSF CS Items must be blank. If CS Extension is not blank, then all non-SSF CS items must not be blank.

CS Items - SEER Required - SSF 1 (CS)

Agency: SEER

Last changed: 06/10/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 1 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 1 must not be 988
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 1 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 1 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis < 2016
2. CS Version Input Original is blank and year of diagnosis < 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is blank (CS Items NOT collected), CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER" EXCEPT for the following schemas: Retinoblastoma, Esophagus, EsophagusGE Junction, NETStomach and Stomach which can be 988.

3. For cases diagnosed in 2014-2015 OR (year of Diagnosis=2016 and CS Extension is not blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):
If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016 and CS Extension is not blank(CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550) (originally entered in CSv0205) or higher, then CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 1 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 1 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 1 is required for CSv0200-CSv0204 by SEER".

5. For cases diagnosed 2004-2009 AND originally coded in CSv01:
If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 1 is required (see List 3 below), with the following exceptions:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
 1. If CS Site-Specific Factor 1 was not defined in CSv01xxxx (List 4 below), then CS Site-Specific Factor 1 must be coded 988.
 2. If schema is Stomach, EsophagusGEJunction or NETStomach (both based on Stomach) - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.
- B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):
 1. If CS Site-Specific Factor 1 was not defined in CSv01 (see List 4 below), or schema is Stomach, EsophagusGEJunction, or NETStomach - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 1 cannot = 988

Appendix
BileDuctsIntraHepat
Bladder
Brain
Breast
BuccalMucosa
CNSOther
Colon
Conjunctiva
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
HemeRetic
Hypopharynx
IntracranialGland
KaposiSarcoma
KidneyParenchyma
KidneyRenalPelvis
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaConjunctiva
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin

MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
MycosisFungoides
NasalCavity
Nasopharynx
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
Peritoneum
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Placenta
Pleura
Prostate
Rectum
Retroperitoneum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SmallIntestine
SoftTissue
SubmandibularGland
Thyroid
TongueAnterior
TongueBase
Urethra

List 2: Schemas for which CS Site-Specific Factor 1, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

Cervix
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Scrotum
Skin
Vagina

List 3: Schemas for which CS Site-Specific Factor 1 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor 1 cannot = 988

Appendix
BileDuctsIntraHepat
Bladder
Brain
Breast
BuccalMucosa

Cervix
CNSOther
Colon
Conjunctiva
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
Esophagus
EsophagusGEJunction
FallopianTube
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
HemeRetic
Hypopharynx
IntracranialGland
KaposiSarcoma
KidneyParenchyma
KidneyRenalPelvis
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaConjunctiva
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior

MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther
MycosisFungoides
NasalCavity
Nasopharynx
NETStomach
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
Peritoneum
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Placenta
Pleura
Prostate
Rectum
Retinoblastoma
Retroperitoneum
SalivaryGlandOther
Scrotum
SinusEthmoid
SinusMaxillary
SinusOther
Skin
SmallIntestine
SoftTissue
Stomach
SubmandibularGland
Thyroid
TongueAnterior
TongueBase
Urethra
Vagina

List 4: Schemas for which CS Site-Specific Factor 1, although required for CSV02, was not defined in CSV01

Bladder
Cervix
Conjunctiva
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
Esophagus
FallopianTube
HeartMediastinum
HemeRetic
KidneyParenchyma
KidneyRenalPelvis
Lung

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Peritoneum
PeritoneumFemaleGen
Retroperitoneum
Scrotum
Skin
SmallIntestine
SoftTissue
Urethra
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF288

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 1 (CS)" to "CS Items - SEER Required - SSF 1 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.
2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is NOT empty, CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 1 is Required for CSV0205 by SEER" .
3. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is empty, CS Site-Specific Factor 1 must be 988 (not applicable) Retinoblastoma, Esophagus, EsophagusGE Junction, NetStomach and Stomach.

CS Items - SEER Required - SSF 10 (CS)

Agency: SEER

Last changed: 07/24/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor10 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor10 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor10 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor10 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor10 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.

2. If year of Diagnosis is greater than 2015 and CS Extension is blank (CS Items NOT Collectd):

A. CS Site Specific Factor 10 must not be 988 (not applicable) for the shemas in List 1, "Schemas for which CS Site-Specific Factor 10 is Required for CSv0205 by SEER"

EXCEPT for the following schema: BileDuctsIntrahepatic which can be 988

3. For cases diagnosed in 2014-2015 OR (year of Diagnosis = 2016 and CS Extension is not blank (CS items collected) OR (year of diagnosis is 2004-2015 and originally coded in CSv0205:If year of Diagnosis is 2014-2015 OR (year of diagnosis=2016 and CS Extension is not blank (CS items collected) or (year of diagnosis=2004-2015 and CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor10 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor10 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor10 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204: If year of Diagnosis is 2011-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor10 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor10 is required for CSv0200-CSv0204 by SEER".

5. For cases diagnosed 2010 OR originally coded in CSv0201-CSv0202: If year of Diagnosis is 2010 OR CS version Input Original is 0201xx or 0202xx: CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required.

Exceptions:

1. If schema = BileDuctsIntraHepat, the edit is skipped
(Note: BileDuctsIntraHepat was not required prior to CSv0203)

6. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor10 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor10 cannot = 988

BileDuctsIntraHepat
GISTPeritoneum
Hypopharynx
Nasopharynx
Oropharynx
PalateSoft
Penis

PharyngealTonsil
PharynxOther
Prostate
Testis
TongueBase

List 2: Schemas for which CS Site-Specific Factor10, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

Breast
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
SkinEyelid
Vulva

List 3: Schemas for which CS Site-Specific Factor10 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor10 cannot = 988

BileDuctsIntraHepat (required only for cases diagnosed 2011+
or entered originally in CSv0203)

Breast
GISTPeritoneum
Hypopharynx
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Nasopharynx
Oropharynx
PalateSoft
Penis
PharyngealTonsil
PharynxOther
Prostate
SkinEyelid
Testis
TongueBase
Vulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF297

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- BileDuctsIntraHepat added to list of schemas requiring SSF 10 (required only for cases diagnosed 2011+ or entered originally in CSv0203)
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 10 (CS)" to "CS Items - SEER Required - SSF 10 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Changes to this edit reflect changes to SEER reporting requirements in 2016. Edit modified to check if CS Extension is empty/not empty for cases diagnosed 2016 or later. Description states that if empty then certain schemas can be 988 (Bile Ducts Intrahepatic). Logic enforces CS Site-Specific Factor 10 must be 988 for Bile Ducts Intrahepatic. Edit also skips if CS Version Input Current/Original is blank and diagnosis year is less than 2016.

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.
- Edit logic corrected to allow CS Site-Specific Factor 10 to be coded 988 for BileDuctsIntrahep schema. Logic previously required CS Site-Specific Factor to be coded 988.
- Administrative Note for v16 updated to detail edit changes.

CS Items - SEER Required - SSF 11 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor11 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor11 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor11 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor11 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor11 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor11 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor11 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor11 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor11 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor11 must not be blank.
(For several SEER registries, CS Site-Specific Factor11 may contain HER2 codes for breast cases coded originally in CSv1.)

List 1: Schemas for which CS Site-Specific Factor11 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor11 cannot = 988

Appendix
Breast
GISTAppendix
GISTColon
GISTRectum
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx

MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellVulva
Vulva

List 2: Schemas for which CS Site-Specific Factor11, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

BileDuctsIntraHepat
BileDuctsPerihilar
BuccalMucosa
FloorMouth
GumLower
GumOther
GumUpper
LipLower
LipOther
LipUpper
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MouthOther
NasalCavity
NETSmallIntestine
NETStomach
PalateHard
Prostate
SinusEthmoid
SinusMaxillary
SinusOther
Skin
TongueAnterior

List 3: Schemas for which CS Site-Specific Factor11 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor11 cannot = 988

Appendix
BileDuctsIntraHepat
BileDuctsPerihilar
Breast
BuccalMucosa
FloorMouth
GISTAppendix
GISTColon
GISTRectum
GumLower
GumOther
GumUpper
LipLower
LipOther
LipUpper

MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellVulva
MouthOther
NasalCavity
NETSmallIntestine
NETStomach
PalateHard
Prostate
SinusEthmoid
SinusMaxillary
SinusOther
Skin
TongueAnterior
Vulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF298

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis schema removed from list of schemas requiring SSF11
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 11 (CS)" to "CS Items - SEER Required - SSF 11 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 12 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor12 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor12 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor12 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor12 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor12 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor12 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor12 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor12 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor12 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor12 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor12 cannot = 988

Prostate
Scrotum
Skin

List 2: Schemas for which CS Site-Specific Factor12, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

Breast
GISTAppendix
GISTColon
GISTRectum
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
NETSmallIntestine
NETStomach

List 3: Schemas for which CS Site-Specific Factor12 is required for CSv0200-CSv0204 by SEER
- "Required" means CS Site-Specific Factor12 cannot = 988

Breast
GISTAppendix
GISTColon

GISTRectum
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
NETSmallIntestine
NETStomach
Prostate
Scrotum
Skin

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF299

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 12 (CS)" to "CS Items - SEER Required - SSF 12 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 13 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor13 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor13 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor13 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor13 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550
(originally entered in CSv0205) or higher, then CS Site-Specific Factor13 must not
be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-
Specific Factor13 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor13 was required
for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is
allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than
020000 and less than 020550 (indicating case originally entered in CSv0200-
CSv0204), then CS Site-Specific Factor13 must not be 988 for the schemas in List 3,
"Schemas for which CS Site-Specific Factor13 is required for CSv0200-CSv0204 by
SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since
conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated
with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor13 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor13 cannot = 988

Breast
Prostate
Testis

List 2: Schemas for which CS Site-Specific Factor13, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris

List 3: Schemas for which CS Site-Specific Factor13 is required for CSv0200-CSv0204
by SEER
- "Required" means CS Site-Specific Factor13 cannot = 988

Breast
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Prostate
Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF300

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- Testis added to list of schemas requiring SSF 13
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 13 (CS)" to "CS Items - SEER Required - SSF 13 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 14 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor14 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor14 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor14 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor14 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor14 must not 988 for the schemas for which CS Site-Specific Factor14 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor14 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor14 must not be blank. (For several SEER registries, CS Site-Specific Factor14 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 14 is Required for CSv2 by SEER

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF301

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 14 (CS)" to "CS Items - SEER Required - SSF 14 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 15 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor15 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor15 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor15 must not be 988 for this schema
[3421] For DX Year > 2010 OR CS Version Input Original > or = 020302, CS Site-Specific Factor15 must not be 988
[4852] For DX Year > 2003, CS Site-Specific Factor15 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor15 cannot be blank.
2. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:
then
 CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.
3. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then
 CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.

Exceptions:

1. If schema = Breast, the edit is skipped
(Note: Breast was not required prior to CSv0203)

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
then
 CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor15 must not be blank.
(For several SEER registries, CS Site-Specific Factor15 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 15 is Required for CSv0203 by SEER

Breast (required only for cases diagnosed 2011+
 or entered originally in CSv0203 or higher)
Testis

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF302

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 15 (CS)" to "CS Items - SEER Required - SSF 15 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 16 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor16 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor16 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor16 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor16 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor16 must not be 988 for the schemas for which CS Site-Specific Factor16 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 16 is Required for CSv2 by SEER

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
NETColon
NETRectum
Scrotum
Skin
Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF303

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis added to schemas requiring SSF 16
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 16 (CS)" to "CS Items - SEER Required - SSF 16 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 17 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor17 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor17 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor17 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor17 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor17 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor17 must not be 988 for the schemas for which CS Site-Specific Factor17 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor17 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor17 is Required for CSv2 by SEER

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
NETColon
NETRectum
Penis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF304

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 17 (CS)" to "CS Items - SEER Required - SSF 17 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 18 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor18 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor18 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor18 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor18 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor18 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor18 must not be 988 for the schemas for which CS Site-Specific Factor18 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor18 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor18 is Required for CSv2 by SEER

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF305

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 18 (CS)" to "CS Items - SEER Required - SSF 18 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 19 (CS)

Agency: SEER

Last changed: 06/17/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4228] Conflict between %F4 and SEER requirements
Conflict between CS Site-Specific Factor19 and SEER requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor19 must not be blank
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor19 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor19 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF306

Modifications:

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 19 (CS)" to "CS Items - SEER Required - SSF 19 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

CS Items - SEER Required - SSF 2 (CS)

Agency: SEER

Last changed: 06/10/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 2 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 2 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 2 must not be 988
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 2 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 2 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 2 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis < 2016
2. CS Version Input Original is blank and year of diagnosis < 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

- schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
 5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
2. If year of Diagnosis > 2015 and CS Extension is blank (CS items NOT collected):
 - A. CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 2 is Required for CSv0205 by SEER"
EXCEPT for the following schemas: Appendix, Carcinoid Appendix, Colon, NETColon, NETRectum, Rectum, and SmallIntestine which can be 988.

3. For cases diagnosed in 2014-15 OR (year of Diagnosis=2016 and CS Extension is not blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):
If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016 and CS Extension is not blank(CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 2 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 2 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204:
If year of Diagnosis is 2011-2013 OR CS Version Input Original is 020302 or higher:
then
CS Site-Specific Factor 2 must not be 988 for the
schemas for which CS Site-Specific Factor 2 is required (see List 3 below).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-Specific Factor 2 is required only for cases diagnosed 2011 or later OR entered originally in CSv0203 or higher

5. For cases diagnosed 2010 OR originally coded in CSv0201xx or CSv0202xx:
If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then
CS Site-Specific Factor 2 must not be 988 for the schemas
for which CS Site-Specific Factor 2 is required (see List 3 below).

6. For cases diagnosed 2004-2009 AND originally coded in CSv01:
If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 2 is required (see List 3 below), with the following exceptions:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

1. If CS Site-Specific Factor 2 was not defined in CSv01xxxx (List 4 below), then CS Site-Specific Factor 2 must be coded 988.
2. If schema is = Appendix, CarcinoidAppendix, or NETColon (all three based on Colon schema), Colon, NETRectum (based on Rectum schema), or Rectum (schemas that were added after the initial implementation of CSv01)

then

CS Site-Specific Factor 2 can be any valid code including 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx:

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 4 below), or schema is Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, or Rectum - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 2 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 2 is required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor 2 cannot = 988

Appendix
Bladder
Breast
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203 or later)
NETColon
NETRectum
Pleura
Prostate
Rectum
SmallIntestine

List 2: Schemas for which CS Site-Specific Factor 2, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

BileDuctsIntraHepat
KidneyRenalPelvis
Liver
Ovary
PeritoneumFemaleGen
Placenta
Vagina

List 3: List of Schemas for which CS Site-Specific Factor 2 is required for
CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor 2 cannot = 988

Appendix
BileDuctsIntraHepat
Bladder
Breast
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
KidneyRenalPelvis
Liver
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203 or later)

NETColon
NETRectum
Ovary
PeritoneumFemaleGen
Placenta
Pleura
Prostate
Rectum
SmallIntestine
Vagina

List 4: List of schemas for which CS Site-Specific Factor 2, although required for CSv02, was not defined in CSv01:

Bladder
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
KidneyRenalPelvis
Lung
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
Ovary
PeritoneumFemaleGen
Placenta
Pleura
SmallIntestine
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF289

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 2
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Edit logic corrected: two brackets removed so that pre-2010 cases originally entered in CSv01 and updated to CSv02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 2 (CS)" to "CS Items - SEER Required - SSF 2 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Changes to this edit reflect changes to SEER reporting requirements in 2016

CS Items - SEER Required - SSF 20 (CS)

Agency: SEER

Last changed: 06/17/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4228] Conflict between %F4 and SEER requirements
Conflict between CS Site-Specific Factor20 and SEER requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor20 must not be blank
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor20 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor20 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF307

Modifications:

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 20 (CS)" to "CS Items - SEER Required - SSF 20(CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

CS Items - SEER Required - SSF 21 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor21 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor21 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor21 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor21 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor21 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor21 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor21 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor21 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor21 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor21 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor21 must = 988.

List 1: Schemas for which CS Site-Specific Factor21 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor21 cannot = 988

None

List 2: Schemas for which CS Site-Specific Factor21, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed-----

Breast

List 3: Schemas for which CS Site-Specific Factor21 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor21 cannot = 988

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF308

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.

- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 21 (CS)" to "CS Items - SEER Required - SSF 21 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 22 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor22 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor22 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor22 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor22 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor22 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor22 must not be 988 for the schemas for which CS Site-Specific Factor22 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor22 must = 988.

List of Schemas for which CS Site-Specific Factor 22 is Required for CSv2 by SEER

Breast
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF309

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v13A

- SEER IF# changed from IF308 to IF309

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 22 (CS)" to "CS Items - SEER Required - SSF 22 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 23 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor23 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor23 must be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor23 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor23 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor23 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.

2.If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor23 must not be 988 for the schemas for which CS Site-Specific Factor23 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor23 must = 988.

List of Schemas for which CS Site-Specific Factor 23 is Required for CSv2 by SEER

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF310

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 23 (CS)" to "CS Items - SEER Required - SSF 23 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 24 (CS)

Agency: SEER

Last changed: 06/17/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4228] Conflict between %F4 and SEER requirements
Conflict between CS Site-Specific Factor24 and SEER requirements

Additional Messages

[4858] For DX Year > 2003, CS Site-Specific Factor24 must not be blank
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor24 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor24 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF311

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 24 (CS)" to "CS Items - SEER Required - SSF 24 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

CS Items - SEER Required - SSF 25 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Version Input Original [Std# 2935]
CS Extension [Std# 2810]

Tables

CS_SSF.DBF

Default Error Message

[3334] Conflict between Date of Diagnosis and CS items
Conflict between Date of Diagnosis and CS items

Additional Messages

[3371] For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor25 must not be blank or 988 for this schema
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 25 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions are true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 25 cannot be blank.
2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is NOT empty (CS Items collected), CS Site-Specific Factor 25 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 25 is required"
3. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is empty (CS Items not collected), CS Site-Specific Factor 25 must not be 988 (not

applicable) for the schemas in List 1, EXCEPT for the schemas Peritoneum and PeritoneumFemaleGen which can be 988.

4. For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 25 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 25 is required"

List 1: Schemas for which CS Site-Specific Factor 25 is Required by SEER
- "Required" means CS Site-Specific Factor 25 cannot = 988

BileDuctsDistal
BileDuctsPerihilar
CysticDuct
EsophagusGEJunction
LacrimalGland
LacrimalSac
MelanomaCiliaryBody
MelanomaIris
Nasopharynx
Peritoneum
PeritoneumFemaleGen
PharyngealTonsil
Stomach

Administrative Notes

New Edit for NAACCR v16 IF536

Modifications

NAACCR v16A

- Description updated to specify schemas which require CS Site-Specific Factor 25 to be collected for year of diagnosis 2004-2015 and 2016. For 2016, if CS Extension is not blank, CS Site-Specific Factor 25 must not equal 988 for all schemas listed. For 2016, if CS Extension is blank, CS Site-Specific Factor 25 must not equal 988 for all schemas listed, except it can be 988 for PeritoneumFemaleGen.
- Logic updated to require for year of diagnosis = 2016 and CS Extension is not blank, that CS Site-Specific Factor must not equal 988 for PeritoneumFemaleGen
- Logic updated to allow for year of diagnosis = 2016 and CS Extension is blank, that CS Site-Specific Factor 25 can equal 988 for PeritoneumFemaleGen

CS Items - SEER Required - SSF 3 (CS)

Agency: SEER

Last changed: 06/10/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 3 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 3 must not be 988 for this schema
[3412] For DX Year > 2009 OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 3 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 3 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 3 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

- schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
 5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.

2. If year of Diagnosis > 2015 and CS Extension is blank (CS items NOT collected):

- A. CS Site-Specific Factor 3 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 3 is Required for CSv0205 by SEER"

EXCEPT for the following schemas: Lacrimal Gland, Melanoma Skin, MerkelCell Penis, MerkelCell Scrotum, MerkelCell Skin, Prostate, and Skin Eyelid which can be 988.

3. For cases diagnosed in 2014-2015 OR (year of Diagnosis=2016 and CS Extension is not blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):

If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016 and CS Extension is not blank(CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550) (originally entered in CSv0205) or higher, then CS Site-Specific Factor 3 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 3 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 3 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204:
If year of Diagnosis is 2011-2013 OR CS Version Input Original is 020302 or higher:
then

CS Site-Specific Factor 3 must not be 988 for the schemas for which CS Site-Specific Factor 3 is required (see List 3 below).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-Specific Factor 3 is required only for cases diagnosed 2011 or later OR entered originally in CSv0203 or higher

5. For cases diagnosed 2010 OR originally coded in CSv0201xx or CSv0202xx:
If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor 3 must not be 988 for the schemas for which CS Site-Specific Factor 3 is required (see List 3 below).

6. For cases diagnosed 2004-2009 AND originally coded in CSv01:
If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 3 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 3 is required (see List 3 below), with the following exceptions:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see List 4 below)
then

CS Site-Specific Factor 3 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see List 4 below), then

CS Site-Specific Factor 3 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 3 is required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor 3 cannot = 988

Bladder
Breast
BuccalMucosa
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
KidneyParenchyma
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard

MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva
 MiddleEar
 MouthOther
 MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
 or entered originally in CSv0203)
 NasalCavity
 Nasopharynx
 Oropharynx
 Ovary
 PalateHard
 PalateSoft
 ParotidGland
 PeritoneumFemaleGen
 PharyngealTonsil
 PharynxOther
 Prostate
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SkinEyelid
 SoftTissue
 SubmandibularGland
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 3, although required for CSv0200-
 CSv0204, is no longer required as of CSv0205 and 988 is allowed

Appendix
 Bone
 Colon
 Liver
 Lymphoma
 LymphomaOcularAdnexa
 Rectum
 SmallIntestine
 Vagina

List 3: List of Schemas for which CS Site-Specific Factor 3 is required for
 CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor 3 cannot = 988

Appendix
 Bladder
 Bone

Breast
BuccalMucosa
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
KidneyParenchyma
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
Lymphoma
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther

MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSV0203)

NasalCavity
Nasopharynx
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SmallIntestine
SoftTissue
SubmandibularGland
TongueAnterior
TongueBase
Vagina

List 4: List of schemas for which CS Site-Specific Factor 3, although required for
CSV02, was not defined in CSV01:

Appendix
Bladder
Bone
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
HeartMediastinum
KidneyParenchyma
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Ovary
PeritoneumFemaleGen
Rectum
SkinEyelid
SmallIntestine
SoftTissue
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF290

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 2
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Edit logic corrected: two brackets removed so that pre-2010 cases originally entered in CSv01 and updated to CSv02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 2 (CS)" to "CS Items - SEER Required - SSF 2 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

CS Items - SEER Required - SSF 4 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 4 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must be 988 for this schema
[3375] For DX Year < 2010 and CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 4 must not be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 4 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 4 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 4 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 4 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

2. If year of Date of Diagnosis is 2004-2009 AND schema is Prostate, then CS Site-Specific Factor 4 must not be 988 (not applicable; information not collected for this case).

3. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 4 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 4 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 4 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 4 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 1 is required for CSv0200-CSv0204 by SEER".

5. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 4 below),
then
CS Site-Specific Factor 4 must be coded 988.

- B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 4 below),
then
CS Site-Specific Factor 4 may be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 4 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 1 cannot = 988

Breast
BuccalMucosa
Colon

CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum

SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

List 2: Schemas for which CS Site-Specific Factor 4, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

Brain
CNSOther
Liver
Vagina

List 3: Schemas for which CS Site-Specific Factor 4 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor 1 cannot = 988

Brain
Breast
BuccalMucosa
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther

MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase
Vagina

List 4: List of schemas for which CS Site-Specific Factor 4, although required for CSv02, was not defined in CSv01:

Brain
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
KidneyParenchyma
LacrimalGland
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Rectum
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF291

Modifications:

NAACCR v12A

- Edit modified to skip if Date of Diagnosis is blank.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Edit logic corrected: semicolon added so that pre-2010 cases originally entered in CSV01 and updated to CSV02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 4 (CS)" to "CS Items - SEER Required - SSF 4 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 5 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 5 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 5 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 5 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 5 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 5 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 5 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 5 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 5 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 5 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 5 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see List 4 below),
then

CS Site-Specific Factor 5 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 5 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see List 4 below),
then

CS Site-Specific Factor 5 may be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 5 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 5 cannot = 988

Breast
BuccalMucosa
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth

GISTPeritoneum
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

List 2: Schemas for which CS Site-Specific Factor 5, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

Brain
CNSOther
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Vagina

List 3: Schemas for which CS Site-Specific Factor 5 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor 5 cannot = 988

Brain
Breast
BuccalMucosa
CNSOther
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GISTPeritoneum
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx

MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
NETAmpulla
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase
Vagina

List 4: List of schemas for which CS Site-Specific Factor 5, although required for CSV02, was not defined in CSV01

Brain
CNSOther
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
GISTPeritoneum
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF292

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 5 (CS)" to "CS Items - SEER Required - SSF 5 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 6 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 6 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must be 988 for this schema
[3384] For Date of Diagnosis of "value of Date of Diagnosis", CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be 988
[3390] For CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 6 must not be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 6 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 6 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 6 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 6 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 6 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 6 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 6 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 6 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 6 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 4 below),
then

CS Site-Specific Factor 6 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 6 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 4 below),
then

CS Site-Specific Factor 6 may be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 6 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 6 cannot = 988

Breast
BuccalMucosa
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube

FloorMouth
GISTEsophagus
GISTSmallIntestine
GISTStomach
GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SubmandibularGland

TongueAnterior
TongueBase

List 2: Schemas for which CS Site-Specific Factor 6, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

Brain
CNSOther
GISTPeritoneum
Liver
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Testis
Vagina

List 3: Schemas for which CS Site-Specific Factor 6 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor 6 cannot = 988

Brain
Breast
BuccalMucosa
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GISTEsophagus
GISTPeritoneum
GISTSmallIntestine
GISTStomach
GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth

MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
NETAmpulla
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SkinEyelid
SubmandibularGland
Testis
TongueAnterior
TongueBase
Vagina

List 4: List of schemas for which CS Site-Specific Factor 6, although required for CSV02, was not defined in CSV01

Brain
CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
GISTEsophagus
GISTPeritoneum

GISTSmallIntestine
GISTStomach
KidneyParenchyma
LacrimalGland
Liver
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
NETAmpulla
Rectum
SkinEyelid
Testis
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF293

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v13

- Corrected typo in description: changed "required by COC and COC" to "required by SEER and COC"

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 6 (CS)" to "CS Items - SEER Required - SSF 6 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 7 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 7 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 7 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 7 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 7 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 7 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:

If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 7 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 7 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 7 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 7 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 7 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 7 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor 7 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 7 cannot = 988

Breast
FallopianTube
MelanomaSkin
Prostate
Testis

List 2: Schemas for which CS Site-Specific Factor 7, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

GISTEsophagus
GISTSmallIntestine
GISTStomach
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Vagina

List 3: Schemas for which CS Site-Specific Factor 7 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor 7 cannot = 988

Breast
FallopianTube
GISTEsophagus
GISTSmallIntestine

GISTStomach
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MelanomaSkin
Prostate
Testis
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF294

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 7 (CS)" to "CS Items - SEER Required - SSF 7 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 8 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 8 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 8 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 8 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 8 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 8 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 8 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 8 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 8 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 8 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must = 988.

Note: CS Site-Specific Factor 8-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor 8 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 8 cannot = 988

Breast
Colon
KidneyParenchyma
LacrimalGland
Prostate
Rectum

List 2: Schemas for which CS Site-Specific Factor 8, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

Liver
SkinEyelid
Testis

List 3: Schemas for which CS Site-Specific Factor 8 is required for CSv0200-CSv0204 by SEER
- "Required" means CS Site-Specific Factor 8 cannot = 988

Breast
Colon
KidneyParenchyma
LacrimalGland
Liver
Prostate
Rectum

SkinEyelid
Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF295

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 8 (CS)" to "CS Items - SEER Required - SSF 8 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items - SEER Required - SSF 9 (CS)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_SSF.DBF

Default Error Message

[4227] Conflict between %F6 and SEER requirements
Conflict between CS Site-Specific Factor 9 and SEER requirements

Additional Messages

[3374] For DX Year < 2010, CS Version Input Original of "value of CS Version Input Original" and CS Version Input Current of "value of CS Version Input Current", CS Site-Specific Factor 9 must be 988 for this schema
[3525] For Date of Diagnosis of "value of Date of Diagnosis" OR CS Version Input Original of "value of CS Version Input Original", CS Site-Specific Factor 9 must not be 988 for this schema
[4852] For DX Year > 2003, CS Site-Specific Factor 9 must not be blank
ERROR_TEXT("Schema missing in SSF table")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 9 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 9 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 9 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 9 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 9 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor 9 must not be blank. (For several SEER registries, CS Site-Specific Factor 9 may contain HER2 codes for breast cases coded originally in CSv1.)

List 1: Schemas for which CS Site-Specific Factor 9 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 9 cannot = 988

Breast
BuccalMucosa
Colon
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx

MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

List 2: Schemas for which CS Site-Specific Factor 9, although required for CSv0200-
CSv0204, is no longer required as of CSv0205 and 988 is allowed

MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris

List 3: Schemas for which CS Site-Specific Factor 9 is required for CSv0200-CSv0204
by SEER

- "Required" means CS Site-Specific Factor 9 cannot = 988

Breast
BuccalMucosa
Colon
EpiglottisAnterior
FloorMouth
GumLower
GumOther

GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF296

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 9 (CS)" to "CS Items - SEER Required - SSF 9 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

CS Items, DX Pre-2004 (CS)

Agency: CS

Last changed: 06/06/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]

Default Error Message

[3136] Conflict between year of DX and CS items
Conflict between year of DX and CS items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX < 2004, CS Extension must be blank")
SAVE_TEXT("If DX < 2004, CS Lymph Nodes must be blank")
SAVE_TEXT("If DX < 2004, CS Mets at DX must be blank")
SAVE_TEXT("If DX < 2004, CS Mets Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Reg Nodes Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 1 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 2 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 3 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 4 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 5 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 6 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 7 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 8 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 9 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor10 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor11 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor12 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor13 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor14 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor15 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor16 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor17 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor18 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor19 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor20 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor21 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor22 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor23 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor24 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor25 must be blank")
SAVE_TEXT("If DX < 2004, CS Tumor Size must be blank")
SAVE_TEXT("If DX < 2004, CS Tumor Size/Ext Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Current must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Original must be blank")
```

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is less than 2004, then the following CS data items must be blank:

```
CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
CS Mets at DX
CS Mets Eval
CS Site-Specific Factor 1 - 25
CS Version Input Original
```

CS Version Input Current

Administrative Notes

Modifications

NAACCR v12.0

- Added CS Site-Specific Factors 7-25

NAACCR v16

No changes

CS Items, DX Pre-2004 (SEER)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]

Default Error Message

[3136] Conflict between year of DX and CS items
Conflict between year of DX and CS items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("CS Site-Specific Factor 9 is invalid")
SAVE_TEXT("CS Site-Specific Factor11 is invalid")
SAVE_TEXT("CS Site-Specific Factor14 is invalid")
SAVE_TEXT("CS Site-Specific Factor15 is invalid")
SAVE_TEXT("If DX < 2004, CS Extension must be blank")
SAVE_TEXT("If DX < 2004, CS Lymph Nodes must be blank")
SAVE_TEXT("If DX < 2004, CS Mets at DX must be blank")
SAVE_TEXT("If DX < 2004, CS Mets Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Reg Nodes Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 1 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 2 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 3 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 4 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 5 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 6 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 7 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 8 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor 9 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor10 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor11 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor12 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor13 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor14 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor15 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor16 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor17 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor18 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor19 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor20 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor21 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor22 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor23 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor24 must be blank")
SAVE_TEXT("If DX < 2004, CS Site-Specific Factor25 must be blank")
SAVE_TEXT("If DX < 2004, CS Tumor Size must be blank")
SAVE_TEXT("If DX < 2004, CS Tumor Size/Ext Eval must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Current must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Original must be blank")
```

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank
2. Histologic Type ICD-O-3 is blank

If year of Date of Diagnosis is less than 2004, then the following CS data items must be blank:

```
CS Tumor Size
CS Extension
```

CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
CS Mets at DX
CS Mets Eval
CS Site-Specific Factor 1-8, 10, 12-13, 16-25
CS Version Input Original
CS Version Input Current

If Primary Site is C500-C509:

The following fields must be blank, 010, 020, 030, 997, 998, or 999:

CS Site-Specific Factor 9
CS Site-Specific Factor 11
CS Site-Specific Factor 14
CS Site-Specific Factor 15

If Primary Site is C500-C509:

The following fields must be blank:

CS Site-Specific Factor 9
CS Site-Specific Factor 11
CS Site-Specific Factor 14
CS Site-Specific Factor 15

Administrative Notes

New edit - added to NAACCR v12.0 metafile

In the SEER*Edits software, the title of this edit is: IF174

This edit differs from the CS edit of the same name in that it accommodates the collection of HER2 fields for breast cases diagnosed prior to 2004. That is, the fields CS Site-Specific Factor 9, 11, 14, and 15 are allowed for pre-2004 cases. If coded, the only allowable values are 010, 020, 030, 997, 998, and 999.

Modifications

NAACCR v13A

Added SEER IF number (IF174)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

-Function call to the CS Dynamic Link Library removed. Breast cases are identified by primary site codes C500-C509.

CS Items, Type Reporting Source-DCO (CS)

Agency: CS

Last changed: 05/17/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor24 [Std# 2878]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]

CS Mets at Dx-Lung [Std# 2854]
Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3546] One or more CS fields contain incorrect codes for DCO case
One or more CS fields contain incorrect codes for DCO case

Additional Messages

[4000] DCO: CS Tumor Size ("value of CS Tumor Size") must = 988 or 999
[4001] DCO: CS Extension ("value of CS Extension") must = 050 or 999
[4002] DCO: CS Extension ("value of CS Extension") must = 988 or 999
[4003] DCO: CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") must = 9
[4004] DCO: CS Lymph Nodes ("value of CS Lymph Nodes") must = 988 or 999
[4005] DCO: CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") must = 9
[4006] DCO: CS Mets at DX ("value of CS Mets at DX") must = 98 or 99
[4007] DCO: CS Mets Eval ("value of CS Mets Eval") must = 9
[4008] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 988 or 999
[4009] DCO: CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 988 or 999
[4010] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 988 or 999
[4011] DCO: CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") must = 550, 988, or 999
[4012] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 987, 988 or 999
[4013] DCO: CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") must = 987, 988 or 999
[4014] DCO: CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 987, 988 or 999
[4015] DCO: CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") must = 987, 988 or 999
[4016] DCO: CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") must = 988 or 999
[4017] DCO: CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") must = 988 or 999
[4018] DCO: CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") must = 988 or 999
[4019] DCO: CS Site-Specific Factor11 ("value of CS Site-Specific Factor11") must = 988 or 999
[4020] DCO: CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") must = 988 or 999
[4021] DCO: CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") must = 988 or 999
[4022] DCO: CS Site-Specific Factor14 ("value of CS Site-Specific Factor14") must = 988 or 999
[4023] DCO: CS Site-Specific Factor15 ("value of CS Site-Specific Factor15") must = 988 or 999
[4024] DCO: CS Site-Specific Factor16 ("value of CS Site-Specific Factor16") must = 988 or 999
[4025] DCO: CS Site-Specific Factor17 ("value of CS Site-Specific Factor17") must = 988 or 999
[4026] DCO: CS Site-Specific Factor18 ("value of CS Site-Specific Factor18") must = 988 or 999
[4027] DCO: CS Site-Specific Factor19 ("value of CS Site-Specific Factor19") must = 988 or 999
[4028] DCO: CS Site-Specific Factor20 ("value of CS Site-Specific Factor20") must = 988 or 999
[4029] DCO: CS Site-Specific Factor21 ("value of CS Site-Specific Factor21") must = 988 or 999
[4030] DCO: CS Site-Specific Factor22 ("value of CS Site-Specific Factor22") must = 988 or 999
[4031] DCO: CS Site-Specific Factor23 ("value of CS Site-Specific Factor23") must = 988 or 999
[4032] DCO: CS Site-Specific Factor24 ("value of CS Site-Specific Factor24") must = 988 or 999
[4034] DCO: CS Mets at Dx-Bone ("value of CS Mets at Dx-Bone") must = 8, 9, or blank
[4036] DCO: CS Mets at Dx-Brain ("value of CS Mets at Dx-Brain") must = 8, 9, or blank
[4038] DCO: CS Mets at Dx-Liver ("value of CS Mets at Dx-Liver") must = 8, 9, or blank
[4040] DCO: CS Mets at Dx-Lung ("value of CS Mets at Dx-Lung") must = 8, 9, or blank
[4041] DCO: Lymph-vascular Invasion ("value of Lymph-vascular Invasion") must = 8, 9, or blank
[4043] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 988 or 099
[4044] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 960
[4045] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 960
[4046] DCO: CS Extension ("value of CS Extension") must = 800 or 999

[4047] DCO: CS Lymph Nodes ("value of CS Lymph Nodes") must = 987, 988, or 999
[4048] DCO: CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 987, 988, or 999
[4049] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 987, 988, or 999
[4050] DCO: CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") must = 987, 988, or 999
[4056] DCO: CS Extension ("value of CS Extension") must = 989 or 999
[4236] DCO: CS Extension ("value of CS Extension") must = 800, 810, 820, or 999

Description

The purpose of this edit is to verify that the CS data, when populated, are correctly coded for Death Certificate Only cases (Type of Reporting Source = 7).

This edit is skipped if:

1. Year of Date of Diagnosis is less than 2004 or blank
2. Type of Reporting Source is not = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. Behavior Code ICD-O-3 is 2 (in situ)
5. Schema is invalid

The valid codes for each schema can be found in the table, CS Defaults version 020302, available under Support Files and Test Files on the CS web page (<http://www.cancerstaging.org/cstage/software/index.html>).

The following CS data items must be equal to one of the values specified below or may be left blank. [Please note that although this edit sometimes allows more than one "correct" code or blanks for DCO cases, there are other edits that will only allow codes (for instance, 988 OR 999) based on a particular standard setter's requirements.]

This edit also allows blanks for all of the CS fields. There are other edits that check for whether or not blanks are allowed based on the various standard setters' requirements.

CS Tumor Size: 988, 999, or blank

CS Extension:

- If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is Brain, CNSOther, or IntracranialGland: 050, 999, or blank
- If schema is HemeRetic, code 800, 999, or blank
- If schema is MyelomaPlasmaCellDisorder, code 800, 810, 820, 999, or blank
- If schema is LymphomaOcularAdnexa, code 989, 999, or blank
- For all other schemas: 988, 999, or blank

CS Tumor Size/Ext Eval: 9 or blank

CS Lymph Nodes: 988, 999, or blank

- If schema is MyelomaPlasmaCellDisorder, code 987, 988, 999, or blank otherwise code 988, 999, or blank

CS Lymph Nodes Eval: 9 or blank

CS Mets at DX: 98, 99, or blank

CS Mets Eval: 9 or blank

CS Site-Specific Factor 1:

- If schema is Retinoblastoma, code 960 or blank
- If schema is Bladder, KidneyRenalPelvis or Urethra, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank

CS Site-Specific Factor 2:

- If schema is MyelomaPlasmaCellDisorder or SkinEyelid, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank

CS Site-Specific Factor 3:
- If schema is Breast, code 988, 099, or blank
- If schema is Prostate, code 960 or blank
- If schema is MyelomaPlasmaCellDisorder, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank
CS Site-Specific Factor 4:
- If schema is Prostate, 550, 988, 999, or blank
- otherwise code 987, 988, 999, or blank
CS Site-Specific Factor 5: 987, 988, 999, or blank
CS Site-Specific Factor 6: 987, 988, 999, or blank
CS Site-Specific Factor 7: 987, 988, 999, or blank
CS Site-Specific Factor 8: 988, 999, or blank
CS Site-Specific Factor 9: 988, 999, or blank
CS Site-Specific Factor10: 988, 999, or blank
CS Site-Specific Factor11: 988, 999, or blank
CS Site-Specific Factor12: 988, 999, or blank
CS Site-Specific Factor13: 988, 999, or blank
CS Site-Specific Factor14: 988, 999, or blank
CS Site-Specific Factor15: 988, 999, or blank
CS Site-Specific Factor16: 988, 999, or blank
CS Site-Specific Factor17: 988, 999, or blank
CS Site-Specific Factor18: 988, 999, or blank
CS Site-Specific Factor19: 988, 999, or blank
CS Site-Specific Factor20: 988, 999, or blank
CS Site-Specific Factor21: 988, 999, or blank
CS Site-Specific Factor22: 988, 999, or blank
CS Site-Specific Factor23: 988, 999, or blank
CS Site-Specific Factor24: 988, 999, or blank

CS Mets at DX-Bone: 8, 9, or blank
CS Mets at DX-Brain: 8, 9, or blank
CS Mets at DX-Liver: 8, 9, or blank
CS Mets at DX-Lung: 8, 9, or blank

Lymph-Vascular Invasion: 8, 9, or blank

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v12.1B

Corrected edit description:

- For SSF 2: if schema is MyelomaPlasmaCellDisorder, code 987, 988, or 999; otherwise code 988 or 999.
- For SSF 4 (except Prostate schema), SSF 5, and SSF 6, allow code 987.

Corrected edit description and logic:

- For SSF7, allow code 987

NAACCR v12.2

Corrected edit description:

- For CS Lymph Nodes: if schema is MyelomaPlasmaCellDisorder, code 987, 988, or 999; otherwise code 988 or 999.

NAACCR v12.2C

- Added "CS Site-Specific Factor10: 988 or 999" to the edit description; edit logic is already correct

- For SSF 1, added 987 to codes allowed for Bladder, KidneyRenalPelvis and Urethra
- For SSF 2, added code 987 to codes allowed for SkinEyelid

NAACCR v13

- Error message #4041 corrected so that it refers to "Lymph-Vascular Invasion" rather than "CS Mets at DX-Lung".

NAACCR v14

- Added: If schema is LymphomaOcularAdnexa, code 989 or 999
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added
- Edit logic updated so that edit is skipped if Behavior Code ICD-O-3 = 2
- Updated description to show that blank is allowed for all fields
- Changed "If schema is HemeRetic or MyelomaPlasmaCellDisorder, code 800 or 999" to:
 - "If schema is HemeRetic, code 800, 999, or blank"
 - "If schema is MyelomaPlasmaCellDisorder, code 800, 810, 820, 999, or blank"
- Edit description changed to match the edit logic: If schema is Prostate, 550 is allowed. The reference to "for pre-2010 cases" has been removed.

NAACCR v16

- A SEER version of this edit was created with a skip condition for cases diagnosed in 2016 with CS Extension blank. Only change to this edit was SEER IF354 was removed from admin notes.

CS Items, Type Reporting Source-DCO (SEER)

Agency: SEER

Last changed: 07/30/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor24 [Std# 2878]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3546] One or more CS fields contain incorrect codes for DCO case
One or more CS fields contain incorrect codes for DCO case

Additional Messages

[4000] DCO: CS Tumor Size ("value of CS Tumor Size") must = 988 or 999
[4001] DCO: CS Extension ("value of CS Extension") must = 050 or 999
[4002] DCO: CS Extension ("value of CS Extension") must = 988 or 999
[4003] DCO: CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") must = 9
[4004] DCO: CS Lymph Nodes ("value of CS Lymph Nodes") must = 988 or 999
[4005] DCO: CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") must = 9
[4006] DCO: CS Mets at DX ("value of CS Mets at DX") must = 98 or 99
[4007] DCO: CS Mets Eval ("value of CS Mets Eval") must = 9
[4008] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 988 or 999
[4009] DCO: CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 988 or 999
[4010] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 988 or 999
[4011] DCO: CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") must = 550, 988, or 999
[4012] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 987, 988 or 999
[4013] DCO: CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") must = 987, 988 or 999
[4014] DCO: CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 987, 988 or 999
[4015] DCO: CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") must = 987, 988 or 999
[4016] DCO: CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") must = 988 or 999
[4017] DCO: CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") must = 988 or 999
[4018] DCO: CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") must = 988 or 999
[4019] DCO: CS Site-Specific Factor11 ("value of CS Site-Specific Factor11") must = 988 or 999
[4020] DCO: CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") must = 988 or 999
[4021] DCO: CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") must = 988 or 999
[4022] DCO: CS Site-Specific Factor14 ("value of CS Site-Specific Factor14") must = 988 or 999
[4023] DCO: CS Site-Specific Factor15 ("value of CS Site-Specific Factor15") must = 988 or 999
[4024] DCO: CS Site-Specific Factor16 ("value of CS Site-Specific Factor16") must = 988 or 999
[4025] DCO: CS Site-Specific Factor17 ("value of CS Site-Specific Factor17") must = 988 or 999
[4026] DCO: CS Site-Specific Factor18 ("value of CS Site-Specific Factor18") must = 988 or 999
[4027] DCO: CS Site-Specific Factor19 ("value of CS Site-Specific Factor19") must = 988 or 999
[4028] DCO: CS Site-Specific Factor20 ("value of CS Site-Specific Factor20") must = 988 or 999
[4029] DCO: CS Site-Specific Factor21 ("value of CS Site-Specific Factor21") must = 988 or 999
[4030] DCO: CS Site-Specific Factor22 ("value of CS Site-Specific Factor22") must = 988 or 999
[4031] DCO: CS Site-Specific Factor23 ("value of CS Site-Specific Factor23") must = 988 or 999
[4032] DCO: CS Site-Specific Factor24 ("value of CS Site-Specific Factor24") must = 988 or 999
[4034] DCO: CS Mets at Dx-Bone ("value of CS Mets at Dx-Bone") must = 8, 9, or blank
[4036] DCO: CS Mets at Dx-Brain ("value of CS Mets at Dx-Brain") must = 8, 9, or blank
[4038] DCO: CS Mets at Dx-Liver ("value of CS Mets at Dx-Liver") must = 8, 9, or blank
[4040] DCO: CS Mets at Dx-Lung ("value of CS Mets at Dx-Lung") must = 8, 9, or blank
[4041] DCO: Lymph-vascular Invasion ("value of Lymph-vascular Invasion") must = 8, 9, or blank
[4043] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 988 or 099
[4044] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 960
[4045] DCO: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") must = 960
[4046] DCO: CS Extension ("value of CS Extension") must = 800 or 999
[4047] DCO: CS Lymph Nodes ("value of CS Lymph Nodes") must = 987, 988, or 999
[4048] DCO: CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 987, 988, or 999
[4049] DCO: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 987, 988, or 999

- [4050] DCO: CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") must = 987, 988, or 999
- [4056] DCO: CS Extension ("value of CS Extension") must = 989 or 999
- [4236] DCO: CS Extension ("value of CS Extension") must = 800, 810, 820, or 999

Description

The purpose of this edit is to verify that the CS data, when populated, are correctly coded for Death Certificate Only cases (Type of Reporting Source = 7).

This edit is skipped if:

1. Year of Date of Diagnosis is less than 2004 or blank
2. Type of Reporting Source is not = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. Behavior Code ICD-O-3 is 2 (in situ)
5. Schema is invalid
6. Dx Year is 2016 and CS Extension is blank

The valid codes for each schema can be found in the table, CS Defaults version 020302, available under Support Files and Test Files on the CS web page (<http://www.cancerstaging.org/cstage/software/index.html>).

The following CS data items must be equal to one of the values specified below or may be left blank. [Please note that although this edit sometimes allows more than one "correct" code or blanks for DCO cases, there are other edits that will only allow codes (for instance, 988 OR 999) based on a particular standard setter's requirements.]

This edit also allows blanks for all of the CS fields. There are other edits that check for whether or not blanks are allowed based on the various standard setters' requirements.

CS Tumor Size: 988, 999, or blank

CS Extension:

- If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is Brain, CNSOther, or IntracranialGland: 050, 999, or blank
- If schema is HemeRetic, code 800, 999, or blank
- If schema is MyelomaPlasmaCellDisorder, code 800, 810, 820, 999, or blank
- If schema is LymphomaOcularAdnexa, code 989, 999, or blank
- For all other schemas: 988, 999, or blank

CS Tumor Size/Ext Eval: 9 or blank

CS Lymph Nodes: 988, 999, or blank

- If schema is MyelomaPlasmaCellDisorder, code 987, 988, 999, or blank otherwise code 988, 999, or blank

CS Lymph Nodes Eval: 9 or blank

CS Mets at DX: 98, 99, or blank

CS Mets Eval: 9 or blank

CS Site-Specific Factor 1:

- If schema is Retinoblastoma, code 960 or blank
- If schema is Bladder, KidneyRenalPelvis or Urethra, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank

CS Site-Specific Factor 2:

- If schema is MyelomaPlasmaCellDisorder or SkinEyelid, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank

CS Site-Specific Factor 3:

- If schema is Breast, code 988, 099, or blank

- If schema is Prostate, code 960 or blank
- If schema is MyelomaPlasmaCellDisorder, code 987, 988, 999, or blank
- otherwise code 988, 999, or blank

CS Site-Specific Factor 4:

- If schema is Prostate, 550, 988, 999, or blank
- otherwise code 987, 988, 999, or blank

CS Site-Specific Factor 5: 987, 988, 999, or blank

CS Site-Specific Factor 6: 987, 988, 999, or blank

CS Site-Specific Factor 7: 987, 988, 999, or blank

CS Site-Specific Factor 8: 988, 999, or blank

CS Site-Specific Factor 9: 988, 999, or blank

CS Site-Specific Factor10: 988, 999, or blank

CS Site-Specific Factor11: 988, 999, or blank

CS Site-Specific Factor12: 988, 999, or blank

CS Site-Specific Factor13: 988, 999, or blank

CS Site-Specific Factor14: 988, 999, or blank

CS Site-Specific Factor15: 988, 999, or blank

CS Site-Specific Factor16: 988, 999, or blank

CS Site-Specific Factor17: 988, 999, or blank

CS Site-Specific Factor18: 988, 999, or blank

CS Site-Specific Factor19: 988, 999, or blank

CS Site-Specific Factor20: 988, 999, or blank

CS Site-Specific Factor21: 988, 999, or blank

CS Site-Specific Factor22: 988, 999, or blank

CS Site-Specific Factor23: 988, 999, or blank

CS Site-Specific Factor24: 988, 999, or blank

CS Mets at DX-Bone: 8, 9, or blank

CS Mets at DX-Brain: 8, 9, or blank

CS Mets at DX-Liver: 8, 9, or blank

CS Mets at DX-Lung: 8, 9, or blank

Lymph-Vascular Invasion: 8, 9, or blank

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF354

This edit differs from the edit CS version of the same name in that it has an additional skip condition for cases diagnosed in 2016 and CS Extension is empty. This reflects SEER reporting requirements for 2016 cases.

Modifications

NAACCR v16A

- Description updated to indicate edit skipped if CS Extension is blank. Skip originally stated not blank.
- Administrative Notes from CS Items, Type Reporting Source-DCO (CS) removed

CS LN, Nodes Eval, SSF 3, MelanomaSkin (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4102] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval
[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MelanomaSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Lymph Nodes Eval is empty
4. CS Site-Specific Factor 3 is empty or = 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MelanomaSkin:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
2. If CS Lymph Nodes = 100-118, 121-123, 125-128, 152-153 (codes indicating positive lymph nodes)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND
CS Site-Specific Factor 3 = 010 (clinically occult) or 100 (in transit mets only)
3. If CS Lymph Nodes = 124 (stated as path N1 NOS) or 158 (stated as path N2 NOS)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND
CS Site-Specific Factor 3 not = 150 (clinically apparent in transit mets and clinically apparent nodal mets)
4. If CS Lymph Nodes = 155 (stated as N2 NOS)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND
CS Site-Specific Factor 3 = 010 (clinically occult)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF414

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellPenis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3
[4106] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Site-Specific Factor 3
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellPenis schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellPenis:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-400, 500 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent
in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 100-400, 500 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF415

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellScrotum (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3
[4106] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Site-Specific Factor 3
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellScrotum schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellScrotum:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-360 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent
in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 100-360 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF416

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellSkin (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3
[4106] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Site-Specific Factor 3
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellSkin:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-360 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent
in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 100-360 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF417

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellVulva (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4104] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3
[4106] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Site-Specific Factor 3
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellVulva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellVulva:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 105-109, 114-130, 600 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent
in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 105-109, 114-130, 600 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF418

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, RNP, Nodes Eval, SSF 3, MelanomaSkin (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor 3 [Std# 2900]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4103] Given combination of codes will fail to derive AJCC 7 stage
Given combination of codes will fail to derive AJCC 7 stage

Additional Messages

[4105] Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval, CS Site-Specific Factor 3, Regional Nodes Positive
SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, Regional Nodes Positive, CS Lymph Nodes Eval and CS Site-Specific Factor 3 combinations for the MelanomaSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. Regional Nodes Positive is empty
4. CS Site-Specific Factor 3 is empty or = 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Definitions:

CS Lymph Nodes code 010 = Individual tumor cells only
CS Lymph Nodes codes 100-118 = named regional nodes
CS Lymph Nodes codes 121, 128 = evaluated clinically
CS Lymph Nodes codes 123, 124, 152-153, 158 = evaluated pathologically
CS Lymph Nodes code 124 = Stated as N1 nodes
CS Lymph Nodes codes 155-158 = Stated as N2 nodes

CS Site-Specific Factor 3 code 005 = clinically and pathologically negative nodes
CS Site-Specific Factor 3 code 010 = clinically occult nodes
CS Site-Specific Factor 3 code 100 = clinically apparent intransit metastases only

If schema is MelanomaSkin:

1. If CS Lymph Nodes Eval = 0, 1, 5 or 9:
AND CS Lymph Nodes = 100-118, 125 or 155
THEN
 CS Site-Specific Factor 3 must not = 005
2. If CS Lymph Nodes = 010
THEN
 CS Lymph Nodes Eval must not = 0, 1, 5 or 9
3. If CS Lymph Nodes Eval = 2, 3, 6 or 8:
 - A. If CS Lymph Nodes = 010
AND Regional Nodes Positive = 00, 97, 98
THEN
 CS Site-Specific Factor 3 must not = 005 or 010-100
 - B. If CS Lymph Nodes = 010
AND Regional Nodes Positive = 01-95 or 99
THEN
 CS Site-Specific Factor 3 must not = 005 or 100
 - C. If CS Lymph Nodes = 100-118
AND Regional Nodes Positive = 00
THEN
 CS Site-Specific Factor 3 must not = 005, 010, 050 or 100
 - D. If CS Lymph Nodes = 100-118, 125 or 158
AND Regional Nodes Positive = 98
THEN
 CS Site-Specific Factor 3 must not = 005, 010 or 100
 - E. If CS Lymph Nodes = 125 or 155
AND Regional Nodes Positive = 00
THEN
 CS Site-Specific Factor 3 must not = 005, 010 or 100
 - F. If CS Lymph Nodes = 100-118, 122-123, 125, 152-158
AND Regional Nodes Positive = 01-97 or 99
THEN
 CS Site-Specific Factor 3 must not = 005 or 100
 - G. If CS Lymph Nodes = 124

AND Regional Nodes Positive = 01, 95, 97 or 99
THEN
CS Site-Specific Factor 3 must not = 005 or 100

H. If CS Lymph Nodes = 124
AND Regional Nodes Positive = 02-90
THEN
CS Site-Specific Factor 3 must not = 005, 050 or 100

4. If CS Lymph Nodes Eval is blank

A. If CS Lymph Nodes = 010
AND Regional Nodes Positive = 00 or 98
THEN
CS Site-Specific Factor 3 must not = 005 or 100

B. If CS Lymph Nodes = 100-118, 121-128 or 152-153
AND Regional Nodes Positive = 00 or 98
THEN
CS Site-Specific Factor 3 must not = 005, 010 or 100

C. If CS Lymph Nodes = 155-158
AND Regional Nodes Positive = 00 or 98
THEN
CS Site-Specific Factor 3 must not = 005 or 010

D. If CS Lymph Nodes = 010, 100-118, 121-128, 152-153 or 155-158
AND Regional Nodes Positive = 01-97
THEN
CS Site-Specific Factor 3 must not = 005 or 100

E. If CS Lymph Nodes = 010, 100-118, 121-128 or 152-153
AND Regional Nodes Positive = 99
THEN
CS Site-Specific Factor 3 must not = 005 or 100

F. If CS Lymph Nodes = 155-158
AND Regional Nodes Positive = 99
THEN
CS Site-Specific Factor 3 must not = 005

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF442

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes (CS)

Agency: CS

Last changed: 03/10/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Lymph Nodes [Std# 2830]

Default Error Message

[1037] %F1 must be a three-digit number
CS Lymph Nodes must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

Modifications:

NAACCR v12.0

The size of CS Lymph Nodes was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

CS Lymph Nodes Eval (CS)

Agency: CS

Last changed: 08/16/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Lymph Nodes Eval [Std# 2840]

Default Error Message

[1023] %F1 is not valid
CS Lymph Nodes Eval is not valid

Description

Must be a valid CS Lymph Nodes Eval code (0-3,5,6,8,9) or blank.

Administrative Notes

Modifications:

NAACCR v11.3
01/08

- Code 4 was removed from the list of allowable codes.

NAACCR v12.0

The edit name was changed from "CS Reg Nodes Eval (CS)" to "CS Lymph Nodes Eval (CS)". The data item name also changed from "CS Reg Nodes Eval" to "CS Lymph Nodes Eval".

CS Lymph Nodes Eval, Lymph Nodes, Breast Schema(CS

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes Eval [Std# 2840]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3261] Breast schema: %F4 and %F5 conflict
Breast schema: CS Lymph Nodes Eval and CS Lymph Nodes conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that, for cases coded using the Breast Schema, that CS Lymph Nodes and CS Lymph Nodes Eval are coded consistently per Note 6 under CS Lymph Nodes:

Note 6: For the breast schema, the choice of the N category is dependent on the CS Lymph Nodes Eval field. There are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated clinically (CS Lymph Nodes Eval is coded 0, 1, 5, or 9), which will be designated as "Evaluated clinically:" at the beginning of the code description. Similarly, there are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated pathologically (CS Lymph Nodes Eval is coded 2, 3, 6, or 8), and these will be designated as "Evaluated pathologically:". All other codes can be used for clinical or pathologic evaluation

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. CS Lymph Nodes Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Breast schema:

1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6, or 8.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF213

Modifications:

NAACCR v12.0:

- Edit name changed from 'CS Reg Nodes Eval, Lymph Nodes, Breast Schema(CS)' to 'CS Lymph Nodes Eval, Lymph Nodes, Breast Schema(CS)'.
- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes. Also added code '255'.

NAACCR v12.1:

- Updated logic to match Note 6 which replaced Note 5.

Changed logic from:

1. If CS Lymph Nodes Eval = 0, 1, 5, or 9, then CS Lymph Nodes must = 000, 255, 260, 290, 510, 600, 740, 750, 760, 770, 780, 790, 800, and 999.
2. If CS Lymph Nodes Eval = 2, 3, 6, or 8, then CS Lymph Nodes must not = 290 or 510.

To:

1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6, or 8.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes Eval, Nodes Ex (CS)

Agency: CS

Last changed: 07/09/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes Eval [Std# 2840]
Regional Nodes Examined [Std# 830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") and Regional Nodes Examined ("value of Regional Nodes Examined") conflict

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes Eval is blank
2. Regional Nodes Examined is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
4. CS schema is invalid
5. CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum,Rectum, Retinoblastoma

If CS Lymph Nodes Eval = 3, 5, or 6, then Regional Nodes Examined must not = 00 (No nodes were examined).

Note:

CS Lymph Nodes Eval code 3 = Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.

CS Lymph Nodes Eval code 5 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.

CS Lymph Nodes Eval code 6 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF201

Modifications:

NAACCR v12.0

- Edit name changed from 'CS Reg Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)'
- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Modified to get schema name from function call to CS dll.
- Skipped if CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum,Rectum, Retinoblastoma.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v14A

- Edit name changed from 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, Nodes Ex (CS)'
- Edit modified to no longer require RX Summ--Scope Reg LN Sur to not equal 0 when CS Lymph Nodes Eval = 3, 5, or 6. RX Summ--Scope Reg LN Surg no longer checked at all.

CS Lymph Nodes Eval, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Lymph Nodes Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes Eval, Primary Site, or Histologic Type ICD-O-3 is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Lymph Nodes Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF230

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, IntracranialGland Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3392] Conflict among schema and %F3 (%V3)
Conflict among schema and CS Lymph Nodes ("value of CS Lymph Nodes")

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. CS schema is not IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is IntracranialGland:

CS Lymph Nodes must = 988 (Not applicable) or 999 (OBSOLETE DATA RETAINED V0200; Unknown; not stated).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF317

Modifications

NAACCR v13A
Added SEER IF number (IF317)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, LN Nodes Eval, RNP, Testis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4104] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5, %F6
Given combination of codes will fail to derive AJCC 7 stage: CS Lymph Nodes, CS Lymph Nodes Eval,
Regional Nodes Positive

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Regional Nodes Positive combinations for the Testis schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit enforces the Lymph Nodes Pathologic Eval Table note:

Note: This table is used when CS Lymph Nodes Eval is coded 2 (p), 3 (p), 6 (yp), or 8 (a) and CS Lymph Nodes is coded 100-500 ONLY. The N category is assigned based on the values of CS Site-Specific Factor 5, Size of Metastasis in Lymph Nodes, and Regional Nodes Positive.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Lymph Nodes Eval is empty
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Testis:

An error will be generated under the following conditions:

If CS Lymph Nodes = 100-500 (positive nodes)

AND

CS Lymph Nodes Eval = 2, 3, 6, 8 (pathologic eval)

AND

Regional Nodes Positive = 00 (none), 98 (no nodes removed) or 99 (unknown if positive nodes)

an error is generated

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF419

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)

Agency: CS

Last changed: 01/08/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
Regional Nodes Positive [Std# 820]
Regional Nodes Examined [Std# 830]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4120] If %F4=%V4 and %F5=%V5, %F6 must not = %V6
If CS Lymph Nodes="value of CS Lymph Nodes" and CS Lymph Nodes Eval="value of CS Lymph Nodes Eval", Regional Nodes Positive must not = "value of Regional Nodes Positive"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit is skipped for the following schemas where something other than regional nodes is also coded in CS Lymph Nodes:

LymphomaOcularAdnexa - distant nodes also coded in CS Lymph Nodes
Retinoblastoma - distant nodes also coded in CS Lymph Nodes
MelanomaSkin - satellite nodules also coded in CS Lymph Nodes
MerkelCellPenis - satellite nodules also coded in CS Lymph Nodes
MerkelCellScrotum - satellite nodules also coded in CS Lymph Nodes
MerkelCellSkin - satellite nodules also coded in CS Lymph Nodes
MerkelCellVulva - satellite nodules also coded in CS Lymph Nodes

This edit is also skipped for the following schemas for certain CS Lymph Nodes codes that indicate something other than regional nodes is coded in CS Lymph Nodes:

Breast and CS Lymph Nodes = 050 (individual tumor cells coded in CS Lymph Nodes)
EsophagusGEJunction and CS Lymph Nodes = 100 (tumor deposits coded in CS Lymph Nodes)
Stomach and CS Lymph Nodes = 100 or 110 (tumor deposits coded in CS Lymph Nodes)
Colon and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)
Rectum and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)
NETStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)
NETColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
NETRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)
GISTAppendix and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
GISTStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)
GISTColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
GISTRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)

If CS Lymph Nodes is not = 000 (no regional lymph node involvement)
or 999 (unknown)
AND CS Lymph Nodes Eval = 3 or 6 (codes indicating pathologic eval)
THEN
Regional Nodes Positive must not = 00 (all nodes examined negative) or
98 (no nodes examined)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF456

Modifications:

NAACCR v15

- Modified to skip for additional Schema/CS Lymph Nodes code combinations for which CS Lymph Nodes code indicates something other than regional nodes: codes 050 and 100 for NetStomach, NetColon, NetRectum, GISTAppendix, GISTStomach, GISTColon, GISTRectum schemas

CS Lymph Nodes, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Lymph Nodes ("value of CS Lymph Nodes")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that the data item CS Lymph Nodes is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the Lymph Nodes codes apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Lymph Nodes values of 000 (For extraosseous plasmacytomas (9734) only: No regional lymph node involvement), 100 (For extraosseous plasmacytomas (9734) only: Regional lymph node metastasis), and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9734 (Plasmacytoma, extramedullary).

2. The CS Lymph Nodes value of 987 (Not applicable) is allowed only for 9731 (Plasmacytoma, NOS) and 9732 (Multiple myeloma).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF347

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Nodes Pos, ColoAppRectal (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Regional Nodes Positive [Std# 820]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
Regional Nodes Positive ("value of Regional Nodes Positive") and CS Lymph Nodes ("value of CS Lymph Nodes") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-480 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 110-300 rather than codes 400-480 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination." The actual number of involved nodes will be coded in Reg LN Pos."

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is blank
2. Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema number is returned.

For cases using the Colon, Appendix, or Rectum schemas:

If Regional Nodes Positive = 01 - 90 (number of positive nodes are known), CS Lymph Nodes must not = 400, 410, 420, 430, 450, 460, 470, 480.

If CS Lymph Nodes = 400, 410, 420, 430, 450, 460, 470, 480, then Regional Nodes Positive must = 95 (positive aspiration of lymph node(s) was performed) or 97 (Positive nodes are documented, but the number is unspecified).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF260

Modifications:

NAACCR v12.1:

- Added codes 430 and 480 to list of CS Lymph Nodes for which Regional Nodes Positive must = 95 or 97.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4864] MelanomaSkin schema: If %F4 = %V4, then %F5 must not = %V5
MelanomaSkin schema: If CS Lymph Nodes = "value of CS Lymph Nodes", then Regional Nodes Positive must not = "value of Regional Nodes Positive"

Description

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MelanomaSkin schema.

If schema is MelanomaSkin:

1. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (evaluated pathologically) then
Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF355

Modifications

NAACCR v12.2:

- Edit name changed from "CS Lymph Nodes, SSF3, RNP, MelanomaSkin (CS)" to "CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)".
- Edit re-worked to incorporate new codes and logic; CS SSF 3 logic deleted.

NAACCR v13A:

- Edit logic updated to include CS Lymph Nodes code 153 in list of codes indicating "evaluated pathologically". (Edit description was already correct.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Lymph Nodes, Nodes Pos, MerkelCell Schemas(CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4870] For this schema: If %F4 = %V4, then %F5 must not = %V5
For this schema: If CS Lymph Nodes = "value of CS Lymph Nodes", then Regional Nodes Positive must not = "value of Regional Nodes Positive"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MerkelCell schemas.

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
then
 If CS Lymph Nodes = 320, 340, 350 (evaluated pathologically)
 then
 Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)
2. If CS schema is MerkelCellPenis:
then
 If CS Lymph Nodes = 120, 140, 150 (evaluated pathologically)
 then
 Regional Nodes Positive must not = 00 or 98
3. If CS schema is MerkelCellVulva:
then

If CS Lymph Nodes = 115, 120, 125 (evaluated pathologically)
then
Regional Nodes Positive must not = 00 or 98

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF381

Modifications:

NAACCR v12.2C:

- Although the edit description was correct, the actual logic was missing some brackets, causing the edit to fail when it should pass. The brackets have been added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Nodes Pos, SSF3, Breast Schema(CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Lymph Nodes ("value of CS Lymph Nodes"), Regional Nodes Positive ("value of Regional Nodes Positive"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

[3418] Breast schema: CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must be less than or = Regional Nodes Positive ("value of Regional Nodes Positive")
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes, CS Site-Specific Factor 3, or Regional Nodes Positive is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Lymph Nodes = 050 (none, no regional lymph nodes but with ITCs detected on routine H and E stains), then Regional Nodes Positive must = 00 (all nodes examined negative) and CS Site-Specific Factor 3 must = 000 (all ipsilateral nodes examined negative).

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must

not be 001-097 (axillary nodes positive).

If CS Site-Specific Factor 3 = 001-097 (positive nodes),
then

CS Lymph Nodes must not = 000, 710, 730, 735, 740, 745, 764, or 770.

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89
then

CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF188

MODIFICATIONS:

NAACCR v11.2

7/2007

The following logic was added:

If CS Lymph Nodes = 71, 73, 74, 77, or 78 (internal mammary
without axillary nodes), then CS Site-Specific Factor 3 must
not be 001-097 (axillary nodes positive).

This edit was also modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of
histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 050, 710, 730, 740, 770, and 780 instead of
CSv1 codes of 05, 71, 73, 74, 77, and 78.

NAACCR v12.1

- Changed:

If CS Lymph Nodes = 710, 730, 740, 770, or 780 (internal mammary
without axillary nodes), then CS Site-Specific Factor 3 must
not be 001-097 (axillary nodes positive).

To:

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary
without axillary nodes), then CS Site-Specific Factor 3 must
not be 001-097 (axillary nodes positive).

Added:

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89,
then CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Regional Nodes Positive (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Regional Nodes Positive [Std# 820]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
Regional Nodes Positive ("value of Regional Nodes Positive") and CS Lymph Nodes ("value of CS Lymph Nodes") conflict

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes or Regional Nodes Positive is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 000.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF158

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.
- Error message corrected.
- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Lymph Nodes ("value of CS Lymph Nodes") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Lymph Nodes is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Lymph Nodes (SEER IF147)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Lymph Nodes, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF229

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Tables

SCHEM_HN.DBF

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Lymph Nodes ("value of CS Lymph Nodes"), CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper

Hypopharynx
LarynxGlottic
LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

If CS Lymph Nodes not = 000 (none) or 999 (unknown, not stated), then CS Site-Specific Factor 1 must not = 000 (No involved regional nodes).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF128

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.
- Additional Head and Neck schemas added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 17, Penis (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4107] Penis schema: If %F5 = 000, %F4 must = 000
Penis schema: If CS Site-Specific Factor17 = 000, CS Lymph Nodes must = 000

Additional Messages

[4111] Penis schema: If CS Lymph Nodes = 000, CS Site-Specific Factor17 must = 000

Description

This edit verifies that CS Lymph Nodes and CS Site-Specific Factor17 (extranodal extension of regional lymph nodes) are coded consistently for the Penis schema.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor17 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Penis:

1. If CS Site-Specific Factor17 (extranodal extension of regional lymph nodes) = 000 (no regional lymph nodes involved), then CS Lymph Nodes must = 000 (no regional lymph node involvement)

2. The vice versa condition is also true: If CS Lymph Nodes = 000, then CS Site-Specific Factor17 must also = 000.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF420

Modifications:

NAACCR v13A

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3056] Conflict among schema, %F4 (%V4), and CS Site-Specific Factors
Conflict among schema, CS Lymph Nodes ("value of CS Lymph Nodes"), and CS Site-Specific Factors

Additional Messages

SAVE_TEXT("Conflict among schema, CS Lymph Nodes, and CS Site-Specific Factor 4")
SAVE_TEXT("Conflict among schema, CS Lymph Nodes, and CS Site-Specific Factor 5")
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Lymph Nodes = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5 must not = 987 (not applicable; CS Lymph Nodes not coded 000)

If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988 (not applicable: information not collected for this case)

Notes:

CS Lymph Nodes 000 =

None; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF129

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 000, 740, and 770 instead of CSv1 codes of 00, 74, and 77.

NAACCR v12C

- The following logic was changed from:

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

NAACCR v12.1

- Edit name changed from "CS Lymph Nodes, SSF 3,4,5, Breast Schema (CS)"

to "CS Lymph Nodes, SSF 4,5, Breast Schema (CS)" since SSF 3 is no longer used in this edit.

The following logic was changed from:

-"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

Deleted:

If CS Site-Specific Factor 3 = 001-097 (positive nodes), then
CS Lymph Nodes must not = 000, 740, or 770.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF3, Nodes Eval, MelanomaSkin(CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3235] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Lymph Nodes ("value of CS Lymph Nodes"), CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval")

Additional Messages

[4870] For this schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", then CS Lymph Nodes must not = "value of CS Lymph Nodes"
[4871] For this schema: If CS Lymph Nodes = "value of CS Lymph Nodes", then CS Lymph Nodes Eval must not = "value of CS Lymph Nodes Eval"
[4872] For this schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", then CS Lymph Nodes Eval must not = "value of CS Lymph Nodes Eval"
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the Melanoma of Skin Schema.

If schema is MelanomaSkin:

1. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
then
 CS Lymph Nodes must not = 121 or 128 (codes that indicate case evaluated clinically)
2. If CS Lymph Nodes = 121 or 128 (codes that indicate case evaluated clinically)
then
 CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate

case does not meet criteria for AJCC pathological stage)
or 9 (unknown)

3. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (codes that indicate case was evaluated pathologically)
then
 CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
4. If CS Site-Specific Factor 3 = 020, 043, 045, 048, 050, 100, or 150 (codes indicating 'clinically apparent')
then
 CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

```
*****
CS Site-Specific Factor 3 definitions for codes 000 and 005:
000 = OBSOLETE DATA RETAINED V0204
      No lymph node metastasis
005 = Clinically negative lymph node metastasis
      AND
      No pathologic examination performed
      Or unknown if pathologic examination performed
      Or nodes negative on pathologic examination
*****
```

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is empty
2. CS Site-Specific Factor 3 is empty or = 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF216

Modifications:

NAACCR v12.0:

- Edit name changed from "CS Lymph Nodes, SSF3, Nodes Eval, Melanoma(CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MelanomaSkin(CS)".
- Changed data item name CS Reg Nodes Eval to CS Lymph Nodes Eval.
- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.

NAACCR v12.1:

- Modified so that edit is also skipped if CS Site-Specific Factor 3 is 988.
- Added code 154 to list of CS Lymph Node codes for which CS Site-Specific Factor 3 must = 000.
- Changed checks for CS Site-Specific Factor 3 code of 001 to 010 and 002 to 020 per conversion specifications.

NAACCR v12.2:

- Re-worked to incorporate new codes and logic.

NAACCR v12.2C:

- Although the edit description was correct, there were errors in the corresponding logic. The following corrections were made to the edit logic:

1. Changed from:

If not CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

To:

If CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

2. Logic changed to allow CS Lymph Nodes Eval code 9 when CS Lymph Nodes = 121, 122, 123, 124, 128, 152, 153, 158

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

CS Lymph Nodes, SSF3, Nodes Eval, MerkelCell (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3235] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Lymph Nodes ("value of CS Lymph Nodes"), CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval")

Additional Messages

[4870] For this schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", then CS Lymph Nodes must not = "value of CS Lymph Nodes"
[4871] For this schema: If CS Lymph Nodes = "value of CS Lymph Nodes", then CS Lymph Nodes Eval must not = "value of CS Lymph Nodes Eval"
[4872] For this schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", then CS Lymph Nodes Eval must not = "value of CS Lymph Nodes Eval"
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, and MerkelCellVulva schemas.

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
 - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
then
CS Lymph Nodes must = 000, 390, or 400, indicating no lymph node mets.
 - B. If CS Lymph Nodes = 310 (evaluated clinically)
then

CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)

- C. If CS Lymph Nodes = 320, 340, 350 (codes that indicate case was evaluated pathologically)
then
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
- D. If CS Site-Specific Factor 3 = 020 (clinically apparent)
then
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

2. If CS schema is MerkelCellPenis:

- A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
then
CS Lymph Nodes must = 000, 410, 420, indicating no lymph node mets.
- B. If CS Lymph Nodes = 110 (evaluated clinically)
then
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
- C. If CS Lymph Nodes = 120, 140, 150 (codes that indicate case was evaluated pathologically)
then
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
- D. If CS Site-Specific Factor 3 = 020 (clinically apparent)
then
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

3. If CS schema is MerkelCellVulva:

- A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
then
CS Lymph Nodes must = 000, 510, 520, indicating no lymph node mets.
- B. If CS Lymph Nodes = 114 (evaluated clinically)
then
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
- C. If CS Lymph Nodes = 115, 120, 125 (codes that indicate case was evaluated pathologically)
then
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
- D. If CS Site-Specific Factor 3 = 020 (clinically apparent)
then
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

CS Site-Specific Factor 3 definitions for codes 000 and 005:

000 = OBSOLETE DATA RETAINED V0204
No lymph node metastasis
005 = Clinically negative lymph node metastasis
AND
No pathologic examination performed
Or unknown if pathologic examination performed
Or nodes negative on pathologic examination

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF319

Modifications

NAACCR v12.2

- Edit name changed from "CS SSF 3, MerkelCell Schemas (CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MerkelCell(CS)".
- Re-worked to incorporate new codes and logic.

NAACCR v12.2C:

- Logic changed to allow CS Lymph Nodes Eval code 9 when editing CS Lymph Nodes Eval codes against CS Lymph Nodes codes; description was already correct.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Mets at DX (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at DX [Std# 2850]

Default Error Message

[1036] %F1 must be a two-digit number
CS Mets at DX must be a two-digit number

Description

Must be a valid two-digit number (00-99) or blank.

CS Mets at DX, Colon Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Mets at DX [Std# 2850]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Lung [Std# 2854]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3324] Conflict among CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, or Liver codes
Conflict among CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, or Liver codes

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, and Liver are coded consistently for the Colon schema.

This edit is skipped under the following conditions:

1. CS Mets at DX is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Colon:

If CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 00, 08, 16, 18, 31, or 33.

If more than one of CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 26 or 27.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF313

Modifications:

NAACCR v12.1

- Edit modified to use new codes instead of codes that are now "OBSOLETE DATA CONVERTED V0203". Code 15 has been replaced by 16, 20 by 26, 25 by 31, 30 by 36, 35 by 45. Codes 18, 29, 33 added.
- Code 27 was added to list of codes that CS Mets must not be if more than one CS Mets at DX--Bone, Lung, Brain, or Liver = 1.
- Code 40, although "obsolete data retained v0200", 27, and 48 were added to the codes allowed if CS Mets at DX-Liver is 1.

NAACCR v12.2

- Removed code 29 from list of CS Mets at DX codes because 29 was converted to 08 in CSv02.04 conversion and is now obsolete.

NAACCR v12.2A

- Deleted: If CS Mets at DX-Liver = 1, then CS Mets at DX must = 26, 27, 36, 40, 45, or 48.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, Lung, Laterality (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Laterality [Std# 410]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3252] Lung schema: Conflict between Laterality and CS Mets at DX
Lung schema: Conflict between Laterality and CS Mets at DX

Description

Purpose: This edit verifies that, for lung cases, if bilateral involvement, then CS Mets at DX is coded to bilateral as well.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

If schema is Lung:

If Laterality = 4 (Bilateral involvement), then CS Mets at DX must = 23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, or 75.

Per the multiple primary rules, involvement of diffuse bilateral nodules "is the only condition when laterality = 4."

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF217

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Codes 23, 25, 26, 37, 42, 43, 51, 52, 53, 70, and 75 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

NAACCR v12.1:

- Edit modified to get schema name from function call to CS dll.
- Codes 36 and 38 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

NAACCR v12.2

- Added new CS Mets at DX code 41 to list of codes indicating bilateral involvement.
- Removed CS Mets at DX code 37 from list of codes indicating bilateral involvement.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, Rectum Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Mets at DX [Std# 2850]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Lung [Std# 2854]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3324] Conflict among CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, or Liver codes
Conflict among CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, or Liver codes

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, and Liver are coded consistently for the Rectum schema.

This edit is skipped under the following conditions:

1. CS Mets at DX is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Rectum:

If CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 00, 08, 16, 18, 29, 31, or 33.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF314

Modifications:

NAACCR v12.1

- CS Mets at DX codes 05, 15, and 20 were changed to 18, 08, and 16, per conversion specifications. Also added codes 29, 31, and 33.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Mets at DX ("value of CS Mets at DX") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Mets at DX is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets at DX is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Mets at DX (SEER IF148)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Mets at DX, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF231

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, SSF 20, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor20 [Std# 2874]

Default Error Message

[3327] Conflict among schema, %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Mets at DX ("value of CS Mets at DX"), CS Site-Specific Factor20 ("value of CS Site-Specific Factor20")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Mets at DX and CS Site-Specific Factor20 (Assessment of Positive Distant Metastases) are coded consistently for the Breast schema.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX or CS Site-Specific 20 is empty or = 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Mets at DX = 00 (no mets at dx), 05 (CTC or DTC only), or 07 [Stated as M0(i+) with no other information on distant metastasis], CS Site-Specific Factor20 (Assessment of Positive Distant Metastases) must = 000 (no mets) or 005 [No clinical or radiographic evidence of distant metastasis, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow or other non-regional nodal tissue that are 0.2 millimeters (mm) or less in a patient without symptoms or signs of metastasis].

If CS Mets at DX = 10, 40, 42, 44, 50, 60 (positive mets), CS Site-Specific Factor20 must not = 000 or 005.

If CS Mets at DX = 99 (unknown if mets), CS Site-Specific Factor20 must = 999 (unknown if mets).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF261

Modifications:

NAACCR v12.1

- Added CS Mets at DX code 07 to list of codes requiring CS Site-Specific Factor20 of 000.
- Corrected logic to include CS Mets at DX code 05 when requiring CS Site-Specific Factor20 of 000.

NAACCR v12.2

- Added code 005 to list of CS SSF 20 codes indicating "no mets".

NAACCR v13A

- Removed 999 from list of illegitimate values if CS Mets at DX = 10, 40, 42, 44, 50, or 60

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, SSF 4, MelanomaChor/Cil/Iris(CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[4102] Given combination of codes will fail to derive AJCC 7 stage: %F4, %F5
Given combination of codes will fail to derive AJCC 7 stage: CS Mets at DX, CS Site-Specific Factor 4

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Mets at DX and Site-Specific Factor 4 (size of largest metastasis) combinations for the MelanomaChoroid, MelanomaCiliaryBody and MelanomaIris schemas, that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid, MelanomaCiliaryBody or MelanomaIris:

An error will be generated under the following conditions:

If CS Mets at DX = 10, 40, 50, 52, 54, 56 or 60
(codes requiring CS Site-Specific Factor 4 greater than 000
to derive M value)
AND CS Site-Specific Factor 4 = 000 (no metastatic disease)

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Mets at DX is empty
3. CS Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF421

Modifications:

NAACCR v13A

- Fixed edit logic so that edit will be skipped if year of Date of Diagnosis is blank, invalid, or less than 2010.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX-BLL, LymphomaOcularAdnexa (CS)

Agency: CS

Last changed: 07/24/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]
Date of Diagnosis [Std# 390]

Default Error Message

[3547] %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7) must not = 8 for this schema
CS Mets at Dx-Bone ("value of CS Mets at Dx-Bone"), CS Mets at Dx-Brain ("value of CS Mets at Dx-Brain"), CS Mets at Dx-Liver ("value of CS Mets at Dx-Liver"), CS Mets at Dx-Lung ("value of CS Mets at Dx-Lung") must not = 8 for this schema

Additional Messages

[3459] MycosisFungoides schema: CS Mets at Dx-Bone must not = 8
[3460] MycosisFungoides schema: CS Mets at Dx-Brain must not = 8
[3461] MycosisFungoides schema: CS Mets at Dx-Liver must not = 8
[3462] MycosisFungoides schema: CS Mets at Dx-Lung must not = 8

Description

The purpose of this edit is to verify that the CS Mets at DX-Bone, Brain, Liver, and Lung fields are not coded to 8 (not applicable) for LymphomaOcularAdnexa cases that are originally coded using CSv02.05 or higher.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not LymphomaOcularAdnexa
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Diagnosis year >2015

If schema is LymphomaOcularAdnexa:

An error will be generated under any of the following conditions:

1. If CS Mets at DX-Bone = 8
2. If CS Mets at DX-Brain = 8

3. If CS Mets at DX-Liver = 8
4. If CS Mets at DX-Lung = 8

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF490

Modifications

NAACCR v16

- Edit modified to skip if diagnosis year blank, invalid, or greater than 2015

CS Mets at DX-BLL, MycosisFungoides (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Mets at Dx-Bone [Std# 2851]
CS Mets at Dx-Brain [Std# 2852]
CS Mets at Dx-Liver [Std# 2853]
CS Mets at Dx-Lung [Std# 2854]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3547] %F4 (%V4), %F5 (%V5), %F6 (%V6, %F7 (%V7) must not = 8 for this schema
CS Mets at Dx-Bone ("value of CS Mets at Dx-Bone"), CS Mets at Dx-Brain ("value of CS Mets at Dx-Brain"), CS Mets at Dx-Liver ("value of CS Mets at Dx-Liver", CS Mets at Dx-Lung ("value of CS Mets at Dx-Lung") must not = 8 for this schema

Additional Messages

[3459] MycosisFungoides schema: CS Mets at Dx-Bone must not = 8
[3460] MycosisFungoides schema: CS Mets at Dx-Brain must not = 8
[3461] MycosisFungoides schema: CS Mets at Dx-Liver must not = 8
[3462] MycosisFungoides schema: CS Mets at Dx-Lung must not = 8

Description

The purpose of this edit is to verify that the CS Mets at DX-Bone, Brain, Liver, and Lung fields are not coded to 8 (not applicable) for MycosisFungoides cases that are originally coded using CSv02.05 or higher.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not MycosisFungoides
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MycosisFungoides:

An error will be generated under any of the following conditions:

1. If CS Mets at DX-Bone = 8
2. If CS Mets at DX-Brain = 8
3. If CS Mets at DX-Liver = 8
4. If CS Mets at DX-Lung = 8

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF491

CS Mets at DX-Bone (CS)

Agency: CS

Last changed: 11/22/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Bone [Std# 2851]

Default Error Message

[3311] %F1 (%V1) is invalid
CS Mets at Dx-Bone ("value of CS Mets at Dx-Bone") is invalid

Description

Must be a valid CS Mets at DX-Bone code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether bone is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Bone, CS Mets at DX (CS)

Agency: CS

Last changed: 08/12/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Bone [Std# 2851]
CS Mets at DX [Std# 2850]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1016] %F1 and %F2 conflict
CS Mets at Dx-Bone and CS Mets at DX conflict

Additional Messages

[4207] If CS Mets at Dx-Bone = "value of CS Mets at Dx-Bone", CS Mets at DX must not = 00 or 99
[4208] If CS Mets at DX = "value of CS Mets at DX", CS Mets at Dx-Bone must = 0
[4238] If CS Mets at DX = "value of CS Mets at DX" and schema is not IllDefinedOther, CS Mets at Dx-Bone must = 8

Description

Purpose: This edit verifies that CS Mets at DX-Bone and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX-Bone is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Bone = 1 (yes), then CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Bone must = 0 (none: no bone metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Bone must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF283

Modifications:

NAACCR v12.2A

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Bone = 1:

If CS Mets at DX-Bone = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Bone of 0 if CS Mets at DX = 00:

If CS Mets at DX = 00 (none), then CS Mets at DX-Bone must = 0 (none: no bone metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Bone must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Bone when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Brain (CS)

Agency: CS

Last changed: 11/22/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Brain [Std# 2852]

Default Error Message

[3311] %F1 (%V1) is invalid
CS Mets at Dx-Brain ("value of CS Mets at Dx-Brain") is invalid

Description

Must be a valid CS Mets at DX-Brain code: 0 (none: no brain metastases), 1 (yes), 8 (not applicable), 9 (unknown whether brain is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Brain, CS Mets at DX (CS)

Agency: CS

Last changed: 08/12/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Brain [Std# 2852]
CS Mets at DX [Std# 2850]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1016] %F1 and %F2 conflict
CS Mets at Dx-Brain and CS Mets at DX conflict

Additional Messages

[4207] If CS Mets at Dx-Brain = "value of CS Mets at Dx-Brain", CS Mets at DX must not = 00 or 99
[4208] If CS Mets at DX = "value of CS Mets at DX", CS Mets at Dx-Brain must = 0
[4238] If CS Mets at DX = "value of CS Mets at DX" and schema is not IllDefinedOther, CS Mets at Dx-Brain must = 8

Description

Purpose: This edit verifies that CS Mets at DX-Brain and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX-Brain is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Brain = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Brain must = 0 (none: no brain metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Brain must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF284

Modifications:

NAACCR v12.2A

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Brain = 1:

If CS Mets at DX-Brain = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Brain of 0 if CS Mets at DX = 00:

If CS Mets at DX = 00 (none), then CS Mets at DX-Brain must = 0 (none: no brain metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Brain must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Brain when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Liver (CS)

Agency: CS

Last changed: 11/22/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Liver [Std# 2853]

Default Error Message

[3311] %F1 (%V1) is invalid
CS Mets at Dx-Liver ("value of CS Mets at Dx-Liver") is invalid

Description

Must be a valid CS Mets at DX-Liver code: 0 (none: no liver metastases), 1 (yes), 8 (not applicable), 9 (unknown whether liver is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Liver, CS Mets at DX (CS)

Agency: CS

Last changed: 08/12/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Liver [Std# 2853]
CS Mets at DX [Std# 2850]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1016] %F1 and %F2 conflict
CS Mets at Dx-Liver and CS Mets at DX conflict

Additional Messages

[4207] If CS Mets at Dx-Liver = "value of CS Mets at Dx-Liver", CS Mets at DX must not = 00 or 99
[4208] If CS Mets at DX = "value of CS Mets at DX", CS Mets at Dx-Liver must = 0
[4238] If CS Mets at DX = "value of CS Mets at DX" and schema is not IIIDefinedOther, CS Mets at Dx-Liver must = 8

Description

Purpose: This edit verifies that CS Mets at DX-Liver and CS Mets at DX are coded consistently.

This edit is skipped if either field is empty. This edit is skipped if any of the following conditions are true:

1. CS Mets at DX-Liver is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Liver = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Liver must = 0 (none: no liver metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Liver must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF285

Modifications:

NAACCR v12.2A

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Liver = 1:

If CS Mets at DX-Liver = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Liver of 0 if CS Mets at DX = 00:

If CS Mets at DX = 00 (none), then CS Mets at DX-Liver must = 0 (none: no liver metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Liver must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Liver when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Lung (CS)

Agency: CS

Last changed: 11/22/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Lung [Std# 2854]

Default Error Message

[3311] %F1 (%V1) is invalid
CS Mets at Dx-Lung ("value of CS Mets at Dx-Lung") is invalid

Description

Must be a valid CS Mets at DX-Lung code: 0 (none: no lung metastases), 1 (yes), 8 (not applicable), 9 (unknown whether lung is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Lung, CS Mets at DX (CS)

Agency: CS

Last changed: 03/11/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets at Dx-Lung [Std# 2854]
CS Mets at DX [Std# 2850]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1016] %F1 and %F2 conflict
CS Mets at Dx-Lung and CS Mets at DX conflict

Additional Messages

[4207] If CS Mets at Dx-Lung = "value of CS Mets at Dx-Lung", CS Mets at DX must not = 00 or 99
[4208] If CS Mets at DX = "value of CS Mets at DX", CS Mets at Dx-Lung must = 0
[4238] If CS Mets at DX = "value of CS Mets at DX" and schema is not IllDefinedOther, CS Mets at Dx-Lung must = 8

Description

Purpose: This edit verifies that CS Mets at DX-Lung and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX-Lung is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Lung = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Lung must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF286

Modifications:

NAACCR v12.2A

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Lung = 1:

If CS Mets at DX-Lung = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Lung of 0 if CS Mets at DX = 00:

If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Lung must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Lung when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

NAACCR v15A

- Description updated to match the [correct] edit logic:

If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

CS Mets Eval (CS)

Agency: CS

Last changed: 06/23/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets Eval [Std# 2860]

Default Error Message

[1023] %F1 is not valid
CS Mets Eval is not valid

Description

Must be a valid CS Mets Eval code (0-3,5,6,8,9) or blank.

Administrative Notes

Modifications:

NAACCR v11.3

01/08

- Code 4 was removed from the list of allowable codes.

CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)

Agency: CS

Last changed: 03/04/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Mets Eval [Std# 2860]
CS Mets at DX [Std# 2850]
CS Version Input Original [Std# 2935]

Default Error Message

[1016] %F1 and %F2 conflict
CS Mets Eval and CS Mets at DX conflict

Description

This edit is skipped if either CS Mets Eval or CS Mets at DX are blank.
It is also skipped if CS Version Input Original is less than 010400 (version 01.04).

If CS Mets Eval = 2, 3 or 6, then CS Mets at DX cannot = 00 (none).

Note:

CS Mets Eval code 2 = No pathologic examination of metastatic tissue done prior to death, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).

CS Mets Eval code 3 = Pathologic examination of metastatic tissue performed WITHOUT pre-surgical systemic treatment or radiation OR pathologic examination of metastatic tissue performed, unknown if presurgical systemic treatment or radiation performed.

CS Mets Eval code 6 = Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF209

Modifications

NAACCR v12.0:

- Edit name changed from "CS Mets Eval, CS Mets at DX, CS Version 1st (CS)" to "CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)"
- Field "CS Version 1st" changed to "CS Version Input Original"

CS Mets Eval, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Mets Eval ("value of CS Mets Eval") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Mets Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Mets Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Mets Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF232

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Over-ride CS 20, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 05/03/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Default Error Message

[4881] If DX Year less than 2012 and %F3 = %V3, %F2 must be blank
If DX Year less than 2012 and Type of Reporting Source = "value of Type of Reporting Source", Over-ride CS 20 must be blank

Additional Messages

[4900] If DX Year less than 2004 or blank, Over-ride CS 20 must be blank
[7124] If year of Date of Diagnosis is 2016 or later, Over-ride CS 20 must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

Over-ride CS 20 [3769] has been designated as a special-purpose flag to identify cases where SEER Summary Stage 2000 [NAACCR data item 759] is directly coded and reported in lieu of Derived SS2000 [NAACCR data item 3020], in accordance with the 2012 NPCR reporting requirements. The Over-ride CS 20 value of "1", set by the user, identifies a record with NAACCR data item 759 used to report Summary Stage 2000 as permitted by NPCR requirements only; Over-ride CS 20 is left blank for all other cases.

Codes for Over-ride CS 20:

1 = Directly coded SEER Summary Stage 2000 [759] used to report Summary Stage and Derived Summary Stage 2000 [3020] must be blank
Blank = Derived Summary Stage 2000 [3020] reported using the Collaborative Stage Data Collection System or case diagnosed prior to 2012

If year of Date of Diagnosis is less than 2012 or is blank, then Over-ride CS 20 must be blank EXCEPT for the types of reporting source listed below for which Over-ride CS 20 may be populated for cases beginning with a diagnosis year of 2004.

Type of Reporting Source
3 (laboratory only)
4 (physician's office)
5 (nursing home)
6 (autopsy only)
7 (death certificate only)

If year of Date of Diagnosis is 2016 or later then Over-ride CS 20 must be blank.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

Modifications:

NAACCR v13

- Edit modified to allow Over-ride CS 20 to be entered for cases diagnosed 2004 and later if Type of Reporting Source = 3-7.

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later
- Edit modified to require that Over-ride CS 20 must be blank for all cases diagnosed 2016 or later

CS Over-ride CS 20, Rpt Srce, CS Fields (NPCR)

Agency: CS

Last changed: 11/26/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]
CS Extension [Std# 2810]
CS Tumor Size [Std# 2800]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
CS Mets at DX [Std# 2850]
CS Mets Eval [Std# 2860]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]

Additional Messages

[4200] CS Site-Specific Factor25 cannot be left blank
[4201] CS Version Input Original cannot be left blank
[4202] CS Version Input Current cannot be left blank

Description

Background:

For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but only a few are required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later. All CS input fields may be left blank; however, if any are entered, then the CS input version fields and SSF 25 must also be entered because accurate editing of the individual CS input fields is often based on CS schema and version information.

- Type of Reporting Source
- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

Another edit, 'CS Over-ride CS 20, Date of Diagnosis (NPCR)', verifies that Over-ride CS 20 is populated correctly based on year of Date of Diagnosis and Type of Reporting Source.

This edit verifies, for cases with Over-ride CS 20 of '1' and Type of Reporting Source 3-7, that CS SSF 25 and version fields are entered whenever any other CS input fields are populated.

Logic:

If Over-ride CS 20 is '1' and Type of Reporting Source = 3-7, all CS input items may be left blank. If ANY CS input items (see List of CS Input Data Items for This Edit below) are entered, then the following additional CS items must be entered:

- CS Version Input Original
- CS Version Input Current
- CS Site-Specific Factor25

List of CS Input Data Items for this Edit

-
- CS Extension
 - CS Tumor Size
 - CS Tumor Size/Ext Eval
 - CS Lymph Nodes
 - CS Lymph Nodes Eval
 - CS Mets at DX
 - CS Mets Eval
 - CS Site-Specific Factor 1
 - CS Site-Specific Factor 2
 - CS Site-Specific Factor 3
 - CS Site-Specific Factor 4
 - CS Site-Specific Factor 5
 - CS Site-Specific Factor 6
 - CS Site-Specific Factor 7
 - CS Site-Specific Factor 8

CS Site-Specific Factor 9
CS Site-Specific Factor10
CS Site-Specific Factor11
CS Site-Specific Factor12
CS Site-Specific Factor13
CS Site-Specific Factor14
CS Site-Specific Factor15
CS Site-Specific Factor16
CS Site-Specific Factor17
CS Site-Specific Factor18
CS Site-Specific Factor19
CS Site-Specific Factor20
CS Site-Specific Factor21
CS Site-Specific Factor22
CS Site-Specific Factor23
CS Site-Specific Factor24

Administrative Notes

New edit - added to NAACCR v13 metafile.

CS Over-rides (NPCR)

Agency: CS

Last changed: 12/06/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Over-ride CS 1 [Std# 3750]
Over-ride CS 2 [Std# 3751]
Over-ride CS 3 [Std# 3752]
Over-ride CS 4 [Std# 3753]
Over-ride CS 5 [Std# 3754]
Over-ride CS 6 [Std# 3755]
Over-ride CS 7 [Std# 3756]
Over-ride CS 8 [Std# 3757]
Over-ride CS 9 [Std# 3758]
Over-ride CS 10 [Std# 3759]
Over-ride CS 11 [Std# 3760]
Over-ride CS 12 [Std# 3761]
Over-ride CS 13 [Std# 3762]
Over-ride CS 14 [Std# 3763]
Over-ride CS 15 [Std# 3764]
Over-ride CS 16 [Std# 3765]
Over-ride CS 17 [Std# 3766]
Over-ride CS 18 [Std# 3767]
Over-ride CS 19 [Std# 3768]
Over-ride CS 20 [Std# 3769]

Additional Messages

[4879] CS Over-ride fields 1-19 must be blank
[4880] Over-ride CS 20 must be blank or = 1

Description

The CS Over-ride fields must all be blank except for Over-ride CS 20 [3769]. Over-ride CS 20 is used to flag a [2012+] case that is coded to SEER Summary Stage 2000 rather than Collaborative Stage.

Over-ride CS 20 must = blank or 1. The other CS over-ride fields (Over-ride CS 1 - Over-ride CS 19) must be blank.

Codes for Over-ride CS 20:

1 = Directly coded SEER Summary Stage 2000 [759] used to report Summary Stage and Derived Summary Stage 2000 [3020] must be blank
Blank = Derived Summary Stage 2000 [3020] reported using the Collaborative Stage Data Collection System or case diagnosed prior to 2012

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

CS Reg Nodes Ex, Pos, Site, Hist ICD03, Report(CS)

Agency: CS

Last changed: 11/05/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Current [Std# 2937]

Default Error Message

[1108] Regional Nodes Positive/Examined conflict
Regional Nodes Positive/Examined conflict

Additional Messages

[1109] Death Certificate Only, Regional Nodes Positive and Examined must both = 99
[3382] Regional Nodes Positive and Examined must both = 99 for this schema
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2004 or blank
2. Regional Nodes Examined or Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following CS schemas, Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

1. HemeRetic
2. Lymphoma
3. Brain
4. CNSOther
5. IllDefinedOther
6. Placenta
7. IntracranialGland

8. MyelomaPlasmaCellDisorder except for histology 9734 (Extraosseous plasmacytomas)

If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020510 (not changed since conversion from CSv01 to CSv02) or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Otherwise:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF168

Modifications:

NAACCR v11.1A

02/2007

- Edit modified to work for all behavior codes instead of just behaviors 2 and 3
- Edit modified to require Regional Nodes Examined and Regional Nodes Positive of 99 for C589, C751, C752, and C753.

NAACCR v11.1B

08/2007

This edit was modified so that it will be skipped if year of Date of Diagnosis is less than 2004.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3A

12/2008

This edit was modified to allow Regional Nodes Positive of 95 with Regional Nodes Examined of 98:

- If Regional Nodes Examined = 98,
Regional Nodes Positive must = 00 - 90, 95, 97, or 99.

Modifications:

NAACCR v12.0

- Modified to get schema name from function call to CS dll.

- IntracranialGland deleted from list of schemas requiring both Regional Nodes Examined and Regional Noded Positive to be coded to 99.

NAACCR v12C

- Modified edit to be consistent with the CSv2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

NAACCR v12.1

- Added IntracranialGland and MyelomaPlasmaCellDisorder to list of schemas for which Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

NAACCR v12.2A

- CSv01 rules for using the code 95 for Regional Nodes Positive differ from the CSv02 rules; the portion of the edit enforcing CSv01 rules for cases diagnosed 2004-2009 was changed from "If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank" to "If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020410 (not changed since conversion from CSv01 to CSv02) or blank".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v14A

- Changed CS Version Input Current code indicating "not changed since conversion from CSv01 to CSv02" from 020410 to 020510.

NAACCR v15

- Added exception for schemas for which Regional Nodes Examined and Regional Nodes Positive must be coded to 99:

For MyelomaPlasmaCellDisorder, other values are allowed per Note 1 under Regional Nodes Positive & Regional Nodes Examined, "Note 1: Extrasosseous plasmacytomas (9734), especially those in the respiratory tract, may metastasize to regional lymph nodes. Record the number of positive nodes/nodes examined."

CS Schema, Path Grade System, Grade (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Grade Path System [Std# 449]
Grade [Std# 440]
CS Extension [Std# 2810]
CS Lymph Nodes [Std# 2830]
CS Mets at DX [Std# 2850]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4086] A known grade/differentiation [440] code is required for CS staging
A known grade/differentiation [440] code is required for CS staging

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that Grade/Differentiation [440] is coded for several schemas that use Grade to derive stage. Beginning with the 2012 FORDS, when special grades are collected as part of the Collaborative Stage Data Collection System, or grade is recorded using Grade Path System [449] and Grade Path Value [441], Grade/Differentiation may be coded to 9. However, for several schemas, Grade/Differentiation is used to derive one or more CS stage fields. Grade/Differentiation must be coded for these cases, even if a special grade or Grade Path System and Grade Path Value are also coded.

This edit will skip if

1. Year of Date of Diagnosis is greater than 2015 and CS Extension is blank

This edit applies only to schemas for which Grade/Differentiation [440] is used for calculating derived CS stage items:

Bone
Esophagus
EsophagusGEJunction
HeartMediastinum
Penis
Peritoneum
Prostate

Retroperitoneum
SoftTissue
Thyroid

This edit applies only to the above schemas for cases diagnosed 2012 and later, with Grade Path System [449] coded to 3 (three-grade system) or 4 (four-grade system) and Grade [440] coded to 9 (unknown).

An error will be generated if any of the following conditions are true:

Schema = Bone

Grade Path System = 4
Grade/Differentiation [440] = 9
CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = Esophagus

Grade Path System = 4
Grade/Differentiation [440] = 9
CS Extension = 000-450
AND CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = EsophagusGEJunction

Grade Path System = 4
Grade/Differentiation [440] = 9
CS Extension = 000-480
AND CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = HeartMediastinum, Peritoneum, Retroperitoneum, SoftTissue:

Grade Path System = 3 or 4
Grade/Differentiation [440] = 9
CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = Penis

Grade Path System = 4
Grade/Differentiation [440] = 9
CS Extension = 100-320
AND CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = Prostate

Grade Path System = 4
Grade/Differentiation [440] = 9
CS Extension = 130
AND CS Lymph Nodes = 000
AND CS Mets at DX = 00 or 99

Schema = Thyroid

Grade Path System = 4
Grade/Differentiation [440] = 9
All cases

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank or less than 2012
2. Grade Path System [449] is not = 3 or 4
3. Grade [440] is not = 9 (unknown)
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

5. Schema is not Bone, Esophagus, EsophagusGEJunction, HeartMediastinum, Penis, Peritoneum, Prostate, Retroperitoneum, SoftTissue, or Thyroid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Suggestions for Resolving this edit:

1. If Grade Path System [449] = 4, then copy Grade Path Value [441] into Grade/Differentiation [440].
2. If Schema is HeartMediastinum, Peritoneum, Retroperitoneum, or SoftTissue and Grade Path System [449] = 3, then convert Grade Path Value [441] into Grade/Differentiation [440] as follows:
 - a. If Grade Path Value [441] = 1, Grade/Differentiation [440] = 2
 - b. If Grade Path Value [441] = 2, Grade/Differentiation [440] = 3
 - c. If Grade Path Value [441] = 3, Grade/Differentiation [440] = 4

Administrative Notes

New edit - added to NAACCR v12.2C metafile.

In the SEER*Edits software, the title of this edit is: IF397

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v16

- Skip condition added: If year of Date of Diagnosis is greater than 2015 and CS Extension is blank

CS Site-Specific Factor 1 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 1 [Std# 2880]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 1 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 1, Schema (CS)

Agency: CS

Last changed: 06/08/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 1 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1, Primary Site, or Histologic Type ICD-O-3 is blank2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid

This edit verifies that CS Site-Specific Factor 1 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS SSF 1, Primary Site, Histol ICDO3 (NAACCR)'

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 1, Schema (SEER)

Agency: SEER

Last changed: 07/23/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Extension [Std# 2810]
Date of Diagnosis [Std# 390]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 1 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of Diagnosis is 2016 and CS Extension is blank and Schema is Retinoblastoma, Esophagus, EsophagusGEJuntion, NETStomach and Stomach

This edit verifies that CS Site-Specific Factor 1 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 1, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF233

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit is skipped if year of diagnosis is 2016 and CS Extension is blank and the schema is Retinoblastoma, Esophagus, EsophagusGEJunction, NETStomach and Stomach

NAACCR v16A

-Added SEER as the Agency Code. Previously had been blank.

CS Site-Specific Factor 2 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 2 [Std# 2890]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 2 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 2, Schema (CS)

Agency: CS

Last changed: 06/08/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 2 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 2 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 2, Primary Site, Histol ICDO3 (NAACCR)'

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 2, Schema (SEER)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 2 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis is greater than 2015 and CS Extension is blank and schema is Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, Rectum, SmallIntestine

This edit verifies that CS Site-Specific Factor 2 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 2, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF234

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit is skipped if year of diagnosis is 2016 and CS Extension is blank and the hema is Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, Rectum and SmallIntestine

NAACCR v16A

- Added SEER as Agency Code, previously blank.

CS Site-Specific Factor 3 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 3 [Std# 2900]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 3 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 3, Schema (CS)

Agency: CS

Last changed: 06/08/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 3 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 3 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS SSF 3, Primary Site, Histol ICDO3 (NAACCR)'

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 3, Schema (SEER)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 3 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis is greater 2015 and CS Extension is blank and schema is LacrimalGland, MelanomaSkim, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, MerkelCellVulva, Prostate, SkinEyelid

This edit verifies that CS Site-Specific Factor 3 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 3, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF235

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit is skipped if year of diagnosis greater than 2015 and CS Extension is blank and the schema is LacrimalGland, MelanomaSkin, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, MerkelCellVulva, Prostate, and SkinEyelid

NAACCR v16A

NAACCR v16A

- Added SEER as Agency Code, previously blank.

CS Site-Specific Factor 4 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 4 [Std# 2910]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 4 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 4, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 4 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 4 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 4, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF236

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 5 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 5 [Std# 2920]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 5 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 5, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 5 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 5, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 5 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 5, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF237

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 6 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 6 [Std# 2930]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 6 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 6, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 6 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 6 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 6, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF238

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 7 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 7 [Std# 2861]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 7 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 7, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 7 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 7, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 7 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF239

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 8 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 8 [Std# 2862]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 8 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 8, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 8 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 8 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF240

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 9 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 9 [Std# 2863]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor 9 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 9, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 9 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 9 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF241

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor10 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor10 [Std# 2864]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor10 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor10, Schema (CS)

Agency: CS

Last changed: 06/08/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor10 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor10 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor10, Schema (SEER)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
CS Extension [Std# 2810]
Date of Diagnosis [Std# 390]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor10 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis is greater than 2015 and CS Extension is blank and schema is BileDuctIntrahepatic

This edit verifies that CS Site-Specific Factor10 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF242

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit is skipped if Year of diagnosis is greater than 2015 and CS Extension is blank and schema is BileDuctIntrahepatic

NAACCR v16A

- Added SEER as Agency Code, previously blank.

CS Site-Specific Factor11 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor11 [Std# 2865]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor11 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor11, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor11 ("value of CS Site-Specific Factor11") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor11 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor11, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor11 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF243

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor12 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor12 [Std# 2866]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor12 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor12, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor12 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor12 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF244

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor13 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor13 [Std# 2867]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor13 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor13, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor13 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor13, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor13 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF245

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor14 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor14 [Std# 2868]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor14 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor14, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor14 ("value of CS Site-Specific Factor14") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor14 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor14, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor14 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF246

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor15 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor15 [Std# 2869]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor15 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor15, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor15 ("value of CS Site-Specific Factor15") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor15 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor15, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor15 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF247

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor16 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor16 [Std# 2870]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor16 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor16, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor16 ("value of CS Site-Specific Factor16") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor16 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor16, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor16 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF248

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor17 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor17 [Std# 2871]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor17 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor17, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor17 [Std# 2871]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor17 ("value of CS Site-Specific Factor17") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor17 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor17, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor17 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF249

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor18 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor18 [Std# 2872]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor18 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor18, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor18 [Std# 2872]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor18 ("value of CS Site-Specific Factor18") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor18 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor18, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor18 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF250

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor19 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor19 [Std# 2873]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor19 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor19, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor19 [Std# 2873]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor19 ("value of CS Site-Specific Factor19") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor19 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor19, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor19 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF251

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor20 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor20 [Std# 2874]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor20 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor20, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor20 [Std# 2874]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor20 ("value of CS Site-Specific Factor20") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor20 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor20, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor20 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF252

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor21 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor21 [Std# 2875]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor21 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor21, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor21 [Std# 2875]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor21 ("value of CS Site-Specific Factor21") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor21 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor21, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor21 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF253

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor22 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor22 [Std# 2876]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor22 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor22, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor22 ("value of CS Site-Specific Factor22") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor22 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor22, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor22 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF254

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor23 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor23 [Std# 2877]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor23 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor23, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor23 ("value of CS Site-Specific Factor23") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor23 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor23, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor23 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF255

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor24 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor24 [Std# 2878]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor24 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor24, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor24 [Std# 2878]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Site-Specific Factor24 ("value of CS Site-Specific Factor24") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor24 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor24, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor24 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF256

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor25 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[1037] %F1 must be a three-digit number
CS Site-Specific Factor25 must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor25, Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4625] %F4 [%V4] is invalid for this schema
CS Site-Specific Factor25 ["value of CS Site-Specific Factor25"] is invalid for this schema

Additional Messages

[4848] CS Site-Specific Factor25 ["value of CS Site-Specific Factor25"] must be 982 for this site ("value of Primary Site") within this schema
[4849] CS Site-Specific Factor25 ["value of CS Site-Specific Factor25"] must be 981 for this site ("value of Primary Site") within this schema
[4850] CS Site-Specific Factor25 ["value of CS Site-Specific Factor25"] must be 981 for site ("value of Primary Site")/histology ("value of Histologic Type ICD-O-3") within this schema
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor25 is correct for a particular schema. The schema determined by Primary Site and Histologic Type ICD-O-3.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor25, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor25 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

The following sites within Nasopharynx and Stomach schemas should have CS Site-Specific Factor25 of 981:

Nasopharynx/PharyngealTonsil
Primary Site: C110, C112, C113, C118, C119
EsophagusGEJunction/Stomach
Primary Site: C163-C169

The following sites within EsophagusGEJunction should have CS Site-Specific Factor25 of 982:

EsophagusGEJunction/Stomach
Primary Site: C160

The following sites/histologies within Peritoneum schema should have CS Site-Specific Factor25 of 981:

Peritoneum/PeritoneumFemaleGen
Primary Site: C481, C482,C488
Histologic Type ICD-O-3:8580-8589,8680-8921,9120-9136,9141-9582,9700-9701

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF257

Modifications:

NAACCR v12.1

- Updated to require:

1. CS Site-Specific Factor25 of 981 for sites C110, C112, C113, C118, C119 within Nasopharynx and sites C163-C169 within Stomach schema.
2. CS Site-Specific Factor25 of 982 for sites C160 within EsophagusGEJunction schema.
3. CS Site-Specific Factor25 of 981 for sites C481, C482,C488 coded with histologies 8580-8589,8680-8921,9120-9136,9141-9582,9700-9701 within Peritoneum schema.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Behavior, Lung Schema (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3467] Lung schema: If %F6 = 020500 or higher and %F3 = %V3, %F4 must = 000
Lung schema: If CS Version Input Original = 020500 or higher and Behavior Code ICD-O-3 = "value of Behavior Code ICD-O-3", CS Site-Specific Factor 1 must = 000

Description

The purpose of this edit is to verify that CS Site-Specific Factor 1 and Behavior Code ICD-O-3 are coded consistently for Lung cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS schema is not Lung
3. CS Site-Specific Factor 1 is blank or 988

If schema is Lung:

 If Behavior Code ICD-O-3 = 2 (in situ)
 then

 CS Site-Specific Factor 1 must = 000 (no separate tumor nodules noted)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF492

NAACCR v16

- Edit is skipped if CS Version is less than 020500 and not empty

CS SSF 1, Brain, CNSOther, IntracranialGland (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3549] If %F4 = 998, %F5 must not = %V5
If CS Site-Specific Factor 1 = 998, RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

This edit verifies that for cases using the Brain, CNSOther, or IntracranialGland schema, CS Site-Specific Factor 1 (WHO grade) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 1 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 1 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is Brain, CNSOther, or IntracranialGland:

If CS Site-Specific Factor 1 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF499

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 1, CS SSF 3, Lower GI Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Lower GI schemas of SmallIntestine, Appendix, Colon, or Rectum, CS Site-Specific Factor 1 (CEA interpretation) and CS Site-Specific Factor 3 (CEA value) are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is SmallIntestine, Appendix, Colon, or Rectum:

1. If CS Site-Specific Factor 1 = 998 (test not done), then CS Site-Specific Factor 3 must = 998 (test not done).
2. If CS Site-Specific Factor 3 = 998 (test not done), then CS Site-Specific Factor 1 must = 998 (test not done).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF356

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Extension, Gyn Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3428] For this schema, if %F5 = 000, %F4 must = 987
For this schema, if CS Extension = 000, CS Site-Specific Factor 1 must = 987

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that if CS Extension indicates a non-invasive lesion, then CS Site-Specific Factor 1 (FIGO Stage) is coded consistently for Cervix, CorpusAdenosarcoma, CorpusCarcinoma, CorpusSarcoma, FallopianTube, Vagina, and Vulva schemas.

If CS schema is Cervix, CorpusAdenosarcoma, CorpusCarcinoma, CorpusSarcoma, FallopianTube, Vagina, or Vulva:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive), then CS Site-Specific 1 must = 987 [Carcinoma in situ (intraepithelial, noninvasive, preinvasive)]

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or = 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF357

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS
Extension must not = "value of CS Extension"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 1 indicates invasion beyond capsule, then CS Extension must not indicate in situ or confined to kidney.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 1 = 010, 020, 030 or 991 (invasion beyond capsule)
THEN

CS Extension must not = 000 (in situ) or 100 (invasive cancer confined to kidney cortex and/or medulla)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF443

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Histol, Urothelial Schemas (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4113] Urothelial schema: %F4 (%V4), %F2 (%V2) conflict
Urothelial schema: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the KidneyRenalPelvis, Bladder, or Urethra schemas, the following Table Note from CS Site-Specific Factor 1 is enforced: "If morphology is not urothelial, code 987."

For cases using the KidneyRenalPelvis, Bladder, or Urethra schemas:
If CS Site Specific Factor 1 (WHO/ISUP Grade) = 987 (not urothelial histology),
Histologic Type ICD-O-3 must not = 8020, 8031, 8050, 8082, 8120-8124, 8130-8131
(urothelial types as defined by the MPH rules).

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 1 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF262

Modifications:

NAACCR v12.1

- CS Site-Specific Factor 1 code to define "not applicable: not a urothelial morphology" changed from 991 to 987. This is a correction.

NAACCR v13

- Added 8020, 8031, and 8082 to list of urothelial histologies that are not allowed if CS Site Specific Factor 1 (WHO/ISUP Grade) = 987 (not urothelial histology)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Lymph Nodes, CorpusAdenosarcoma (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3473] CorpusAdenosarcoma schema: If %F4 = %V4, %F5 must not = %V5
CorpusAdenosarcoma schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 1 must not = "value of CS Site-Specific Factor 1"

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusAdenosarcoma cases when there is no lymph node involvement. This edit applies only to cases originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not CorpusAdenoSarcoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusAdenosarcoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 1 must not = 100, 120, 130, 140,
200, 210, 220, 310, 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF493

CS SSF 1, Lymph Nodes, CorpusCarcinoma (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3471] CorpusCarcinoma schema: If %F4 = %V4, %F5 must not = %V5
CorpusCarcinoma schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 1 must not = "value of CS Site-Specific Factor 1"

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not CorpusCarcinoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusCarcinoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then
CS Site-Specific Factor 1 must not = 100, 110, 120,
200, 310, or 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF494

CS SSF 1, Lymph Nodes, CorpusSarcoma (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3472] CorpusSarcoma schema: If %F4 = %V4, %F5 must not = %V5
CorpusSarcoma schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 1 must not = "value of CS Site-Specific Factor 1"

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusSarcoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not CorpusSarcoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusSarcoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 1 must not = 100, 110, 120,
200, 210, 220, 310, or 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF495

CS SSF 1, RX Summ--Surg, Retinoblastoma (SEER)

Agency: SEER

Last changed: 05/20/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid
4. If year of Date of Diagnosis is 2016 and CS Extension is empty

For cases using the Retinoblastoma schema, if an enucleation is coded in the surgery field, it must be coded in CS Site-Specific Factor 1.

If enucleation performed (RX Summ--Surg Prim Site = 40 or 41), then CS Site-Specific Factor 1 must not = 970 (No enucleation performed).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF132

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 1 code "000" changed to code "970"

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Different from CS edit of similiar name due to SEER reporting requirements for 2016 cases.

CS SSF 1, RX Summ--Surg, Retinoblastoma Schema(CS)

Agency: CS

Last changed: 05/03/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

For cases using the Retinoblastoma schema, if an enucleation is coded in the surgery field, it must be coded in CS Site-Specific Factor 1.

If enucleation performed (RX Summ--Surg Prim Site = 40 or 41), then CS Site-Specific Factor 1 must not = 970 (No enucleation performed).

Administrative Notes

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 1 code "000" changed to code "970"

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Skin/Scrotum/Merkel Cell Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), CS Tumor Size ("value of CS Tumor Size"), CS Extension ("value of CS Extension")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that if CS Site-Specific Factor 1 [Measured Thickness (Depth)] indicates that no mass was found, then CS Tumor Size and CS Extension also indicate that there was no evidence of the primary tumor for Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas.

If CS schema is Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Site-Specific Factor 1 = 000 (no mass/tumor found), then
CS Tumor Size must = 000 (no mass/tumor found)
CS Extension must = 950 (no evidence of primary tumor)

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or = 988
2. CS Tumor Size is blank
3. CS Extension is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF358

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, SSF 2, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the CS Prostate schema, CS Site-Specific Factor 1 (PSA lab value) and CS Site-Specific Factor 2 (PSA Interpretation) are consistent; that is, if one indicates PSA test was not done, the other must indicate the same.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank
2. CS Site-Specific Factor 2 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If CS Site-Specific Factor 1 = 998 (test not ordered and not performed),
then CS Site-Specific Factor 2 must = 998 [test not ordered and not performed)

If CS Site-Specific Factor 2 = 998,
then CS Site-Specific Factor 1 must = 998.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF202

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Modified to check CS Site-Specific Factor 1 = 998 [PSA test not done (test was not ordered and was not performed)] instead of 000.
- Modified to check CS Site-Specific Factor 2 = 998 [PSA test not done (test was not ordered and was not performed)] instead of 000.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[3511] Breast schema: If %F4 = %V4, %F5 = %V5, %F6 = %V6, %F7 must not = %V7
Breast schema: If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must not = "value of CS Site-Specific Factor16"

Additional Messages

[4210] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 111
[4211] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 110
[4212] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 101
[4213] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 100
[4214] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 011
[4215] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 010

[4216] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 001

[4217] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 000

[4218] If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", and CS Site-Specific Factor15 = "value of CS Site-Specific Factor15", CS Site-Specific Factor16 must = 999

Description

This edit verifies that for cases using the Breast schema, SSF 1 (Estrogen Receptor Assay), SSF 2 (Progesterone Receptor Assay), SSF 15 (HER2: Summary Result of Testing) and SSF 16 (Combinations of ER, PR, and HER2 Results) are coded consistently. ER results are coded in the first digit of SSF 16: 0 for negative and 1 for positive. PR results are coded in the second digit: 0 for negative and 1 for positive. HER2 results are coded in the third digit: 0 for negative and 1 for positive.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010
2. CS Site-Specific Factor 1 is blank or 988
3. CS Site-Specific Factor 2 is blank or 988
4. CS Site-Specific Factor15 is blank or 988
5. CS Site-Specific Factor16 is blank or 988
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
7. CS schema is invalid

If CS schema is Breast:

1. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 010 (positive/elevated)

THEN
CS Site-Specific Factor16 must = 111 (ER Positive, PR Positive, HER2 Positive)
2. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
CS Site-Specific Factor16 must = 110 (ER Positive, PR Positive, HER2 Negative)
3. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
CS Site-Specific Factor16 must = 101 (ER Positive, PR Negative, HER2 Positive)
4. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
CS Site-Specific Factor16 must = 100 (ER Positive, PR Negative, HER2 Negative)
5. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 010 (positive/elevated)

```

THEN
    CS Site-Specific Factor16 must = 011 (ER Negative, PR Positive, HER2
    Positive)
6. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
    CS Site-Specific Factor16 must = 010 (ER Negative, PR Positive, HER2
    Negative)
7. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
    CS Site-Specific Factor16 must = 001 (ER Negative, PR Negative, HER2
    Positive)
8. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
    CS Site-Specific Factor16 must = 000 (ER Negative, PR Negative, HER2
    Negative)
9. If CS Site-Specific Factor 1 = 030, 996, 997, 998, or 999 (codes
indicating borderline, results not interpretable or not in chart,
or test not done or unknown if test done)
    or CS Site-Specific Factor 2 = 030, 996, 997, 998, or 999
    or CS Site-Specific Factor15 = 030, 997, 998, or 999
THEN
    CS Site-Specific Factor16 must = 999 (one or more tests not performed,
    one or more tests unknown if performed, one or more tests unknown or
    borderline results, unknown)

```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF444

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit was modified to skip if year of Date of Diagnosis is less than 2010.

CS SSF 1, Surg, DX/Stg, Sarcomas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the HeartMediastinum, Soft Tissue, Retroperitoneum, and Peritoneum schemas, if CS Site-Specific Factor 1 (Grade for Sarcomas) indicates that there was not pathologic examination, then neither RX Summ--Surg Prim Site, nor RX Summ--DX/Stg Proc indicates that there was a specimen sent to pathology.

Please note that there is another edit, "CS SSF 1, RX Summ--Surg, Sarcomas (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

If CS schema is HeartMediastinum, Soft Tissue, Retroperitoneum, or Peritoneum:
- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89 and RX Summ--DX/Stg Proc must not = 02, 05, or 06.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-

3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, DX/Stg, Skin/Scrotum/Merkel(CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, if CS Site-Specific Factor 1 [Measured Thickness (Depth)] indicates that there was not pathologic examination, then neither RX Summ--Surg Prim Site, nor RX Summ--DX/Stg Proc indicates that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 1, Surg, Skin/Scrotum/Merkel (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

If CS schema is Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva :

- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89 and RX Summ--DX/Stg Proc must not = 02, 05, or 06.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-

3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, Sarcomas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the HeartMediastinum, Soft Tissue, Retroperitoneum, and Peritoneum schemas, if CS Site-Specific Factor 1 (Grade for Sarcomas) indicates that there was not pathologic examination, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 1, Surg, DX/Stg, Sarcomas CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is HeartMediastinum, Soft Tissue, Retroperitoneum, or Peritoneum:
- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF359

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, Skin/Scrotum/Merkel (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, if CS Site-Specific Factor 1 [Measured Thickness (Depth)] indicates that there was not pathologic examination, then RX Summ--Surg Prim does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 1, Surg, DX/Stg, Skin/Scrotum/Merkel(CS)", that is exactly the same as this edit EXCEPT that it does also check the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg prim Site and RX Summ--DX/Stg Proc.

If CS schema is Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva :

- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF360

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, Urothelial Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4114] Urothelial schema: %F4 (%V4), %F5 (%V5) conflict
Urothelial schema: CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the KidneyRenalPelvis, Bladder, or Urethra schemas, CS Site Specific Factor 1 (WHO/ISUP Grade) and RX Summ--Surg Prim Site are coded consistently.

If schema = KidneyRenalPelvis, Bladder, or Urethra:

- If CS Site Specific Factor 1 (WHO/ISUP Grade) = 998 (no pathologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery of primary site or no specimen sent to pathology from surgical event) or 99 (unknown if surgery performed).

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF422

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 1 = "value of CS Site-Specific Factor 1", RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 1 (invasion beyond capsule) indicates no surgical resection of primary site, then RX Summ--Surg Prim Site must not indicate a nephrectomy procedure.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

 If CS Site-Specific Factor 1 = 998 (no surgical resection of primary site)

 THEN

 RX Summ--Surg Prim Site must = 00-27 (codes indicating no surgery of primary site or procedures less than partial or subtotal nephrectomy)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF445

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, TS/Ext Eval, Retinoblastoma Schema (CS)

Agency: CS

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3480] If %F4 = %V4, %F5 must not = 970
If CS Tumor Size/Ext Eval = "value of CS Tumor Size/Ext Eval", CS Site-Specific Factor 1 must not = 970

Additional Messages

[3481] If CS Tumor Size/Ext Eval = "value of CS Tumor Size/Ext Eval", CS Site-Specific Factor 1 must not = 950

Description

Purpose: For cases coded using the Retinoblastoma schema, if CS Tumor Size/Ext Eval indicates surgical resection (codes 3, 5, 6), then CS Site Specific Factor 1 (extension evaluated at enucleation) must not indicate "no enucleation performed" (code 970). If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence), then CS Site Specific Factor 1 must not indicate "no evidence of primary tumor" (code 950).

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS Tumor Size/Ext Eval is blank
3. CS Site-Specific Factor 1 is blank or 988
4. CS schema is invalid

If CS schema is Retinoblastoma:

If CS Tumor Size/Ext Eval = 3, 5, 6 (codes indicating surgical resection)
then
CS Site Specific Factor 1 must not = 970 (no enucleation performed)

If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence)
then

CS Site Specific Factor 1 must not = 950 (no evidence of primary tumor)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF500

CS SSF 1, Upper GI Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 1 [Std# 2880]
Regional Nodes Positive [Std# 820]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), Regional Nodes Positive ("value of Regional Nodes Positive"), CS Lymph Nodes ("value of CS Lymph Nodes")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Upper GI schemas (Esophagus, EsophagusGEJunction, Stomach, and NETStomach), CS Site-Specific Factor 1 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Esophagus, EsophagusGEJunction, Stomach, or NETStomach:

1. If CS Site-Specific Factor 1 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically),

then CS Lymph Nodes must = 000 (none).

2. If CS Site-Specific Factor 1 = 100-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000 (none).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF361

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 10, Lymph Nodes, Vulva Schema (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3468] Vulva schema: If %F3 = %V3, %F4 must not = %V4
Vulva schema: If Behavior Code ICD-O-3 = "value of Behavior Code ICD-O-3", CS Lymph Nodes must not = "value of CS Lymph Nodes"

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 10 (FIGO Stage) and CS Lymph Nodes are coded consistently for Vulva cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not Vulva
3. CS Site-Specific Factor10 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vulva:

 If CS Lymph Nodes not = 000 (no regional lymph nodes involvement) or 999 (unknown)

 then

 CS Site-Specific Factor10 must not = 100, 110, 120, or 200 (codes indicating FIGO Stage I or II)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF496

CS SSF 10, SSF 11, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor10 ("value of CS Site-Specific Factor10"), CS Site-Specific Factor11 ("value of CS Site-Specific Factor11")

Additional Messages

[3430] Breast schema: If CS Site-Specific Factor10 = 998, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11") must = 998
[3432] Breast schema: If CS Site-Specific Factor11 = 998, CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") must = 998
[4898] Breast schema: If CS Site-Specific Factor10 = "value of CS Site-Specific Factor10", CS Site-Specific Factor11 must not = "value of CS Site-Specific Factor11"
[4899] Breast schema: If CS Site-Specific Factor11 = "value of CS Site-Specific Factor11", CS Site-Specific Factor10 must not = "value of CS Site-Specific Factor10"
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 10 (HER2: FISH Lab Value) and SSF 11 (HER2: FISH Test Interpretation) are coded consistently. For example, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor10 = 998 (test not done), then CS Site-Specific Factor11 must = 998 (test not done).
2. If CS Site-Specific Factor11 = 998, then CS Site-Specific Factor10 must = 998.
3. If CS Site-Specific Factor10 is 991 (ratio of less than 1.00), then CS Site-Specific Factor11 must not = 010 (positive/elevated; amplified).

4. If CS Site-Specific Factor11 = 010, then CS Site-Specific Factor10 must not = 991.

5. If CS Site-Specific Factor10 is greater than 500 and less than 981, then CS Site-Specific Factor11 must not = 020 (negative/normal; within normal limits; not amplified).

6. If CS Site-Specific Factor11 = 020, then CS Site-Specific Factor10 must be less than or = 500 or = 991 or 997.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10 is blank or 988
2. CS Site-Specific Factor11 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF362

Modifications

NAACCR v13

- Additional comparisons (#3-6) added for CS SSF 10 and 11.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 10, SSF 11, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3429] If no surgery/BX performed, both %F4 (%V4) and %F5 (%V5) must = 998
If no surgery/BX performed, both CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") and CS Site-Specific Factor11 ("value of CS Site-Specific Factor11") must = 998

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 10 (HER2: FISH Lab Value) and SSF 11(HER2: FISH Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor10 must = 998 and CS Site-Specific Factor11 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10 is blank or 988
2. CS Site-Specific Factor11 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 10, SSF 16, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor10 = "value of CS Site-Specific Factor10", CS Site-Specific Factor16 must not = "value of CS Site-Specific Factor16"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, if SSF 10 [Pre-Orchiectomy Lactate Dehydrogenase (LDH) Range] indicates initial LDH recorded in SSF 16 [Post-Orchiectomy Lactate Dehydrogenase (LDH) Range], then SSF 16 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor10 = 995 or 996 (Initial LDH recorded in CS Site-Specific Factor16), then CS Site-Specific Factor16 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF382

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 11, GISTAppendix, Colon, Rectum (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3549] If %F4 = 998, %F5 must not = %V5
If CS Site-Specific Factor11 = 998, RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

This edit verifies that for cases using the GISTAppendix, GISTColon, or GISTRectum schemas, CS Site-Specific Factor11 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor11 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor11 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTAppendix, GISTColon, or GISTRectum:

If CS Site-Specific Factor11 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF501

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 11, Lip/OralCavity/Nasal Schemas (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
CS Tumor Size [Std# 2800]
CS Extension [Std# 2810]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3439] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), CS Tumor Size ("value of CS Tumor Size"), CS Extension ("value of CS Extension"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 11 [Measured Thickness (Depth)], CS Tumor Size, CS Extension, and RX Summ--Surg Prim Site are coded consistently for Lip and Oral Cavity, Nasal Cavity and Paranasal Sinuses, and the corresponding Mucosal Melanoma schemas.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor11 is blank or = 988
2. CS Tumor Size is blank
3. CS Extension is blank
4. RX Summ--Surg Prim Site is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Lip and Oral Cavity, Nasal Cavity and Paranasal Sinuses, or corresponding Mucosal Melanoma schemas:

BuccalMucosa
FloorMouth

GumLower
GumOther
GumUpper
LipLower
LipOther
LipUpper
MouthOther
NasalCavity
PalateHard
SinusEthmoid
SinusMaxillary

MelanomaBuccalMucosa
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaPalateHard
MelanomaSinusEthmoid
MelanomaSinusMaxillary

1. If CS Site-Specific Factor11 = 000 (no mass/tumor found), then
 CS Tumor Size must = 000 (no mass/tumor found)
 CS Extension must = 950 (no evidence of primary tumor)
2. If CS Site-Specific Factor11 = 998 (no surgical specimen), then
 RX Summ--Surg Prim Site must be less than 20 (indicating no surgical specimen sent to pathology)

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF363

Modifications

NAACCR v12.1B

- Extraneous code checking SSF 11 of 990 deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Lymph Nodes, Vulva (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), CS Lymph Nodes ("value of CS Lymph Nodes")

Description

This edit verifies that for cases coded using the Vulva schema, CS Site-Specific Factor 11 (Regional Lymph Node - Laterality) and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor11 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 2 (in situ)
4. CS schema is invalid

If CS schema = Vulva:

1. If CS Site-Specific Factor11 = 000 (all regional lymph nodes negative), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor11 must = 000, 998, or 999.

2. If CS Site-Specific Factor11 = 998 (lymph nodes not assessed), then CS Lymph Nodes must not = 110-800 (positive involvement of regional nodes).

3. If CS Site-Specific Factor11 = 010, 020, or 030 (codes indicating positive nodes), then CS Lymph Nodes must not = 000 or 999.

4. If CS Site-Specific Factor11 = 999 (unknown or no information), then CS Lymph Nodes must = 999 (unknown if nodes involved).

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF446

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, Appendix Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Appendix schema, CS Site-Specific Factor 11 (Histopathologic Grading and RX Summ--Surg Prim Site are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, DX/Stg Proc, Appendix Schema (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 11 is blank or 988
2. RX Summ--Surg prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Appendix:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF345

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, DX/Stg Proc, Appendix Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Appendix schema, CS Site-Specific Factor 11 (Histopathologic Grading), RX Summ--Surg Prim Site, and RX Summ--DX/Stg Proc are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, Appendix Schema (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 11 is blank or = 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Appendix:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20 and RX Summ--DX/Stg Proc must not = 02, 05, 06.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, DX/Stg Proc, Skin Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Skin schema, CS Site-Specific Factor 11 (Perineural Invasion), RX Summ--Surg Prim Site, and RX Summ--DX/Stg Proc are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, Skin Schema (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 11 is blank or = 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin:

- If CS Site-Specific Factor11 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must be less than 20 and RX Summ--DX/Stg Proc must not = 02, 05, 06.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, Skin Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor11 [Std# 2865]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor11 ("value of CS Site-Specific Factor11"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Skin schema, CS Site-Specific Factor 11 (Perineural Invasion), and RX Summ--Surg Prim Site are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, DX/Stg Proc, Skin Schema (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 11 is blank or 988
2. RX Summ--Surg prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF364

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 12, SSF 13, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor12 ("value of CS Site-Specific Factor12"), CS Site-Specific Factor13 ("value of CS Site-Specific Factor13")

Additional Messages

[3430] Breast schema: If CS Site-Specific Factor12 = 998, CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") must = 998
[3432] Breast schema: If CS Site-Specific Factor13 = 998, CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 12 (HER2: CISH Lab Value) and SSF 13 (HER2: CISH Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor12 = 998 (test not done), then CS Site-Specific Factor13 must = 998 (test not done).
2. If CS Site-Specific Factor13 = 998, then CS Site-Specific Factor12 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF365

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 12, SSF 13, Prostate Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4115] Prostate schema: %F4 and %F5 conflict
Prostate schema: CS Site-Specific Factor12 and CS Site-Specific Factor13 conflict

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site-Specific Factor12 (number of cores positive) and CS Site-Specific Factor13 (number of cores examined) are coded consistently.

If CS schema is Prostate:

1. If CS Site Specific Factor13 (number of cores examined) = 001-101, then CS Site Specific Factor12 (number of cores positive) must = 991 (biopsy cores positive, number unknown) or be less than or equal to CS Site Specific Factor13 or equal to 999.
2. If CS Site Specific Factor13 = 991 (biopsy cores examined, number unknown), then CS Site Specific Factor12 must = 000-101, 991 or 999.
3. If CS Site Specific Factor13 = 998 (no needle core biopsy performed), then CS Site Specific Factor12 must = 998 (no needle core biopsy performed).
4. If CS Site Specific Factor12 = 998, then CS Site Specific Factor13 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF423

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 12, SSF 13, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3425] %F2 [%V2] must be 6 when %F1 = %V1
Histologic Type ICD-O-3 ["value of Histologic Type ICD-O-3"] must be 6 when Primary Site = "value of Primary Site"

Additional Messages

[3429] If no surgery/BX performed, both CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") and CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 12 (HER2: CISH Lab Value) and SSF 13 (HER2: CISH Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor12 must = 998 and CS Site-Specific Factor13 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 12, SSF 13, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor12 ("value of CS Site-Specific Factor12"), CS Site-Specific Factor13 ("value of CS Site-Specific Factor13")

Additional Messages

[4052] Testis schema: If CS Site-Specific Factor12 = 998, CS Site-Specific Factor13 ("value of CS Site-Specific Factor13") must = 998
[4053] Testis schema: If CS Site-Specific Factor13 = 998, CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, SSF 12 [Post-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] and SSF 13 [Post-Orchiectomy Alpha Fetoprotein (AFP) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor12 = 998 (test not done), then CS Site-Specific Factor13 must = 998 (test not done).
2. If CS Site-Specific Factor13 = 998, then CS Site-Specific Factor12 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF383

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 13, Extension, Prostate Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor13 [Std# 2867]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4060] Prostate schema: If %F4 = %V4, %F5 must not = %V5
Prostate schema: If CS Site-Specific Factor13 = "value of CS Site-Specific Factor13", CS Extension must not = "value of CS Extension"

Description

For cases coded using the Prostate schema, if CS SSF 13 (number of cores examined) indicates no needle core biopsy performed, then CS Extension must not indicate tumor identified by needle core biopsy.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor13 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is Prostate:

```
If CS Site-Specific Factor13= 998 (no needle core biopsy performed)
THEN
    CS Extension must not = 150 (tumor identified by needle biopsy)
```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF447

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 14, SSF 15, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor14 ("value of CS Site-Specific Factor14"), CS Site-Specific Factor15 ("value of CS Site-Specific Factor15")

Additional Messages

[4052] Testis schema: If CS Site-Specific Factor14 = 998, CS Site-Specific Factor15 ("value of CS Site-Specific Factor15") must = 998
[4053] Testis schema: If CS Site-Specific Factor15 = 998, CS Site-Specific Factor14 ("value of CS Site-Specific Factor14") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, SSF 14 [Post-Orchiectomy Human Chorionic Gonadotropin (hCG) Lab Value] and SSF 15 [Post-Orchiectomy Human Chorionic Gonadotropin (hCG) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor14 = 998 (test not done), then CS Site-Specific Factor15 must = 998 (test not done).
2. If CS Site-Specific Factor15 = 998, then CS Site-Specific Factor14 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor14 is blank or 988
2. CS Site-Specific Factor15 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF384

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 14, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor14 [Std# 2868]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3433] If no surgery/BX performed, %F4 (%V4) must = 998
If no surgery/BX performed, CS Site-Specific Factor14 ("value of CS Site-Specific Factor14") must = 998

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 14 (HER2: Result of Other or Unknown Test) is coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor14 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor14 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. RX Summ--Scope Reg LN Sur is blank
5. RX Summ--Surg Oth Reg/Dis is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
7. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 15, SSF 9, 11, 13, 14, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3434] If any of SSF 9, 11, 13, or 14 not = 988, 998 or 999, %F8 cannot = 998 or 999
If any of SSF 9, 11, 13, or 14 not = 988, 998 or 999, CS Site-Specific Factor15 cannot = 998 or 999

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit applies only to cases coded using the Breast schema. It checks SSFs 9, 11, 13, and 14 (HER2 test interpretations) against SSF 15 (HER2: Summary Result of Testing). If any of SSFs 9, 11, 13, or 14 are not coded to blank, 988 (not collected), 998 (test not done) or 999 (unknown or no information), then SSF 15 must not = 998 or 999.

If CS schema is Breast:

1. If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF366

Modifications:

NAACCR v12.1B

- Edit modified to skip only if CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988.
- If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 16, MerkelCell Schemas (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor16 [Std# 2870]
CS Lymph Nodes [Std# 2830]
RX Summ--Scope Reg LN Sur [Std# 1292]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size/Ext Eval [Std# 2820]

Default Error Message

[3439] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7)
Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), CS Lymph Nodes ("value of CS Lymph Nodes"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur"), Regional Nodes Positive ("value of Regional Nodes Positive")

Additional Messages

[3325] Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), CS Lymph Nodes ("value of CS Lymph Nodes")
[3409] Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), Regional Nodes Positive ("value of Regional Nodes Positive")
[3410] Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur")
[4205] Conflict among schema, RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur"), Regional Nodes Positive ("value of Regional Nodes Positive")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 16 (Size of Metastasis in Lymph Nodes), RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 16 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Site-Specific Factor16 = 000 (no regional lymph nodes involved):
 - A. CS Lymph Nodes must be coded as specified below:
 - MerkelCellSkin: CS Lymph Nodes must = 000, 390, 400, 480, or 999
 - MerkelCellPenis: CS Lymph Nodes must = 000, 410, 420, 550, or 999
 - MerkelCellScrotum: CS Lymph Nodes must = 000, 400, 450, or 999
 - MerkelCellVulva: CS Lymph Nodes must = 000, 510, 520, 700, or 999
 - B. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).
2. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):
 - If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor16 must = 998 (no histologic exam of regional nodes) or 999 (unknown) and Regional Nodes Positive must = 98 (no nodes examined).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF320

Modifications:

NAACCR v12.2C

- Sequence of edit logic changed in condition #2: instead of checking if CS SSF 16 = 998, then Scope of Reg LN Surg must = 0 and regional nodes positive must = 98, the edit now checks if Scope of Regional LN Surg = 0, then CS SSF 16 must = 998 or 999 and regional nodes positive must = 98.

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:
If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor16 must = 998 or 999 and Regional Nodes Positive must = 98.

NAACCR v13A

- Changed "If CS Site-Specific Factor16 = 000, then CS Lymph Nodes must = 000" to:

If CS Site-Specific Factor16 = 000:

A. CS Lymph Nodes must be coded as specified below:

- MerkelCellSkin: CS Lymph Nodes must = 000, 390, 400, 480, or 999
- MerkelCellPenis: CS Lymph Nodes must = 000, 410, 420, 550, or 999
- MerkelCellScrotum: CS Lymph Nodes must = 000, 400, 450, or 999
- MerkelCellVulva: CS Lymph Nodes must = 000, 510, 520, 700, or 999

- Deleted: 3. If CS Lymph Nodes = 999 (unknown), then CS Site-Specific Factor16 must = 988 (not applicable) or 999 (unknown) or 998 (no histological examination of regional lymph nodes).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 16, Skin and Scrotum Schemas (CS)

Agency: CS

Last changed: 10/01/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor16 [Std# 2870]
CS Lymph Nodes [Std# 2830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), CS Lymph Nodes ("value of CS Lymph Nodes"), Regional Nodes Positive ("value of Regional Nodes Positive")

Additional Messages

[3325] Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), CS Lymph Nodes ("value of CS Lymph Nodes")
[3410] Conflict among schema, CS Site-Specific Factor16 ("value of CS Site-Specific Factor16"), Regional Nodes Positive ("value of Regional Nodes Positive")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Skin and Scrotum schemas, CS Site-Specific Factor 16 (Size of Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor16 is blank
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin or Scrotum:

1. If CS Site-Specific Factor16 = 000 (no involved regional lymph nodes), then Regional Nodes Positive must = 00 (all nodes examined negative), 98 (no nodes examined) or 99 (unknown).
2. If CS Lymph Nodes = 000 (no regional lymph nodes involvement), then CS Site-Specific Factor16 must = 000 (no involved regional lymph nodes) or 988 (not applicable).
3. If CS Lymph Nodes = 999 (unknown), then CS Site-Specific Factor16 must = 988 (not applicable) or 999 (unknown if regional lymph nodes involved).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF321

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added
- Modified edit to allow Regional Nodes Positive of 99 when CS Site-Specific Factor 16 = 000

CS SSF 17, MerkelCell Schemas (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor17 [Std# 2871]
CS Lymph Nodes [Std# 2830]
RX Summ--Scope Reg LN Sur [Std# 1292]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size/Ext Eval [Std# 2820]

Default Error Message

[3439] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7)
Conflict among schema, CS Site-Specific Factor17 ("value of CS Site-Specific Factor17"), CS Lymph Nodes ("value of CS Lymph Nodes"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur"), Regional Nodes Positive ("value of Regional Nodes Positive")

Additional Messages

[3325] Conflict among schema, CS Site-Specific Factor17 ("value of CS Site-Specific Factor17"), CS Lymph Nodes ("value of CS Lymph Nodes")
[3409] Conflict among schema, CS Site-Specific Factor17 ("value of CS Site-Specific Factor17"), Regional Nodes Positive ("value of Regional Nodes Positive")
[3410] Conflict among schema, CS Site-Specific Factor17 ("value of CS Site-Specific Factor17"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 17 (Extracapsular Extension of Regional Lymph Nodes), RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 17 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Site-Specific Factor17 = 000 (no lymph nodes involved) then

A. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).

B. If CS schema is MerkelCellPenis:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)

420 (in-transit metastasis WITHOUT regional lymph node involvement)

999 (unknown)

If CS schema is MerkelCellScrotum:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)

400 (in-transit metastasis WITHOUT regional lymph node involvement)

999 (unknown)

If CS schema is MerkelCellVulva:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)

520 (in-transit metastasis WITHOUT regional lymph node involvement)

999 (unknown)

If CS schema is MerkelCellSkin:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)

400 (in-transit metastasis WITHOUT regional lymph node involvement)

480 (stated as N2 [NOS] with no other information on regional lymph nodes)

999 (unknown)

2. If CS Site-Specific Factor17 = 010, 040, or 070, indicating nodes assessed pathologically, then RX Summ--Scope Reg LN Sur must not = 0 (none) or 9 (unknown or not applicable).

3. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):

If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor17 must = 000, 020, 030, 050, 060, 080, 090, or 999, indicating nodes may not have been assessed pathologically.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF322

Modifications:

NAACCR v12.1B

1. Updated to skip if CS SSF 17 is 988.

2. Updated to also allow codes indicating "in-transit metastasis without regional lymph node involvement", "stated as N2 [NOS] with no other information on regional lymph nodes", and "unknown", when checking CS Lymph Nodes for "no lymph nodes involved".

That is, for CS SSF 17 of 000:

If schema is MerkelCellPenis, CS Lymph Nodes must = 000, 420, or 999.

If schema is MerkelCellScrotum, CS Lymph Nodes must = 000, 400, or 999.

If schema is MerkelCellVulva, CS Lymph Nodes must = 000, 520, or 999.

If schema is MerkelCellSkin, CS Lymph Nodes must = 000, 400, 480, or 999.

3. Deleted logic that requires CS SSF 17 to be 988 or 999 if CS lymph Nodes is 999.

NAACCR v12.2C

- Sequence of edit logic changed in condition #3 and additional codes added when checking CS SSF 17 for codes indicating nodes not assessed pathologically: instead of checking if CS SSF 17 = 030, 060, 090, then Scope of Reg LN Surg must = 0, the edit now checks if Scope of Regional LN Surg = 0, then CS SSF 17 must = 000, 020, 030, 050, 060, 080, 090, 999.

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:

If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor17 must = 000, 020, 030, 050, 060, 080, 090, or 999.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

CS SSF 18, MerkelCell Schemas (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor18 [Std# 2872]
CS Lymph Nodes [Std# 2830]
RX Summ--Scope Reg LN Sur [Std# 1292]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size/Ext Eval [Std# 2820]

Default Error Message

[3439] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7)
Conflict among schema, CS Site-Specific Factor18 ("value of CS Site-Specific Factor18"), CS Lymph Nodes ("value of CS Lymph Nodes"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur"), Regional Nodes Positive ("value of Regional Nodes Positive")

Additional Messages

[3325] Conflict among schema, CS Site-Specific Factor18 ("value of CS Site-Specific Factor18"), CS Lymph Nodes ("value of CS Lymph Nodes")
[3409] Conflict among schema, CS Site-Specific Factor18 ("value of CS Site-Specific Factor18"), Regional Nodes Positive ("value of Regional Nodes Positive")
[3410] Conflict among schema, CS Site-Specific Factor18 ("value of CS Site-Specific Factor18"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur")
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 18 [Isolated Tumor Cells (ITCs) in Regional Lymph Node(s)], RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 18 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-

3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):
If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor18 must = 000 (nodes not examined pathologically) or 999 (unknown).
2. If CS Site-Specific Factor18 = 000 or 010 (nodes negative on routine exam and IHC or unknown if IHC)
then
 - A. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).

- B. If CS schema is MerkelCellPenis:
CS Lymph Nodes must be one of the following:
000 (no regional lymph node involvement)
420 (in-transit metastasis WITHOUT regional lymph node involvement)
999 (unknown)

If CS schema is MerkelCellScrotum:
CS Lymph Nodes must be one of the following:
000 (no regional lymph node involvement)
400 (in-transit metastasis WITHOUT regional lymph node involvement)
999 (unknown)

If CS schema is MerkelCellVulva:
CS Lymph Nodes must be one of the following:
000 (no regional lymph node involvement)
520 (in-transit metastasis WITHOUT regional lymph node involvement)
999 (unknown)

If CS schema is MerkelCellSkin:
CS Lymph Nodes must be one of the following:
000 (no regional lymph node involvement)
400 (in-transit metastasis WITHOUT regional lymph node involvement)
480 (stated as N2 [NOS] with no other information on regional lymph

nodes

999 (unknown)

3. If CS Site-Specific Factor18 = 020, 090, 100, 200, or 300, indicating positive nodes including ITC, then CS Lymph Nodes must not = 000 (no regional lymph node involvement) or 999 (unknown).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF323

Modifications:

NAACCR v12.1B

1. Updated to skip if CS SSF 18 is 988.

2. Updated to also allow codes indicating "in-transit metastasis without regional lymph node involvement", "stated as N2 [NOS] with no other information on regional lymph nodes", and "unknown", when checking CS Lymph Nodes for "no regional lymph node involvement".

That is, for CS SSF 18 of 000 or 010:

If schema is MerkelCellPenis, CS Lymph Nodes must = 000, 420, or 999.

If schema is MerkelCellScrotum, CS Lymph Nodes must = 000, 400, or 999.

If schema is MerkelCellVulva, CS Lymph Nodes must = 000, 520, or 999.

If schema is MerkelCellSkin, CS Lymph Nodes must = 000, 400, 480, or 999.

3. Added logic to check that Reg Nodes Pos = 00 or 98 if CS Lymph Nodes is 000 or 010.

4. Deleted logic that requires CS SSF 18 to be 988.

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:
If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor18 must = 000 or 999.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 1-9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]

Tables

SCHEM_HN.DBF

Default Error Message

[3251] CS Site-Specific Factor codes are inconsistent with CS Lymph Nodes
CS Site-Specific Factor codes are inconsistent with CS Lymph Nodes

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit validates CS Site-Specific Factors 1-9 for Head and Neck sites by CS Lymph Nodes coding.

This entire edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

Note: CS Site-Specific Factor 2, extracapsular extension, lymph nodes for head and neck for CSv1, is obsolete beginning with CS Version 2. For cases coded using CS Version 1, old codes are retained unless the case is recoded using CS Version 2. The CS Version 1 code 888 has been converted to 987.

If CS Lymph Nodes = 000 (none; no regional lymph node involvement), then CS Site-Specific Factor 2 must be blank or 987 (obsolete data converted and retained v0200; data converted from code 888; not applicable; no lymph node involvement) or 988 (not applicable; information not collected for this case).

If CS Lymph Nodes is not equal 000 or 999, then CS Site-Specific Factor 2 must not = 987.

This remaining logic is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988
3. CS Site-Specific Factor 4 is blank or 988
4. CS Site-Specific Factor 5 is blank or 988
5. CS Site-Specific Factor 6 is blank or 988

If CS Lymph Nodes equal 999 (unknown; not stated regional lymph node(s) cannot be assessed; not documented in patient record):

1. The following fields must all = 999 (regional lymph node(s) involved, size not stated; unknown if regional lymph node(s) involved; not documented in patient record):
 - CS Site-Specific Factor 1
 - CS Site-Specific Factor 3
 - CS Site-Specific Factor 4
 - CS Site-Specific Factor 5
 - CS Site-Specific Factor 6
2. The following fields, if not blank, must all = 987 (obsolete data converted and retained v0200), 988 (Not applicable: Information not collected for this case) or 999:
 - CS Site-Specific Factor 2
3. The following fields, if not blank, must all = 988 (Not applicable: Information not collected for this case) or 999:
 - CS Site-Specific Factor 7
 - CS Site-Specific Factor 8
4. The following field, if not blank, must = 988 (Not applicable: Information not collected for this case), 998 (No histopathologic examination of regional lymph nodes), or 999:
 - CS Site-Specific Factor 9

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF203

NAACCR v12.0:

- Edit name changed from "CS SSF 1-6, Head and Neck Schemas (CS)" to "CS SSF 1-9, Head and Neck Schemas (CS)".
- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.
- Edit is no longer skipped if CS Site-Specific Factor 2 is blank.
- If CS Lymph Nodes = 000, then CS Site-Specific Factor 2 must = blank, 987 or 988 (instead of 888).
- If CS Lymph Nodes not = 000, then CS Site-Specific Factor 2 must not = 987

- Logic changed from:

If CS Lymph Nodes not = 999, then CS Site-Specific Factors 1-6 must all not = 999
to:

If CS Lymph Nodes = 999, then CS Site-Specific Factors 1, 3-6 must = 999.

- Logic added:

If CS Lymph Nodes = 999, then CS Site-Specific Factor 2, 7-9, if not blank, must = 988 or 999

- Table added with head and neck schema names.

NAACCR v12.2A

Code 998 added to the list of CS Site-Specific Factor 9 codes allowed (along with 988 and 999) when CS Lymph Nodes = 999.

NAACCR v12.2C

Code 987 added to the list of CS Site-Specific Factor 2 codes allowed (along with 988 and 999) when CS Lymph Nodes = 999.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Dx Conf, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Diagnostic Confirmation [Std# 490]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
Diagnostic Confirmation ("value of Diagnostic Confirmation") and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and Diagnostic Confirmation are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 2 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the KidneyRenalPelvis schema:

If CS Site-Specific Factor 2 = 000-980 or 991 (positive statement about invasion), Diagnostic Confirmation must = 1 (positive histology).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF263

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Ext, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") and CS Extension ("value of CS Extension") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and CS Extension are coded consistently.

If CS schema = KidneyRenalPelvis:

- If CS Site-Specific Factor 2 = 001-980, 991 (codes indicating invasion of renal parenchyma), then CS Extension must = 600-810 (codes indicating extension to renal parenchyma or beyond) or 999 (unknown).

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 2 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF424

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", CS
Extension must not = "value of CS Extension"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 2 indicates involvement of renal vein only, then CS Extension must indicate involvement of blood vessels. If CS SSF 2 indicates involvement of IVC below diaphragm, then CS Extension must also indicate involvement of IVC below diaphragm. If CS SSF 2 indicates involvement of IVC above diaphragm, then CS Extension must also indicate involvement of IVC above diaphragm.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 2 = 010 (involvement of renal vein only)
THEN
CS Extension must be greater than or equal to 600 (involvement of blood vessels)
2. If CS Site-Specific Factor 2 = 020, 040, 050, 070 (codes indicating involvement of IVC below diaphragm)
THEN
CS Extension must be equal to 600 or greater than or equal to 610 (codes indicating involvement of IVC below diaphragm)
3. If CS Site-Specific Factor 2 = 030, 060, 080, 090 (codes indicating involvement of IVC above diaphragm)
THEN
CS Extension must be greater than or equal to 620 (codes indicating involvement of IVC above diaphragm)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF448

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Extension, Ovary Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3428] For this schema, if %F5 = 000, %F4 must = 987
For this schema, if CS Extension = 000, CS Site-Specific Factor 2 must = 987

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that if CS Extension indicates a non-invasive lesion, then CS Site-Specific Factor 2 (FIGO Stage) is coded consistently for the Ovary schema.

If CS schema is Ovary:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive), then CS Site-Specific 2 must = 987 [Carcinoma in situ (intraepithelial, noninvasive, preinvasive)]

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or = 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF367

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, LN, LN Eval, RNP, SmallIntestine (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Lymph Nodes Eval [Std# 2840]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4861] Small Intestine schema: If %F4=%V4, %F5=%V5, %F6=%V6, %F7 must=100, 200, or 400
Small Intestine schema: If CS Lymph Nodes="value of CS Lymph Nodes", CS Lymph Nodes Eval="value of CS Lymph Nodes Eval", Regional Nodes Positive="value of Regional Nodes Positive", CS Site-Specific Factor 2 must=100, 200, or 400

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit checks cases coded using the SmallIntestine schema. If the CS lymph nodes indicate lymph node involvement, lymph nodes eval code indicates clinical assessment, and regional nodes positive show no nodes pathologically, then CS SSF 2 must = 100, 200, or 400 (clinical involvement of nodes).

If CS schema is SmallIntestine:

If CS Lymph Nodes is 100-300 (nodes involved)
and CS Lymph Nodes Evaluation is 0, 1, 5 (clinical assessment)
and Regional nodes positive = 00, 98, or 99 (no nodes pathologically)
then

CS Site-Specific Factor 2 must = 100, 200, or 400 (clinical involvement of nodes)

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF368

Modifications

NAACCR v12.1B

- Extraneous code deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lower GI Schemas (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
Regional Nodes Positive [Std# 820]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2"), Regional Nodes Positive ("value of Regional Nodes Positive"), CS Lymph Nodes ("value of CS Lymph Nodes")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Lower GI schemas (SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, and NETRectum), CS Site-Specific Factor 2 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, or NETRectum:

1. If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically), then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis).

Note: CS Lymph Nodes code 050 is used only in Colon, Rectum, NETColon, and NETRectum schemas.

2. If CS Site-Specific Factor 2 = 010-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000(none).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF369

Modifications:

NAACCR v12.2

- Added 050 to CS Lymph Nodes allowed if CS SSF 2 = 000. New logic:

"If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically),

then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis)."

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lymph Nodes, Bladder (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4901] Conflict between %F4 (%V4) and %F5 (%V5)
Conflict between CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") and CS Lymph Nodes ("value of CS Lymph Nodes")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Bladder schema, CS Site-Specific Factor 2 (size of metastasis in lymph nodes) and CS Lymph Nodes are coded consistently.

If CS schema = Bladder:

1. If CS Site-Specific Factor 2 = 000 (no regional lymph node involvement), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor 2 must = 000 or 999.

2. If CS Site-Specific Factor 2 = 001-980, 990-997 (regional lymph node involvement), then CS Lymph Nodes must = 150, 250, 350-450, 505, 800 (regional lymph node involvement).

3. If CS Lymph Nodes = 999 (unknown if nodes involved), then CS Site-Specific Factor 2 must = 000 (no regional lymph nodes involved) or 999 (unknown if nodes involved).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988

2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF425

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lymph Nodes, Ovary (CS)

Agency: CS

Last changed: 09/09/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3474] Ovary schema: If %F4 = %V4, %F5 must not = %V5
Ovary schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 2 must not =
"value of CS Site-Specific Factor 2"

Description

The purpose of this edit is to identify Ovary records coded in CSv02.05 or higher that have positive regional nodes but with CS Site-specific Factor 2 (FIGO Stage) coded to a FIGO stage that indicates that there are no positive nodes.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not Ovary
3. CS Site-Specific Factor 2 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Ovary:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)

then

CS Site-Specific Factor 2 must not = 100, 110, 120, 130,
200, 210, 220, 230 (codes indicating FIGO I, II)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF497

Modifications

NAACCR v15A

- Codes 310 and 320 removed from the list of codes that CS SSF 2 must not equal if CS Lymph Nodes not equal 000 or 999

CS SSF 2, Lymph Nodes, PeritoneumFemaleGen (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3475] PeritoneumFemaleGen schema: If %F4 = %V4, %F5 must not = %V5
PeritoneumFemaleGen schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 2 must not = "value of CS Site-Specific Factor 2"

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 2 (FIGO Stage) and CS Lymph Nodes are coded consistently for PeritoneumFemaleGen cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500
2. CS schema is not PeritoneumFemaleGen
3. CS Site-Specific Factor 2 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is PeritoneumFemaleGen:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then
CS Site-Specific Factor 2 must not = 100, 110, 120, 130,
200, 210, 220, 230, 310, or 320 (codes indicating FIGO Stage I,
II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF498

CS SSF 2, Lymph Nodes, Vagina (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4093] Vagina schema: If %F5 = %V5, %F4 (%V4) must = 010
Vagina schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 010

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 2 (pelvic nodal status) and CS Lymph Nodes are coded consistently.

If CS schema = Vagina:

If CS Lymph Nodes = 150 (upper two thirds of vagina), 400 (pelvic lymph nodes, NOS), 425 (unknown whether primary is in upper two-thirds or lower third of vagina) or 475 (unknown whether primary is in upper two-thirds or lower third of vagina), then CS Site-Specific Factor 2 (pelvic nodal status) must = 010 (positive pelvic lymph nodes).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF426

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4093] Vagina schema: If %F5 = %V5, %F4 (%V4) must = 010
Vagina schema: If CS Mets at DX = "value of CS Mets at DX", CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 010

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 2 (pelvic nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Mets at DX = 20 (distant lymph nodes, specified pelvic nodes) or 22 (distant pelvic lymph nodes, NOS), then CS Site-Specific Factor 2 (pelvic nodal status) must = 010 (positive pelvic lymph nodes).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF427

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 (Durie Salmon Staging System) is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the CS Site-Specific Factor 2 values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 2 is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The following CS Site-Specific Factor 2 codes are allowed only for 9732

(Multiple myeloma):

010	Durie Salmon Stage IA
020	Durie Salmon Stage IB
030	Durie Salmon Stage INOS
040	Durie Salmon Stage IIA
050	Durie Salmon Stage IIB
060	Durie Salmon Stage IINOS
070	Durie Salmon Stage IIIA
080	Durie Salmon Stage IIIB
090	Durie Salmon Stage IIINOS
999	Unknown

2. The following CS Site-Specific Factor 2 code is allowed only for 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary):

987 Not applicable

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF343

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, RX Summ--Surg, DX/Stg, Pleura (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Pleura schema, if CS Site-Specific Factor 2 (Histologic Subtype) indicates that there was not pathologic examination, then neither RX Summ--Surg Prim Site nor RX Summ--DX/Stg Proc indicates that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 2, RX Summ--Surg, Pleura (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

If CS schema is Pleura:

- If CS Site-Specific Factor 2 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89 and RX Summ--DX/Stg Proc must not = 02, 05, or 06.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v12.1B

Deleted for NAACCR v12.1B metafile because edit uses CS over-rides that should not be used until release of 2012 NAACCR v12.2 metafile

NAACCR v12.2

Re-added to NAACCR v12.2 metafile, but the over-ride was removed from the edit.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, RX Summ--Surg, Oth, DX/Stg, Lung (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3439] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6), %F7 (%V7)
Conflict among schema, CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--Surg Oth Reg/Dis ("value of RX Summ--Surg Oth Reg/Dis"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Description

This edit verifies that for cases coded using the Lung schema, if RX Summ--Surg Prim Site, RX Summ--Surg Oth Reg/Dis, and RX Summ--DX/Stg Proc all indicate no surgical procedure resulting in tissue examination, then CS Site-Specific Factor 2 [Pleural/Elastic Layer Invasion (PL) by H and E or Elastic Stain] must = 998 (no histological examination of pleura) or 999 (unknown if PL present).

If CS schema is Lung:

- If RX Summ--Surg Prim Site is less than 20
 AND RX Summ--Surg Oth Reg/Dis = 0
 AND RX Summ--DX/Stg Proc is not = 01, 02, 04, 06
 Then CS Site-Specific Factor 2 must = 998 (No histologic examination) or 999 (unknown if PL present).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--Surg Oth Reg/Dis is blank
4. RX Summ--DX/Stg Proc is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, RX Summ--Surg, Pleura (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Pleura schema, if CS Site-Specific Factor 2 (Histologic Subtype) indicates that there was not pathologic examination, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 2, RX Summ--Surg, DX/Stg, Pleura (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is Pleura:

- If CS Site-Specific Factor 2 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF371

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, SSF 3, Vagina (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4091] Vagina schema: If %F4 = 998, %F5 (%V5) must = 998
Vagina schema: If CS Site-Specific Factor 2 = 998, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3") must = 998

Additional Messages

[4092] Vagina schema: If CS Site-Specific Factor 3 = 998, CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Vagina schema, SSF 2 (Pelvic Nodal Status) and SSF 3 (Assessment Method of Pelvic Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 2 = 998 (pelvic lymph nodes not assessed), then CS Site-Specific Factor 3 must = 998 (lymph nodes not assessed).
2. If CS Site-Specific Factor 3 = 998, then CS Site-Specific Factor 2 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF428

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 2, Surg, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") and RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and RX Summ--Surg Prim Site are coded consistently.

If CS schema = KidneyRenalPelvis:

- If CS Site-Specific Factor 2 = 998 (no surgical resection of primary site), then RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery of primary site or no specimen sent to pathology from surgical event) or 99 (unknown if surgery performed).

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF429

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 2 [Std# 2890]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 2 = "value of CS Site-Specific Factor 2", RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 2 (vein involvement) indicates no surgical resection of primary site, then RX Summ--Surg Prim Site must not indicate a nephrectomy procedure.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 2 = 998 (no surgical resection of primary site)

THEN

RX Summ--Surg Prim Site must = 00-27 (codes indicating no surgery of primary site or procedures less than partial or subtotal nephrectomy)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF449

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 21, TS/Ext Eval, LN Eval, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor21 [Std# 2875]
CS Tumor Size/Ext Eval [Std# 2820]
CS Lymph Nodes Eval [Std# 2840]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3437] If %F4 = %V4, %F5 (%V5) or %F6 (%V6) must = 5 or 6
If CS Site-Specific Factor21 = "value of CS Site-Specific Factor21", CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") or CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") must = 5 or 6

Additional Messages

[3438] If CS Site-Specific Factor21 = "value of CS Site-Specific Factor21", both CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") and CS Lymph Nodes Eval ("value of CS Lymph Nodes Eval") must not = 5 or 6
SAVE_TEXT("t_schema_msg")

Description

This edit applies only to cases coded using the Breast schema. If SSF 21 (Response to Neoadjuvant Therapy) indicates the patient received neoadjuvant therapy, then either Tumor Size/Ext Eval or Lymph Nodes Eval must indicate the patient received neoadjuvant therapy. If SSF 21 indicates the patient did not receive neoadjuvant therapy, then both Tumor Size/Ext Eval and Lymph Nodes Eval must also indicate no neoadjuvant therapy.

If CS schema is Breast:

1. If CS Site-Specific Factor21 = 010, 020, or 030 (received neoadjuvant therapy), then either CS Tumor Size/Ext Eval or CS Lymph Nodes Eval must = 5 or 6 indicating patient received neoadjuvant therapy.
2. If CS Site-Specific Factor21 = 987 (neoadjuvant therapy not given), then CS Tumor Size/Ext Eval and CS Lymph Nodes Eval must not = 5 or 6.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor21 is blank or 988
2. CS TS/Ext Eval is blank
3. CS Lymph Nodes Eval is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF373

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 22, SSF 23, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3430] Breast schema: If %F4 = 998, %F5 (%V5) must = 998
Breast schema: If CS Site-Specific Factor22 = 998, CS Site-Specific Factor23 ("value of CS Site-Specific Factor23") must = 998

Additional Messages

[3432] Breast schema: If CS Site-Specific Factor23 = 998, CS Site-Specific Factor22 ("value of CS Site-Specific Factor22") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 22 (Multigene Signature Method) and SSF 23 (Multigene Signature Results) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor22 = 998 (test not done), then CS Site-Specific Factor23 must = 998 (test not done).
2. If CS Site-Specific Factor23 = 998, then CS Site-Specific Factor22 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor22 is blank or 988
2. CS Site-Specific Factor23 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF374

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 22, SSF 23, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor22 [Std# 2876]
CS Site-Specific Factor23 [Std# 2877]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3429] If no surgery/BX performed, both %F4 (%V4) and %F5 (%V5) must = 998
If no surgery/BX performed, both CS Site-Specific Factor22 ("value of CS Site-Specific Factor22") and CS Site-Specific Factor23 ("value of CS Site-Specific Factor23") must = 998

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 22 (Multigene Signature Method) and SSF 23 (Multigene Signature Results) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor22 must = 998 (test not done) and CS Site-Specific Factor23 must = 998 (test not done).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor22 is blank or 988
2. CS Site-Specific Factor23 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 25, PeritoneumFemaleGen (CS)

Agency: CS

Last changed: 05/17/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Sex [Std# 220]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4090] For %F1 of %V1, %F2 of %V2 and %F3 of %V3, %F4 must = 002
For Date of Diagnosis of "value of Date of Diagnosis", CS Site-Specific Factor25 of "value of CS Site-Specific Factor25" and Sex of "value of Sex", Primary Site must = 002

Description

The purpose of this edit is to verify that Sex and CS Site-Specific Factor25 are coded consistently for PeritoneumFemaleGen cases.

```
If Primary Site = C481, C482 or C488
  AND Histologic Type ICD-O-3 = 8000-8576, 8590-8671, 8930-8934 or 8940-9110
  AND Sex = 2 (female)
THEN
  CS Site-Specific Factor25 must = 002 (female) or 100 (obsolete data retained
v0200).
```

This edit is skipped

1. if CS Site-Specific Factor25 is empty
2. Date of diagnosis is 2016 or later

Administrative Notes

New edit - added to NAACCR v12.2C metafile.

In the SEER*Edits software, the title of this edit is: IF396

NAACCR v16

- edit skipped if dx date 2016 or later.

CS SSF 25, PeritoneumFemaleGen (SEER)

Agency: SEER

Last changed: 05/20/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Sex [Std# 220]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Default Error Message

[4090] For %F1 of %V1, %F2 of %V2 and %F3 of %V3, %F4 must = 002
For Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3"
and Sex of "value of Sex", CS Site-Specific Factor25 must = 002

Description

The purpose of this edit is to verify that Sex and CS Site-Specific Factor 25 are coded consistently for PeritoneumFemaleGen cases.

This edit is skipped if any of the following conditions are true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty or less than 2004
4. Year of Date of Diagnosis is 2016 and CS Extension is empty

If Primary Site = C481, C482 or C488
AND Histologic Type ICD-O-3 = 8000-8576, 8590-8671, 8930-8934 or 8940-9110
AND (Sex = 2 (female) or 6 (Transsexual;natal female))
THEN
CS Site-Specific Factor 25 must = 002 (female) or 100 (obsolete data retained v0200).

Administrative Notes

New edit - added to NAACCR v12.2C metafile.

In the SEER*Edits software, the title of this edit is: IF396

v16

Modified from the CS edit of a similar name to reflect SEER reporting requirements. Added sex value 6 (Transsexual;natal female).

CS SSF 3, RX Summ--SurgMargins, Prost Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
RX Summ--Surgical Margins [Std# 1320]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), RX Summ--Surgical Margins ("value of RX Summ--Surgical Margins")

Description

This edit verifies that for cases coded using the CS Prostate schema, if CS Site-Specific Factor 3 indicates margin involvement, then RX Summ--Surgical Margins must also indicate margin involvement.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is empty
2. RX Summ--Surgical Margins is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If CS Site-Specific Factor 3 = 400, 402, 404, 406, or 480 (margins involved), then RX Summ--Surgical Margins must = 1, 2, or 3 (margins involved).

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Modified to check CS Site-Specific Factor 3 of 400 and 480 instead of 040 and 048 when determining if margins involved.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Regional Nodes Examined [Std# 830]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, Regional Nodes Examined ("value of Regional Nodes Examined"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is empty or = 988 (not applicable: information not collected for this case)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Regional Nodes Examined = 00 (no nodes examined), then
CS Site-Specific 3 must = 098 (axillary LNs = none examined)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF189

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 3 is 988.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", CS
Extension must not = "value of CS Extension"

Additional Messages

[3517] KidneyParenchyma schema: If CS Extension = "value of CS Extension", CS Site-Specific Factor 3
must not = "value of CS Site-Specific Factor 3"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 3 (ipsilateral adrenal gland involvement) indicates involvement of ipsilateral adrenal gland, then CS Extension must indicate contiguous involvement of ipsilateral adrenal gland or more extensive involvement.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 3 = 010 or 030 (codes indicating ipsilateral adrenal gland involvement)
THEN
CS Extension must be greater than or equal to 630 (involvement of ipsilateral adrenal gland)
2. If CS Extension = 630, 640, or 645 (involvement of ipsilateral adrenal gland or more extensive involvement)
THEN
CS Site-Specific Factor 3 must not = 000 (ipsilateral adrenal gland not involved) or 020 (noncontiguous involvement of ipsilateral adrenal gland)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF450

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Lymph Nodes, Bladder (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Lymph Nodes ("value of CS Lymph Nodes"), CS Site-Specific Factor25 ("value of CS Site-Specific Factor25")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Bladder schema, CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) and CS Lymph Nodes are coded consistently.

If CS schema = Bladder:

1. If CS Site-Specific Factor 3 = 000 (no regional lymph node involvement), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor 3 must = 000 or 999.

2. If CS Lymph Nodes = 999 (unknown if nodes involved), then CS Site-Specific Factor 3 must = 000 or 999 (unknown if nodes involved).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF430

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Mets at Dx, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4220] KidneyParenchyma schema: If %F4 = %V4, %F5 (%V5) must = 40 or 55
KidneyParenchyma schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", CS Mets at DX ("value of CS Mets at DX") must = 40 or 55

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 3 (ipsilateral adrenal gland involvement) indicates noncontiguous adrenal gland involvement, then CS Mets at DX must not indicate no distant mets or contiguous involvement. Noncontiguous involvement of ipsilateral adrenal gland is coded in CS Mets at DX code 40 or 55 (a combination code including code 40).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 3 = 020 or 030 (codes indicating noncontiguous adrenal gland involvement)
THEN
CS Mets at DX must 40 or 55 (codes indicating noncontiguous involvement or greater)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF451

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3328] Conflict between schema and %F3 (%V3)
Conflict between schema and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 (Multiple Myeloma Terminology) is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the CS Site-Specific Factor 3 values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions are true:

1. Site-Specific Factor 3 is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The following CS Site-Specific Factor 3 codes are allowed only for 9732 (Multiple myeloma):

000 Multiple myeloma/Plasma cell myeloma with no other modifiers
010 Asymptomatic myeloma
020 Early or evolving myeloma
030 Inactive, indolent, or smoldering myeloma
080 Other terminology describing myeloma
100 Any combination of terms in codes 010-080
999 Unknown

2. The following CS Site-Specific Factor 3 code is allowed only for 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary):

987 Not applicable

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF344

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, RX Summ--Scope Reg LN Sur, Vagina (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
RX Summ--Scope Reg LN Sur [Std# 1292]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4096] Vagina schema: If %F4 = %V4, %F5 must not = %V5
Vagina schema: If CS Site-Specific Factor 3 = "value of CS Site-Specific Factor 3", RX Summ--Scope Reg LN Sur must not = "value of RX Summ--Scope Reg LN Sur"

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 3 (assessment of pelvic nodal status) and RX Summ--Scope Reg LN Surgery are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 3 = 030 (incisional biopsy, FNA) or 040 (excisional biopsy or resection with microscopic confirmation), then RX Summ--Scope Reg LN Surgery must not = 0 (no regional lymph node surgery).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank or 988
2. RX Summ--Scope Reg LN Surgery is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF431

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, RX Summ--Surg, Prostate (SEER)

Agency: SEER

Last changed: 05/20/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor 3 [Std# 2900]
Type of Reporting Source [Std# 500]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Extension [Std# 2810]

Default Error Message

[3234] Conflict among %F1, %F2, %F4, %F5
Conflict among Primary Site, Histologic Type ICD-O-3, RX Summ--Surg Prim Site, CS Site-Specific Factor 3

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that, for cases using the CS Prostate schema, if no prostatectomy is coded in the surgery field, CS Site-Specific Factor 3 must also show no prostatectomy.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank
2. Case is autopsy only (Type of Reporting Source = 6)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid
5. If year of Date of Diagnosis is 2016 and CS Extension is empty

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If RX Summ--Surg Prim Site = 50 (Radical prostatectomy, NOS; total prostatectomy, NOS) or 70 (Prostatectomy WITH resection in continuity with other organs; pelvic exenteration), then CS Site-Specific Factor 3 must not = 960(unknown if prostatectomy, 970 (no prostatectomy in first course of treatment), 980 (prostatectomy performed, but not first course of treatment), or 985 (autopsy performed, but extension unknown).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF133

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

NAACCR v12C:

_ Logic added:

If RX Summ--Surg Prim Site = 50 or 70, then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985.

NAACCR v12.1

- The following logic was deleted:

If there was no prostatectomy (RX Summ--Surg Prim Site not = 30, 50, 70, 80, or 90), then CS Site-Specific Factor 3 must = 960, 970, or 980.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR V16

-Differs from edit of similiar name to reflect SEER reporting requirements for 2016.

CS SSF 3, RX Summ--Surg, Prostate Schema (CS)

Agency: CS

Last changed: 05/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor 3 [Std# 2900]
Type of Reporting Source [Std# 500]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3234] Conflict among %F1, %F2, %F4, %F5
Conflict among Primary Site, Histologic Type ICD-O-3, RX Summ--Surg Prim Site, CS Site-Specific Factor 3

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that, for cases using the CS Prostate schema, if no prostatectomy is coded in the surgery field, CS Site-Specific Factor 3 must also show no prostatectomy.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank
2. Case is autopsy only (Type of Reporting Source = 6)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If RX Summ--Surg Prim Site = 50 (Radical prostatectomy, NOS; total prostatectomy, NOS) or 70 (Prostatectomy WITH resection in continuity with other organs; pelvic exenteration), then CS Site-Specific Factor 3 must not = 960(unknown if prostatectomy, 970 (no prostatectomy in first course of treatment), 980 (prostatectomy performed, but not first course of treatment), or 985 (autopsy performed, but extension unknown).

Administrative Notes

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

NAACCR v12C:

_ Logic added:

If RX Summ--Surg Prim Site = 50 or 70, then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985.

NAACCR v12.1

- The following logic was deleted:

If there was no prostatectomy (RX Summ--Surg Prim Site not = 30, 50, 70, 80, or 90), then CS Site-Specific Factor 3 must = 960, 970, or 980.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Removed referece to IF133 from administrative notes.

CS SSF 3, SSF 4, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, if a prostatectomy is not performed or unknown if performed (CS Site-Specific Factor 3 coded 960, 970, or 980), the middle digit of CS Site Specific Factor 4 (involvement of prostatic apex at prostatectomy) must be coded 5, indicating unknown apex involvement at prostatectomy.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank
2. CS Site-Specific Factor 4 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Version Input Original is less than 010200 (version 01.02).
5. Date of Diagnosis is blank
5. Year of diagnosis is 2010 or later and CS Site-Specific Factor 4 is blank or 988
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If CS Site-Specific Factor 3 = 960 (unknown if prostatectomy done), 970 (no prostatectomy done within first course of treatment), 980 (prostatectomy performed, but not considered first course of treatment), then the second digit of CS Site-Specific Factor 4 must = 5 (prostatectomy apex involvement: unknown).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF214

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Data item named CS Version 1st changed to CS Version Input Original.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, TS/Ext Eval, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 3 [Std# 2900]
CS Tumor Size/Ext Eval [Std# 2820]
CS Extension [Std# 2810]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
CS Version Input Original [Std# 2935]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval")

Additional Messages

[3323] Conflict among schema, CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval"), CS Extension ("value of CS Extension")

Description

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy done, CS Site-Specific Factor 3 must not indicate prostatectomy not done. Likewise, if CS Tumor Size/Ext Eval indicates no prostatectomy done, then CS Site-Specific Factor 3 must not indicate prostatectomy done.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is empty
2. CS Tumor Size/Ext Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid
5. Date of Diagnosis is blank or invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

1. If CS Tumor Size/Ext Eval = 4, 5, or 6 (codes indicating prostatectomy performed), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985 (codes indicating prostatectomy not done or unknown).
2. If CS Extension = 950 or 999
Then
If CS Site-Specific Factor 3 = 000-750, then CS Tumor Size Ext/Eval must not = 0, 1, 2, 5, 9.
3. If year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000
Then
If CS Extension = 200-240 (clinically apparent only)
Then
 - A. If CS Site-Specific Factor 3 = 960 (unknown if prostatectomy done)
Then
CS Tumor Size Ext/Eval must = 0 (based on clinical information only) or 9 (unknown if prostatectomy done).
 - B. If CS Site-Specific Factor 3 = 970 or 980 (codes indicating no prostatectomy)
Then
CS Tumor Size Ext/Eval must = 0
4. If Tumor Size/Ext Eval = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence derived from autopsy only), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990. These codes are not appropriate for cases coded using autopsy information.
5. If CS Tumor Size/Ext Eval = 3 , then CS Site-specific Factor 3 must not = 950.
6. If CS Tumor Size Ext/Eval = 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), CS Site-specific Factor 3 must not = 950 or 990.
7. If CS Tumor Size Ext/Eval = 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence)
AND CS Extension code not = 950 or 999
AND CS Site-Specific Factor 3 code not = 950-990,
then
CS Extension code must be equal to or greater than the CS Site-specific Factor 3 code, with the following exceptions:
CS Extension = 200-300 (T2) and CS Site-Specific Factor 3 code = 300, 320, or 400 (T2NOS)
CS Extension = 200, 240, 300 (T2NOS) and CS Site-Specific Factor 3 code = 210-230, 330-350, 402-406 (T2a, T2b, T2c)
CS Extension = 210 (T2a) and CS Site-Specific Factor 3 = 330 or 402 (T2a)
CS Extension = 220 (T2b) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340 or 404 (T2b)
CS Extension = 230 (T2c) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340, 404 (T2b) 350 or 406 (T2c)
CS Extension = 410-490 (T3) and CS Site-Specific Factor 3 = 495 (T3NOS)
CS Extension = 410 or 490 (T3NOS) and CS Site-Specific Factor 3 = 415 - 490 (T3a, T3b)
CS Extension = 420-445 (T3a) and CS Site-Specific Factor 3 = 430-483 (T3a)
CS Extension = 450-470 (T3b) and CS Site-Specific Factor 3 = 480-483 (T3a) or 485-490 (T3b)
CS Extension = 500 - 700 (T4) and CS Site-Specific Factor 3 code = 510 - 750 (T4)

8. If CS Site-Specific Factor 3 = 200-750 (tumor found on prostatectomy or autopsy)
Then
CS Tumor Size Ext/Eval must not = 0, 1 or 9 (codes indicating no prostatectomy done or unknown if done)

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF208

Modifications:

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980"; Code "095" indicating "No evidence of primary tumor" was changed to "950"
- Miscellaneous wording changed.
- Added: If CS Tumor Size/Ext Eval = 3 or 8 (evidence derived from autopsy), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990.

NAACCR v12.1

- Deleted: If CS Site-Specific Factor 3 = 985 (autopsy performed but extension unknown), then CS Tumor Size/Ext Eval must = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence from autopsy only).
- The rest of the edit was entirely reworked and CS Extension added to the logic.

NAACCR v12.1A

Edit updated:

If CS Extension not = 950 or 999 AND CS Site-Specific Factor 3 not = 950-990

then

If CS Tumor Size/Ext Eval = 5, CS Extension must be = to or greater than CS Site-Specific Factor 3, except for a given set of conditions.

NAACCR v12.2A

The following logic was added:

- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 960, then CS Tumor Size Ext/Eval must = 0 or 9.
- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 970 or 980, then CS Tumor Size Ext/Eval must = 0.

NAACCR v13

- Logic pertaining to CS Extension 200-240 was modified so that it applies only if year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000.

- Added:

8. If CS Site-Specific Factor 3 = 200-750, then CS Tumor Size Ext/Eval must not = 0, 1 or 9

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, 5, 6, MelanomaSkin (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5"), CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6")

Additional Messages

[3548] If CS Site-Specific Factor 6 = 998, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") and CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") must = 998
[3550] If CS Site-Specific Factor 4 = 998, CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 998
[3551] If CS Site-Specific Factor 5 = 998, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 998

Description

This edit verifies that for cases using the MelanomaSkin schema, CS Site-Specific Factor 4 (LDH), CS Site-Specific Factor 5 (LDH lab value), and CS Site-Specific Factor 6 (LDH upper limits of normal) are coded consistently. If one specifies "test not done", the others must also specify "test not done".

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 4 is blank or 988
3. CS Site-Specific Factor 5 is blank or 988
4. CS Site-Specific Factor 6 is blank or 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

If CS schema is MelanomaSkin:

1. If CS Site-Specific Factor 4 = 998, then CS Site-Specific Factor 5 and CS Site-Specific Factor 6 must = 998.

2. If CS Site-Specific Factor 5 = 998, then CS Site-Specific Factor 4 and CS Site-Specific Factor 6 must = 998.

3. If CS Site-Specific Factor 6 = 998, then CS Site-Specific Factor 4 and CS Site-Specific Factor 5 must = 998.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF502

NAACCR v 16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 4, CS SSF 5, Liver Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Liver schema, if CS Site-Specific Factor 4 (Creatinine Value) indicates that the test was not done, then CS Site-Specific Factor 5 (Creatinine Unit of Measure) is coded consistently, and vice versa.

If CS schema is Liver:

1. If CS Site-Specific Factor 4 (Creatinine Value) = 998 (test not done), then CS Site-Specific Factor 5 (Creatinine Unit of Measure) must = 998 (test not done).
2. If CS Site-Specific Factor 5 = 998 (test not done), then CS Site-Specific Factor 4 must = 998 (test not done).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Site-Specific Factor 5 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF375

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, LymphNodes, NodesPos, ColoRectal (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Lymph Nodes [Std# 2830]
Regional Nodes Positive [Std# 820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3246] %F4 (%V4), %F5 (%V5), %F6 (%V6) conflict
CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), CS Lymph Nodes ("value of CS Lymph Nodes"), Regional Nodes Positive ("value of Regional Nodes Positive") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, the following Table Note from CS Lymph Nodes is enforced: "If there are tumor deposits and node involvement, code the information on node involvement. That is, do not use code 050."

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the Colon or Rectum schemas:

If CS Site-Specific Factor 4 (tumor deposits) = 001-081, 990 (tumor deposits are present) and Regional Nodes Positive = 01 - 97 (nodes are removed and are positive), then CS Lymph Nodes must not = 050 (tumor deposits without regional metastasis).

If CS Site-Specific Factor 4 (tumor deposits) = 000 (no tumor deposits), then CS Lymph Nodes must not = 050 (tumor deposits without regional metastasis).

If CS Lymph Nodes = 050 (tumor deposits without regional metastasis), then CS Site-Specific Factor 4 must not = 000 (no tumor deposits).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF264

Modifications:

NAACCR v12.1

- Edit name changed from "CS SSF 4, LymphNodes, NodesPos, ColoAppRectal (CS)" to "CS SSF 4, LymphNodes, NodesPos, ColoRectal (CS)". Logic checking for Appendix CS CS Lymph Nodes of 050 because tumor deposits for Appendix are handled differently and code 050 was made OBSOLETE DATA REVIEWED AND CHANGED V0203.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4094] Vagina schema: If %F4 = %V4, %F5 (%V5) must = 30, 35, 55, or 58
Vagina schema: If CS Site-Specific Factor 4 = "value of CS Site-Specific Factor 4", CS Mets at DX ("value of CS Mets at DX") must = 30, 35, 55, or 58

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 4 (para-aortic nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 4 = 010 (positive para-aortic lymph nodes), then CS Mets at DX must = 30, 35, 55, or 58.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF432

Modifications

NAACCR v13A

- Codes 30, 35, 55, and 58 added to the list of CS Mets at DX codes allowed if CS Site-Specific Factor 4 = 010

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, RX Summ--Surg, Testis Schema (CS)

Agency: CS

Last changed: 10/01/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor 4 [Std# 2910]
Type of Reporting Source [Std# 500]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4")

Description

Purpose: This edit verifies that, for cases coded using the CS Testis schema, if there is no radical orchiectomy coded in the surgery field, CS Site-Specific Factor 4 must also show no radical orchiectomy done, and vice versa.

This edit is skipped if any of the following conditions are true:

1. Case is is a death certificate only (Type of Reporting Source = 7)
2. CS Site-Specific Factor 4 is blank
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Testis schema:

If RX Summ--Surg Prim Site = 80 (orchiectomy, NOS), 90 (Surgery, NOS), or 99 (unknown if surgery performed), then CS Site-Specific Factor 4 must = 000 (radical orchiectomy not performed) or 999 (unknown if radical orchiectomy performed).

Otherwise if there was no radical orchiectomy (RX Summ--Surg Prim Site not = 40), then CS Site-Specific Factor 4 must = 000.

If CS Site-Specific Factor 4 = 000, then RX Summ--Surg Prim Site must not = 40.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF134

MODIFICATIONS:

NACR110C

6/24/06

Added: If RX Summ--Surg Prim Site = 80 (orchiectomy, NOS), 90 (Surgery, NOS), or 99 (unknown if surgery performed), then CS Site-Specific Factor 4 must = 000 (radical orchiectomy not performed) or 999 (unknown if radical orchiectomy performed).

NAACCR v11.1A

2/07

Modified to skip DCO cases (Type of Reporting Source = 7).

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit updated to skip if RX Summ--Surg Prim Site is blank

CS SSF 4, SSF 5, Vagina (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4091] Vagina schema: If %F4 = 998, %F5 (%V5) must = 998
Vagina schema: If CS Site-Specific Factor 4 = 998, CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") must = 998

Additional Messages

[4092] Vagina schema: If CS Site-Specific Factor 5 = 998, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Vagina schema, SSF 4 (Para-Aortic Nodal Status) and SSF 5 (Assessment Method of Para-Aortic Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 4 = 998 (para-aortic lymph nodes not assessed), then CS Site-Specific Factor 5 must = 998 (para-aortic lymph nodes not assessed).
2. If CS Site-Specific Factor 5 = 998, then CS Site-Specific Factor 4 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Site-Specific Factor 5 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF433

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 4, Surg, DX/Stg, KidneyParenchyma (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Description

This edit verifies that for cases coded using the KidneyParenchyma schema, if CS Site-Specific Factor 4 (sarcomatoid features) indicates no pathologic examination of primary site, then neither RX Summ--Surg Prim Site, nor RX Summ--DX/Stg Proc indicates that there was a specimen sent to pathology.

Please note that there is another edit, "CS SSF 4, Surgery, KidneyParenchyma Schema (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If schema is KidneyParenchyma:

```
If CS Site-Specific Factor 4 = 998 (no pathologic examination of primary site)
THEN
  RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery
  of primary site or no specimen sent to pathology from surgical event)
  and RX Summ--DX/Stg Proc must not = 02
```

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 4 [Std# 2910]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3510] KidneyParenchyma schema: If %F4 = %V4, %F5 must not = %V5
KidneyParenchyma schema: If CS Site-Specific Factor 4 = "value of CS Site-Specific Factor 4", RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 4 (sarcomatoid features) indicates no pathologic examination of primary site, then RX Summ--Surg Prim Site must not indicate that a specimen was sent to pathology

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

```
If CS Site-Specific Factor 4 = 998 (no pathologic examination of primary site)
THEN
    RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery
    of primary site or no specimen sent to pathology from surgical event)
```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF452

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 5, GISTPeritoneum (CS)

Agency: CS

Last changed: 06/08/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3549] If %F4 = 998, %F5 must not = %V5
If CS Site-Specific Factor 5 = 998, RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

This edit verifies that for cases using the GISTPeritoneum schema, CS Site-Specific Factor 5 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 5 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 5 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTPeritoneum:

If CS Site-Specific Factor 5 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF503

NAACCR v16

- Edit skips if CS Version Input Original is less than 020500 and not empty

CS SSF 5, Lymph Nodes, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor 5 = "value of CS Site-Specific Factor 5", CS Lymph Nodes must not = "value of CS Lymph Nodes"

Additional Messages

[4055] Testis schema: If CS Lymph Nodes = "value of CS Lymph Nodes", CS Site-Specific Factor 5 must not = "value of CS Site-Specific Factor 5"
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, SSF 5 (Size of Metastasis in Lymph Nodes) and CS Lymph Nodes are coded consistently.

If CS schema is Testis:

1. If CS Site-Specific Factor 5 = 000 (no regional lymph nodes involved), then CS Lymph Nodes must = 000 (no regional lymph nodes involved)
2. If CS Site-Specific Factor 5 = 010-030 (regional lymph nodes involved), then CS Lymph Nodes must = 100-800 (regional nodes involved)
3.
 - a. IF CS Lymph Nodes = 510 (stated as N1), then CS Site-Specific Factor 5 must = 010 or 999.
 - b. IF CS Lymph Nodes = 520 (stated as N2), then CS Site-Specific Factor 5 must = 020 or 999.
 - c. IF CS Lymph Nodes = 530 (stated as N3), then CS Site-Specific Factor 5 must = 030 or 999.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 5 is blank or 988

2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF385

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 5, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") and RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site") conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, CS Site-Specific Factor 5 (Tumor Regression Grade) and RX Summ--Surg Prim Site are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 5 is blank or = 988
2. RX Summ--Surgery Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the Colon or Rectum schemas:

If CS Site-specific Factor 5 = 000, 010, 020, or 030 (statement about tumor regression grade), RX Summ--Surg Prim Site must not = 00 or 99 (no surgery of primary site or unknown if surgery performed).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF265

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 5, SSF 7, RX Summ--Surg Other, Vagina (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 7 [Std# 2861]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4097] Vagina schema: If %F4 (%V4) or %F5 (%V5) = 040, %F6 must not = %V6
Vagina schema: If CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") or CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") = 040, RX Summ--Surg Oth Reg/Dis must not = "value of RX Summ--Surg Oth Reg/Dis"

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 5 (assessment method of para-aortic nodal status), CS Site-Specific Factor 7 (assessment method of mediastinal nodal status) and RX Summ--Surg Oth Reg/Distant are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 5 = 040 (lymphadenectomy) or CS Site-Specific Factor 7 = 040 (lymphadenectomy), then RX Summ--Surg Oth Reg/Distant must not = 0 (no procedure to other site).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 5 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. RX Summ--Surg Oth Reg/Distant is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF434

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3243] Conflict among schema, %F3 (%V3), and %F4 (%V4)
Conflict among schema, Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3"), and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is empty or = 988 (not applicable: information not collected for this case)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast

If Behavior Code ICD-O-3 = 2 (in situ), then CS Site-Specific Factor 6 (size of tumor-invasive component) must = 010 (entire tumor reported as in situ (no invasive component reported)) or 987 (unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. Clinical tumor size coded.)

If CS Site-Specific Factor 6 = 010 and Histologic Type ICD-O-3 is not = 8543 (Paget disease of breast) cases, then Behavior Code ICD-O-3 must = 2.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF190

MODIFICATIONS:

NAACCR v11.2

7/2007

- The edit was modified to allow a CS Site-Specific Factor 6 code of 888 (unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. Clinical tumor size coded.) if Behavior Code ICD-O-3 = 2 (in situ).

8/2007

- This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

- Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the

- Description updated: deleted portion of description that stated that CS Site-Specific Factor 6 must = 010 for in situ cases since edit was modified (7/2007) to allow both 010 AND 888 for in situ cases.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 6 is 988.

NAACCR v13

- Modified edit to exclude histology 8543 (Paget disease of breast) cases when requiring behavior code 2 when SSF 6 = 010.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, CS SSF 7, Liver Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6"), CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Liver schema, if CS Site-Specific Factor 6 (Total Bilirubin Value) indicates that the test was not done, then CS Site-Specific Factor 7 (Total Bilirubin Unit of Measure) is coded consistently, and vice versa.

If CS schema is Liver:

1. If CS Site-Specific Factor 6 (Total Bilirubin Value) = 998 (test not done), then CS Site-Specific Factor 7 (Total Bilirubin Unit of Measure) must = 998 (test not done).
2. If CS Site-Specific Factor 7 = 998 (test not done), then CS Site-Specific Factor 6 must = 998 (test not done).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF376

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, GISTEsoph, SmallIntest, Stomach (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3549] If %F4 = 998, %F5 must not = %V5
If CS Site-Specific Factor 6 = 998, RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

This edit verifies that for cases using the GISTEsophagus, GISTSmallIntestine, or GISTStomach schemas, CS Site-Specific Factor 6 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 6 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 6 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTEsophagus, GISTSmallIntestine, or GISTStomach:

If CS Site-Specific Factor 6 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF504

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 6, Histology, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3512] KidneyParenchyma schema: If %F4 = %V4, %F2 must not = %V2
KidneyParenchyma schema: If CS Site-Specific Factor 6 = "value of CS Site-Specific Factor 6", Histologic Type ICD-O-3 must not = "value of Histologic Type ICD-O-3"

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 6 (Fuhrman Nuclear Grade) indicates case is not a renal cell carcinoma, then the histology code must not be a renal cell carcinoma code per Multiple Primary/Histology Rules.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 6 = 987 (not applicable: not a renal cell carcinoma morphology)

THEN

Histologic Type ICD-O-3 must not = 8260, 8310, 8312, 8316-8320, 8510, or 8959 (renal cell carcinoma codes per MP/H rules)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF453

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Mets at DX [Std# 2850]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4095] Vagina schema: If %F4 = %V4, %F5 (%V5) must = 35, 55, or 58
Vagina schema: If CS Site-Specific Factor 6 = "value of CS Site-Specific Factor 6", CS Mets at DX ("value of CS Mets at DX") must = 35, 55, or 58

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 6 (mediastinal, scalene nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 6 = 010 (positive mediastinal, scalene lymph nodes), then CS Mets at DX must = 35 (distant lymph nodes other than codes 20-30), 55 (distant mets plus distant lymph nodes), or 58 (FIGO Stage IVB).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF435

Modifications

NAACCR v13A

- Code 58 added to the list of CS Mets at DX codes allowed if CS Site-Specific Factor 6 = 010

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 04/22/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3245] %F4 (%V4) and %F5 (%V5) conflict
CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") and RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site") conflict

Additional Messages

[3440] If CS Site-Specific Factor 6 = "value of CS Site-Specific Factor 6", RX Summ--Surg Prim Site must not = 00, 99, or blank
[3441] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", CS Site-Specific Factor 6 must = 998
[3456] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", CS Site-Specific Factor 6 must = 999
[3479] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", CS Site-Specific Factor 6 must = 998 or 999
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, CS Site-Specific Factor 6 (Circumferential Resection Margin) and RX Summ--Surg Prim Site are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or = 988
2. RX Summ--Surgery Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For Colon and Rectum schemas only:

If CS Version Input Original is less than 020500 and CS Version Input Original is not blank:

If RX Summ--Surg Prim Site = 00 (no surgery of primary site),
then

CS Site-specific Factor 6 must = 998 (no resection of primary site).

If CS Version Input Original is 020500 or higher OR Year of Date of Diagnosis is greater than 2015:

If RX Summ--Surg Prim Site = 00-29 (codes indicating no surgery
of primary site or not enough tissue to measure the CRM)
then

CS Site-specific Factor 6 must = 998 (no resection of primary site)
or 999 (unknown or CRM not mentioned)

If RX Summ--Surg Prim Site = 99 (unknown if surgery of primary site)
then

CS Site-specific Factor 6 must = 999 (unknown or no information).

If CS Site-specific Factor 6 = 000-981, 990-996 (statement about circumferential margin)
then

RX Summ--Surg Prim Site must not = 00 or 99 (no surgery of primary site or unknown if surgery performed).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF287

Modifications:

NAACCR v12.1

CS Site-specific Factor 6 range of 000-980 was changed to 000-981. (Code 981 was added in CSv0203 to indicate 98.1 mm or greater.)

NAACCR v12.2A

- The following logic was added:
If RX Summ--Surg Prim Site = 00, then CS Site-specific Factor 6 must = 998.
- Error messages were updated.

NAACCR v13

- Added: If RX Summ--Surg Prim Site = 99, then CS Site-specific Factor 6 must = 999

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Added:

If CS Version Input Original is 020500 or higher:

If RX Summ--Surg Prim Site = 00-29, then CS Site-specific Factor 6 must = 998 or 999

CS SSF 6, SSF 12, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor 6 = "value of CS Site-Specific Factor 6", CS Site-Specific Factor12 must not = "value of CS Site-Specific Factor12"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, if SSF 6 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] indicates initial AFP recorded in SSF 12 [Post-Orchiectomy Alpha Fetoprotein (AFP) Lab Value], then SSF 12 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 6 = 995 or 996 (Initial AFP recorded in CS Site-Specific Factor12), then CS Site-Specific Factor12 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF386

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, SSF 7, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4052] Testis schema: If %F4 = 998, %F5 (%V5) must = 998
Testis schema: If CS Site-Specific Factor 6 = 998, CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") must = 998

Additional Messages

[4053] Testis schema: If CS Site-Specific Factor 7 = 998, CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, SSF 6 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] and SSF 7 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor 6 = 998 (test not done), then CS Site-Specific Factor 7 must = 998 (test not done).
2. If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 6 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF387

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, SSF 7, Vagina (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4091] Vagina schema: If %F4 = 998, %F5 (%V5) must = 998
Vagina schema: If CS Site-Specific Factor 6 = 998, CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7") must = 998

Additional Messages

[4092] Vagina schema: If CS Site-Specific Factor 7 = 998, CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Vagina schema, SSF 6 (Mediastinal, Scalene Nodal Status) and SSF 7 (Assessment Method of Mediastinal Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 6 = 998 (mediastinal, scalene lymph nodes not assessed), then CS Site-Specific Factor 7 must = 998 (mediastinal, scalene lymph nodes not assessed).
2. If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 6 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF436

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, Tumor Size, Breast Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 6 [Std# 2930]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3329] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6"), CS Tumor Size ("value of CS Tumor Size")

Description

The purpose of this edit is to verify that, for cases coded using the Breast Schema, that Site-Specific Factor 6 and CS Tumor Size are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is empty or = 988 (not applicable: information not collected for this case)
2. CS Tumor Size is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Breast schema:

1. If CS Site-Specific Factor 6 = 020, 030, 040, or 050, indicating size of invasive or entire component coded in CS Tumor Size, the CS Tumor Size must not = 999 (unknown; size not stated).
2. If CS Site-Specific Factor 6 = 060 [Invasive and in situ components present, unknown size of tumor (CS Tumor Size coded 999)], then CS Tumor Size must = 999 (unknown).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF218

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 6 is 988.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 7, 8, 12, 13, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor12 [Std# 2866]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]
RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[4108] Prostate schema: If %F4 and %F5 =998, %F6 and %F7 must also = 998
Prostate schema: If CS Site-Specific Factor 7 and CS Site-Specific Factor 8 =998, CS Site-Specific Factor12 and CS Site-Specific Factor13 must also = 998

Additional Messages

[4109] Prostate schema: If CS Site-Specific Factor12 and CS Site-Specific Factor13 =998 and RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", CS Site-Specific Factor 7 and CS Site-Specific Factor 8 must also = 998

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site-Specific Factors 7, 8, 12 and 13 are coded consistently.

If CS schema is Prostate:

If CS Site Specific Factors 7 and 8 = 998 (no needle core biopsy/TURP performed), then CS Site Specific Factors 12 and 13 must also = 998 (no needle core biopsy performed).

If CS Site Specific Factors 12 and 13 = 998 and RX Summ--Surg Prim Site = 00-17, then CS Site Specific Factors 7 and 8 must also = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 7 is blank or 988
2. CS Site-Specific Factor 8 is blank or 988
3. CS Site-Specific Factor12 is blank or 988
4. CS Site-Specific Factor13 is blank or 988
3. Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF437

Modifications

NAACCR v13A

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 7, MelanomaSkin (CS)

Agency: CS

Last changed: 07/24/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]

Default Error Message

[3549] If %F4 = 998, %F5 must not = %V5
If CS Site-Specific Factor 7 = 998, RX Summ--Surg Prim Site must not = "value of RX Summ--Surg Prim Site"

Description

This edit verifies that for cases using the MelanomaSkin schema, CS Site-Specific Factor 7 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 7 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions are true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 7 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is MelanomaSkin:

If CS Site-Specific Factor 7 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF505

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

NAACCR v16A

- Administrative Note for v16 changed to indicate edit skipped if CS Version Input Original is less than 020500 from less than 020550

CS SSF 7, SSF 13, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor 7 = "value of CS Site-Specific Factor 7", CS Site-Specific Factor13 must not = "value of CS Site-Specific Factor13"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, if SSF 7 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Range] indicates initial AFP recorded in SSF 13 [Post-Orchiectomy Alpha Fetoprotein (AFP) Range], then SSF 13 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 7 = 995 or 996 (Initial AFP recorded in CS Site-Specific Factor13), then CS Site-Specific Factor13 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 7 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF388

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 7, SSF 8, Prostate Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 7 [Std# 2861]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4060] Prostate schema: If %F4 = %V4, %F5 must not = %V5
Prostate schema: If CS Site-Specific Factor 7 = "value of CS Site-Specific Factor 7", CS Site-Specific Factor 8 must not = "value of CS Site-Specific Factor 8"

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site Specific Factor 7 (Gleason's Primary Pattern and Secondary Pattern Values on Needle Core Biopsy/Transurethral Resection of Prostate) and CS Site-Specific Factor 8 (Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate) are coded consistently.

If CS schema is Prostate:

The recorded CS Site-Specific Factor 7 and 8 codes must correspond to each other as specified in the table below.

If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 8 must = 998 and vice versa.

CS Site-Specific Factor 7 CS Site-Specific Factor 8

CS Site-Specific Factor 7	CS Site-Specific Factor 8
011	002
012	003
013	004
014	005
015	006
019	002-006, 999
021	003
022	004
023	005
024	006
025	007
029	003-007, 999

031	004
032	005
033	006
034	007
035	008
039	004-008, 999
041	005
042	006
043	007
044	008
045	009
049	005-009, 999
051	006
052	007
053	008
054	009
055	010
059	006-010, 999

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 7 is blank or 988
2. CS Site-Specific Factor 8 is blank or 988
3. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF438

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, CS SSF 9, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3430] Breast schema: If %F4 = 998, %F5 (%V5) must = 998
Breast schema: If CS Site-Specific Factor 8 = 998, CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") must = 998

Additional Messages

[3432] Breast schema: If CS Site-Specific Factor 9 = 998, CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 8 (HER2: IHC Lab Value) and SSF 9 (HER2: IHC Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor 8 = 998 (test not done), then CS Site-Specific Factor 9 must = 998 (test not done).
2. If CS Site-Specific Factor 9 = 998, then CS Site-Specific Factor 8 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF377

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 8, CS SSF 9, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3429] If no surgery/BX performed, both %F4 (%V4) and %F5 (%V5) must = 998
If no surgery/BX performed, both CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") and CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") must = 998

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Breast schema, SSF 8 (HER2: IHC Lab Value) and SSF 9 (HER2: IHC Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor 8 must = 998 and CS Site-Specific Factor 9 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 8, Lymph Nodes, KidneyParenchyma (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Lymph Nodes [Std# 2830]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3513] KidneyParenchyma schema: If %F4 = 000, %F5 (%V5) must not = 100-800
KidneyParenchyma schema: If CS Site-Specific Factor 8 = 000, CS Lymph Nodes ("value of CS Lymph Nodes") must not = 100-800

Additional Messages

[4221] KidneyParenchyma schema: If CS Lymph Nodes = 000, CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") must not = 010-030

Description

This edit verifies that for cases using the KidneyParenchyma schema, CS SSF 8 (extranodal extension of regional lymph nodes) and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If CS schema is KidneyParenchyma:

1. If CS Site-Specific Factor 8 = 000 (no regional lymph nodes involved)
THEN
 CS Lymph Nodes must not = 100-800 (codes indicating regional lymph node involvement)
2. If CS Lymph Nodes = 000 (no regional lymph node involvement)
THEN
 CS Site-Specific Factor 8 must not = 010-030 (codes indicating regional lymph node involvement)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF454

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, if CS Site-Specific Factor 8 (Perineural Invasion) indicates that there was not pathologic examination of the primary site, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 8, RX Summ--Surg, DX/Stg, ColoRectal (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is Colon or Rectum:

- If CS Site-Specific Factor 8 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. RX Summ--Surg prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF378

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, RX Summ--Surg, DX/Stg, ColoRectal (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--DX/Stg Proc [Std# 1350]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site"), RX Summ--DX/Stg Proc ("value of RX Summ--DX/Stg Proc")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, if CS Site-Specific Factor 8 (Perineural Invasion) indicates that there was not pathologic examination of the primary site, then neither RX Summ--Surg Prim Site nor RX Summ--DX/Stg Proc indicates that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 8, RX Summ--Surg, ColoRectal (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

If CS schema is Colon or Rectum:

- If CS Site-Specific Factor 8 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89 and RX Summ--DX/Stg Proc must not = 02, 05, or 06.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, SSF 10, Grade, Prostate (SEER)

Agency: CS

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor10 [Std# 2864]
Grade [Std# 440]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[4275] Prostate schema: If %F4 = %V4 and %F5 = %V5, %F6 must = 1
Prostate schema: If CS Site-Specific Factor 8 = "value of CS Site-Specific Factor 8" and CS Site-Specific Factor10 = "value of CS Site-Specific Factor10", Grade must = 1

Additional Messages

[4276] Prostate schema: If CS Site-Specific Factor 8 = "value of CS Site-Specific Factor 8" and CS Site-Specific Factor10 = "value of CS Site-Specific Factor10", Grade must = 2
[4277] Prostate schema: If CS Site-Specific Factor 8 = "value of CS Site-Specific Factor 8" and CS Site-Specific Factor10 = "value of CS Site-Specific Factor10", Grade must = 3

Description

Purpose: This edit verifies that Grade is coded correctly for prostate cases diagnosed 2014 and later. A computer algorithm can be used to derive grade for prostate based on CS Site-Specific Factor 8 (Gleason's score on TURP and CS Site-Specific Factor10 (Gleason's score on prostatectomy/autopsy): if CS Site-Specific Factor 8 or CS Site-Specific Factor10 has known values for Gleason's, the information could be used to automatically derive the grade field.

Source: Instructions for Coding Grade for 2014+
<http://www.seer.cancer.gov/tools/grade/>

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank, invalid or less than 2014
2. CS Site-Specific Factor 8 is blank or 988
3. CS Site-Specific Factor10 is blank or 988
4. Case is death certificate only (Type of Reporting Source = 7).
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If Primary Site = C619 (Prostate) and Histologic Type ICD-O-3 = 8000-9136, 9141-9582, 9700-9701:

Using the table below, if Grade does not equal the CS Site-Specific Factor 8 and CS Site-Specific Factor10 combination, then an error message is generated. Grade specified as "*" can't be automatically calculated and will not be checked by this edit. The detailed edit logic is provided below the table.

GRADE													
SSF8	SSF 10 Codes												
Codes	002	003	004	005	006	007	008	009	010	988	998	999	
002	1	1	1	1	1	2	3	3	3	*	1	1	
003	1	1	1	1	1	2	3	3	3	*	1	1	
004	1	1	1	1	1	2	3	3	3	*	1	1	
005	1	1	1	1	1	2	3	3	3	*	1	1	
006	1	1	1	1	1	2	3	3	3	*	1	1	
007	2	2	2	2	2	2	3	3	3	*	2	2	
008	3	3	3	3	3	3	3	3	3	*	3	3	
009	3	3	3	3	3	3	3	3	3	*	3	3	
010	3	3	3	3	3	3	3	3	3	*	3	3	
988	*	*	*	*	*	*	*	*	*	*	*	*	
998	1	1	1	1	1	2	3	3	3	*	*	*	
999	1	1	1	1	1	2	3	3	3	*	*	*	

1. If CS Site-Specific Factor 8 = 002-006
 - a. If CS Site-Specific Factor10 = 002-006, 998, 999
Grade must = 1
 - b. If CS Site-Specific Factor10 = 007
Grade must = 2
 - c. If CS Site-Specific Factor10 = 008-010
Grade must = 3

2. If CS Site-Specific Factor 8 = 007
 - a. If CS Site-Specific Factor10 = 002-007, 998, 999
Grade must = 2
 - b. If CS Site-Specific Factor10 = 008-010
Grade must = 3

3. If CS Site-Specific Factor 8 = 008-010
 - a. If CS Site-Specific Factor10 = 002-010, 998, 999
Grade must = 3

4. If CS Site-Specific Factor 8 = 998, 999
 - a. If CS Site-Specific Factor10 = 002-006
Grade must = 1
 - b. If CS Site-Specific Factor10 = 007
Grade must = 2
 - c. If CS Site-Specific Factor10 = 008-010
Grade must = 3

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF535

CS SSF 8, SSF 14, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor14 [Std# 2868]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor 8 = "value of CS Site-Specific Factor 8", CS Site-Specific Factor14 must not = "value of CS Site-Specific Factor14"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, if SSF 8 [Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Lab Value] indicates initial hCG recorded in SSF 14 [Post-Orchiectomy Human Chorionic Gonadotropin (hCG) Lab Value], then SSF 14 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 8 = 995 or 996 (Initial hCG recorded in CS Site-Specific Factor14), then CS Site-Specific Factor14 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF389

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 8, SSF 9, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4052] Testis schema: If %F4 = 998, %F5 (%V5) must = 998
Testis schema: If CS Site-Specific Factor 8 = 998, CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") must = 998

Additional Messages

[4053] Testis schema: If CS Site-Specific Factor 9 = 998, CS Site-Specific Factor 8 ("value of CS Site-Specific Factor 8") must = 998
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, SSF 8 [Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Lab Value] and SSF 9 [Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor 8 = 998 (test not done), then CS Site-Specific Factor 9 must = 998 (test not done).
2. If CS Site-Specific Factor 9 = 998, then CS Site-Specific Factor 8 must = 998.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF390

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
Regional Nodes Positive [Std# 820]
RX Summ--Scope Reg LN Sur [Std# 1292]
CS Site-Specific Factor25 [Std# 2879]

Tables

SCHEM_HN.DBF

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9"), Regional Nodes Positive ("value of Regional Nodes Positive"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck), Regional Nodes Positive, and RX Summ--Scope Reg LN Sur are coded consistently for Head and Neck schemas.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank or = 988
2. Regional Nodes Positive is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior

FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase

1. If CS Site-Specific Factor 9 = 000 (no lymph nodes involved pathologically),
then Regional Nodes Positive must = 00 (all nodes examined negative)

2. If CS Site-Specific Factor 9 = 998 (no pathologic examination of lymph nodes), then Regional Nodes Positive must = 00 (all nodes examined negative), 95 (positive aspiration or core biopsy of lymph nodes) or 98 (no nodes examined)

3. If CS Site-Specific Factor 9 = 999 (unknown if regional lymph nodes involved pathologically), then Regional Nodes Positive must = 98 (no nodes examined) or 99 (unknown if nodes are positive)

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF379

Modifications:

NAACCR v12.2C

- Sequence of edit logic changed in condition #2: instead of checking if CS SSF 9 = 998, then Scope of Reg LN Surg must = 0, the edit now checks (in #4) if Scope of Regional LN Surg = 0, then CS SSF 9 must = 998 or 999.

NAACCR v13

- Corrected edit logic so that the following statement would execute correctly: "If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor 9 must = 998 or 999". The logic mistakenly checked for RX Summ--Scope Reg LN Sur code "00" instead of "0".

- Also added code to skip the above logic if CS Tumor Size/Ext Eval is 2, 8 or 9 (codes indicating autopsy or unknown if surgery).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Edit updated for CS v02.05: if CS Version Input Original is 020500 or higher and RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of regional lymph nodes), then CS SSF 9 must = 998 or 999.

NAACCR v14A

- Edit updated: 00 was added to the list of codes allowed for Regional Nodes Positive when CS Site-Specific Factor 9 = 998.

NAACCR v16

- Removed condition that looked at CS TS/Ext Eval from this edit and created a separate edit Titled CS SSF 9, Surgery, HeadNeck Schemas.

CS SSF 9, SSF 10, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
RX Summ--Surg Prim Site [Std# 1290]
Type of Reporting Source [Std# 500]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4061] For %F4 of %V4/%F5 of %V5/ %F6 of %V6, if %F7 = %V7, %F8 must not = %V8
For RX Summ--Surg Prim Site of "value of RX Summ--Surg Prim Site"/Type of Reporting Source of "value of Type of Reporting Source"/ CS Tumor Size/Ext Eval of "value of CS Tumor Size/Ext Eval", if CS Site-Specific Factor 9 = "value of CS Site-Specific Factor 9", CS Site-Specific Factor10 must not = "value of CS Site-Specific Factor10"

Additional Messages

[4058] For RX Summ--Surg Prim Site of "value of RX Summ--Surg Prim Site"/Type of Reporting Source of "value of Type of Reporting Source"/CS Tumor Size/Ext Eval of "value of CS Tumor Size/Ext Eval", CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") and CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") must not = 998
[4059] For RX Summ--Surg Prim Site of "value of RX Summ--Surg Prim Site"/Type of Reporting Source of "value of Type of Reporting Source"/CS Tumor Size/Ext Eval of "value of CS Tumor Size/Ext Eval", CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9") and CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") must = 998

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site Specific Factor 9 (Gleason's Primary Pattern and Secondary Pattern Values on Prostatectomy/Autopsy) and CS Site-Specific Factor 10 (Gleason's Score on Prostatectomy/Autopsy) are coded consistently.

If CS schema is Prostate:

If RX Summ--Surgery Prim Site = 30, 50, 70, 80 (codes indicating prostatectomy) OR Type of Reporting Source = 6 (autopsy only) OR CS Tumor Size/Ext Eval = 3 or 8 (codes indicating evidence derived from autopsy), then the recorded CS Site-Specific Factor 9 and 10 codes must correspond to each other as specified in the

table below AND both CS Site-Specific Factor 9 and 10 codes must not = 998 (no prostatectomy/autopsy performed).

If RX Summ--Surgery Prim Site not = 30, 50, 70, 80, 99 AND [Type of Reporting Source not = 6 or blank] AND [CS Tumor Size/Ext Eval not = 3, 8, 9 or blank], then the recorded CS Site-Specific Factor 9 and 10 codes must both = 998 (no prostatectomy/autopsy performed).

CS Site-Specific Factor 9	CS Site-Specific Factor 10
011	002
012	003
013	004
014	005
015	006
019	002-006, 999
021	003
022	004
023	005
024	006
025	007
029	003-007, 999
031	004
032	005
033	006
034	007
035	008
039	004-008, 999
041	005
042	006
043	007
044	008
045	009
049	005-009, 999
051	006
052	007
053	008
054	009
055	010
059	006-010, 999

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank or 988
2. CS Site-Specific Factor 10 is blank or 988
3. Type of Reporting Source = 7 (DCO)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF439

Modifications

NAACCR v13A

- Corrected edit logic that pointed to the wrong error message; edit modified to point to new error message #4058 that specifies conditions under which both CS Site-Specific Factor 9 and 10 codes must not = 998.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Fixed logic error that caused edit to pass inappropriately

CS SSF 9, SSF 15, Testis (CS)

Agency: CS

Last changed: 09/25/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4054] Testis schema: If %F4 = %V4, %F5 must not = %V5
Testis schema: If CS Site-Specific Factor 9 = "value of CS Site-Specific Factor 9", CS Site-Specific Factor15 must not = "value of CS Site-Specific Factor15"

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that for cases using the Testis schema, if SSF 9 [Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Range] indicates initial hCG recorded in SSF 15 [Post-Orchiectomy Human Chorionic Gonadotropin (hCG) Range], then SSF 15 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 9 = 995 or 996 (Initial hCG recorded in CS Site-Specific Factor15), then CS Site-Specific Factor15 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF391

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 9, Surgery, HeadNeck Schemas

Agency: CS

Last changed: 05/04/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
RX Summ--Scope Reg LN Sur [Std# 1292]
CS Site-Specific Factor25 [Std# 2879]
CS Tumor Size/Ext Eval [Std# 2820]
CS Version Input Original [Std# 2935]

Tables

SCHEM_HN.DBF

Default Error Message

[3323] Conflict among schema, %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among schema, CS Site-Specific Factor 9 ("value of CS Site-Specific Factor 9"), RX Summ--Scope Reg LN Sur ("value of RX Summ--Scope Reg LN Sur"), CS Site-Specific Factor25 ("value of CS Site-Specific Factor25")

Additional Messages

[3478] Head and Neck: If CS Version Input Original = 020500 or higher and RX Summ--Scope Reg LN Sur = 1, CS Site-Specific Factor 9 must = 998 or 999
SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Site-Specific Factor 9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck), CS Tumor Size/Ext Eval, and RX Summ--Scope Reg LN Sur are coded consistently for Head and Neck schemas.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank or = 988
2. CS Tumor Size/Ext Eval = 2,8,9 or blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
TongueAnterior
TongueBase

MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase

If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor 9 must = 998 or 999

If CS Version Input Original is 020500 or higher:

If RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of regional lymph nodes), then CS Site-Specific Factor 9 must = 998 or 999

Administrative Notes

NAACCR v16

- new edit for v16

- SEER IF558

CS SSF 9, Surgery, MelanomaChor/Cil/Iris (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor 9 [Std# 2863]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4222] For this schema: If %F4 = %V4, %F5 (%V5) must = 00-19
For this schema: If CS Site-Specific Factor 9 = "value of CS Site-Specific Factor 9", RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site") must = 00-19

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

For cases coded using the MelanomaChoroid, MelanomaCiliaryBody and MelanomaIris schemas, if CS SSF 9 (mitotic count) indicates no histologic specimen from primary site, then RX Summ--Surg Prim Site must not indicate that a specimen was sent to pathology.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is MelanomaChoroid, MelanomaCiliaryBody or MelanomaIris:

If CS Site-Specific Factor 9 = 998 (no histologic specimen from primary site)
THEN

RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery
of primary site or no specimen sent to pathology from surgical event)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF455

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Surg/Rad Seq, Prostate (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
RX Summ--Surg/Rad Seq [Std# 1380]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4060] Prostate schema: If %F4 = %V4, %F5 must not = %V5
Prostate schema: If CS Tumor Size/Ext Eval = "value of CS Tumor Size/Ext Eval", RX Summ--Surg/Rad Seq must not = "value of RX Summ--Surg/Rad Seq"

Description

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation, then the surgery/radiation sequence field must NOT indicate radiation given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Surg/Rad Seq must not = 2 or 4 (radiation given before surgery)

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Surg/Rad Seq is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF392

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Sys/Surg Seq, Prostate (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
RX Summ--Systemic/Sur Seq [Std# 1639]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4060] Prostate schema: If %F4 = %V4, %F5 must not = %V5
Prostate schema: If CS Tumor Size/Ext Eval = "value of CS Tumor Size/Ext Eval", RX Summ--Systemic/Sur Seq must not = "value of RX Summ--Systemic/Sur Seq"

Description

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation, then the systemic therapy/surgery sequence field must NOT indicate systemic therapy given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Systemic/Sur Seq must not = 2 or 4 (systemic therapy given before surgery)

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Systemic/Sur Seq is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF393

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Surgery, Bladder Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
RX Summ--Surg Prim Site [Std# 1290]
CS Extension [Std# 2810]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4889] If %F4 = %V4 and %F5 = %V5, %F6 (%V6) must not = 5, 6, or 8
If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and CS Extension = "value of CS Extension", CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") must not = 5, 6, or 8

Additional Messages

[4897] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and CS Extension = "value of CS Extension", CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") must not = 3, 5, 6, or 8

Description

The purpose of this edit is to verify that, for cases coded using the CS Bladder schema, the CS Tumor Size/Ext Eval code is correct for surgeries which do not meet the pathologic staging criteria. An exception is made for CS Extension codes mapping to the highest T category which may be pathologically evaluated (CS Tumor Size/Ext Eval code 3) without primary site resection.

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Bladder:

If RX Summ--Surg Prim Site = 10-27:

1. If CS Extension = 700-805 (CS Extension codes mapping to the highest T category which may be pathologically evaluated), then CS Tumor Size/Ext Eval must not = 5, 6 or 8.
2. For all other CS Extension codes, CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF211

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.2A:

- Edit modified: "If RX Summ--Surg Prim Site = 10-27, then the CS Tumor Size/Ext Eval must not = 3, 5, 6, or 8" changed to: "If RX Summ--Surg Prim Site = 10-27 and CS Extension = 700-805, then the CS Tumor Size/Ext Eval must not = 5, 6, or 8".

- New error message (4889) added.

NAACCR v13:

- Added logic: If RX Summ--Surg Prim Site = 10-27 and CS Extension not = 700-805, then CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8".

- New error message (4897) added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Surgery, Prostate Schema (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
RX Summ--Surg Prim Site [Std# 1290]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval"), RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

For cases using the CS Prostate schema:

1. If RX Summ--Surg Prim Site = 22 (TURP, cancer is incidental finding during surgery for benign disease), then the CS Tumor Size/Ext Eval should be coded as 1 (No prostatectomy done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy) or 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700); otherwise if only a TURP is performed (RX Summ--Surg Prim Site = 19-26), then the CS Tumor Size/Ext Eval should be coded as 0 [No prostatectomy done. Evaluation based on physical examination including digital rectal examination (DRE), imaging examination, or other non-invasive clinical evidence. No autopsy evidence used], 1 or 2.
2. If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence), or 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), then RX Summ--Summ--Surg Prim Site must = 30-80 (prostatectomy performed).

The logic is:

If schema is Prostate schema:

1. If RX Summ--Surg Prim Site = 22, then
CS Tumor Size/Ext Eval must = 1 or 2.

Otherwise:

If RX Summ--Surg Prim Site = 19-26, then
CS Tumor Size/Ext Eval must = 0, 1, or 2.

2. If Tumor Size/Ext Eval = 4, 5, or 6 (prostatectomy performed) then
RX Summ--Surg Prim Site must = 30-80

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval is empty.
2. RX Summ--Surg Prim Site is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF196

Modifications:

NAACCR v11.1A

05/07

1. The RX Summ--Surg Prim Site range requiring CS Tumor Size/Ext Eval of 1 was changed from 19-26 to 19-30.
2. Additional code was added to require CS Tumor Size/Ext Eval of 0 or 1 for RX Summ--Surg Prim Site code of 18.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Changed the range of surgery codes for "only TURP is performed" from 19-30 to 19-26; code 30 is not included because it indicates "subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact", which can be pathologic under rare circumstances.
- Deleted logic that requires CS Tumor Size/Ext Eval of 0 or 1 (no surgical resection done) for surgery code of 18 (local tumor destruction or excision, NOS); this is because surgery code 18 could plausibly involve a simple prostatectomy.

NAACCR v11.3A

11/2008

- Added "2" to CS Tumor Size/Ext Eval codes allowed if RX Summ--Surg Prim Site = 19-26.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll

- Modified edit to allow CS Tumor Size/Ext Eval of 1 and 2 for RX Summ--Surg Prim Site of 22; allow CS Tumor Size/Ext Eval of 0, 1, and 2 for RX Summ--Surg Prim Site of 19-21, 23-26

NAACCR v12.2:

- Added: If CS Tumor Size/Ext Eval = 4, 5, or 6, then RX Summ--Summ--Surg Prim Site must = 30-80

NAACCR v12.2C:

- Error message corrected

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size (CS)

Agency: CS

Last changed: 09/28/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Tumor Size [Std# 2800]

Default Error Message

[1037] %F1 must be a three-digit number
CS Tumor Size must be a three-digit number

Description

Must be a valid three-digit number (000-999) or blank.

CS Tumor Size, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Tumor Size ("value of CS Tumor Size") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Tumor Size is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Tumor Size, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF226

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size, Site, Histol ICDO3 (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3356] Conflict among schema, %F2 (%V2), %F4 (%V4)
Conflict among schema, Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"), CS Tumor Size
("value of CS Tumor Size")

Additional Messages

[3379] For Primary Site of "value of Primary Site", CS Tumor Size must = 999
SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Colon or Rectum schemas:

- If CS Tumor Size = 998, then Histologic Type ICD-O-3 must = 8220 or 8221.
- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

For cases coded using the IllDefinedOther schema:

- If Primary Site = Unknown Primary Site (C809), then CS Tumor Size must = 999.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF136

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Added:- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size, SSF 1, MelanomaConjunctiva (CS)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size [Std# 2800]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3325] Conflict among schema, %F4 (%V4), %F5 (%V5)
Conflict among schema, CS Tumor Size ("value of CS Tumor Size"), CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")

Description

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size is empty
2. CS Site-Specific Factor 1 is empty.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
4. CS schema is invalid

If schema is MelanomaConjunctiva:

If CS Tumor Size = 000 then, CS Site-Specific Factor 1 must = 000 and vice versa.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF137

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit name changed from "CS Tumor Size, SSF 1, Malign Melanoma Schemas (CS)" to "CS Tumor Size, SSF 1, MelanomaConjunctiva(CS)".
- Changed to apply only to MelanomaConjunctiva schema.
- Modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size/Ext Eval (CS)

Agency: CS

Last changed: 10/08/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Tumor Size/Ext Eval [Std# 2820]

Default Error Message

[1023] %F1 is not valid
CS Tumor Size/Ext Eval is not valid

Description

Must be a valid CS Tumor Size/Ext Eval code (0-6,8,9) or blank.

CS Tumor Size/Ext Eval, Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Tumor Size/Ext Eval [Std# 2820]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[3321] %F4 (%V4) is invalid for this schema
CS Tumor Size/Ext Eval ("value of CS Tumor Size/Ext Eval") is invalid for this schema

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit verifies that CS Tumor Size/Ext Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions are true:

1. CS Tumor Size/Ext Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size/Ext Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS TS/Ext Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF228

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Validate Schema (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Default Error Message

[3380] CS schema is invalid
CS schema is invalid

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")

Description

The purpose of this edit is to verify that the schema is a valid CS schema.

This edit must be included in the edit sets for each standard setter since most other CS edits will be skipped if the schema is invalid.

This edit is skipped if any of the following conditions are true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty or less than 2004

This edit determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll. An error is generated if the schema is not found, or if CS Site-Specific Factor 25 is blank or coded 988 when the schema discriminator (CS SSF 25) is required to select the correct schema.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Validate Schema (NPCR)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]
Over-ride CS 20 [Std# 3769]
Type of Reporting Source [Std# 500]

Default Error Message

[3380] CS schema is invalid
CS schema is invalid

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")

Description

The purpose of this edit is to verify that the schema is a valid CS schema.

This edit must be included in the edit sets for each standard setter since most other CS edits will be skipped if the schema is invalid.

This edit is skipped if any of the following conditions are true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty or less than 2004
4. Over-ride CS 20 is '1' AND Type of Reporting Source = 3-7 AND CS Site-Specific Factor25 is blank

This edit determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll. An error is generated if the schema is not found, or if CS Site-Specific Factor 25 is blank or coded 988 when the schema discriminator (CS SSF 25) is required to select the correct schema.

Administrative Notes

New edit - added to NAACCR v13A metafile.

This edit differs from the CS edit of the same name in that the edit is skipped if Over-ride CS 20 is '1' AND Type of Reporting Source = 3-7 AND CS Site-Specific Factor25 is blank. Over-ride CS 20 is set to '1' when directly coded summary stage (SEER Summary Stage 2000 [759]) is recorded in lieu of Derived SS2000 [3020].

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Verify CStage Version 0205xx (CS)

Agency: CS

Last changed: 11/17/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Default Error Message

[4866] CStage DLL must be 0205 for this metafile; contact your software provider
CStage DLL must be 0205 for this metafile; contact your software provider

Description

The purpose of this edit is to ensure that the correct CStage DLL is being used for this metafile.

The first four digits of the CS version returned from a function call to the CStage DLL must = '0205' for this metafile.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF394

CS Version Derived (CS)

Agency: CS

Last changed: 08/14/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Derived [Std# 2936]

Default Error Message

[4867] First four character of %F1 (%V1) must = 0205; contact your software provider
First four character of CS Version Derived ("value of CS Version Derived") must = 0205; contact your software provider

Additional Messages

[4877] CS Version Derived must be < or = version returned from function call; contact your vendor

Description

CS Version Derived must be a six-digit number or blank.

If not blank, the first four digits must = 0205.

CS Version Derived must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

Administrative Notes

Modifications:

NACR110C

09/06/06

The code "0103" was added to the list of allowable values.

NAACCR v11.2

11/07

The code "0104" was added to the list of allowable values.

NAACCR v12.0

- Edit name changed from "CS Version Latest (CS)" to "CS Version Derived (CS)".

- Edit updated to only allow '02' in first two digits. (All earlier versions should have been converted to CSV02.) CS Version Derived must also be less than or equal to the current CS version. A function call to the CS dll is performed to get the most current CS version.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Edit updated to correspond to the CSV0205 requirements.

CS Version Input Current (CS)

Agency: CS

Last changed: 10/08/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Input Current [Std# 2937]

Default Error Message

[4868] %F1 cannot = %V1; contact your software provider
CS Version Input Current cannot = "value of CS Version Input Current"; contact your software provider

Description

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020540

020530

020520

020510

CS Version Input Current must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"

- List of allowable codes updated

CS Version Input Current, CS Version Derived (CS)

Agency: CS

Last changed: 05/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Input Current [Std# 2937]
CS Version Derived [Std# 2936]

Default Error Message

[3369] %F2 (%V2) must be > or = %F1 (%V1)
CS Version Derived ("value of CS Version Derived") must be > or = CS Version Input Current ("value of CS Version Input Current")

Description

This edit is skipped if either field is blank.

CS Version Derived must be greater than or equal to CS Version Input Current.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF266

CS Version Input Original (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Input Original [Std# 2935]

Default Error Message

[4868] %F1 cannot = %V1; contact your software provider
CS Version Input Original cannot = "value of CS Version Input Original"; contact your software provider

Description

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020440
020302
020200
020100
020001
010401
010400
010300
010200
010100
010005
010004
010003
010002
010000
000937

If the first 4 digits are 0205, then the full six-digit number must be greater than or equal to 020550. Codes less than 020550 are either reserved for converted cases or invalid and are never used in CS Version Input Original.

CS Version Input Original must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

Administrative Notes

Modifications:

NACR110C

09/06/06

The code "0103" was added to the list of allowable values.

NAACCR v11.2

11/07

The code "0104" was added to the list of allowable values.

NAACCR v12.0

- Edit name changed from "CS Version 1st (CS)" to "CS Version Input Original (CS)".
- - Edit updated to only allow '01' or '02' in first two digits or full number of '000937' (trial version). CS Version Input Original must also be less than or equal to the current CS version. A function call to the CS dll is performed to get the most current CS version.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"
- List of allowable codes updated

CS Version Input Original, CS Version Derived (CS)

Agency: CS

Last changed: 02/02/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Input Original [Std# 2935]
CS Version Derived [Std# 2936]

Default Error Message

[3369] %F2 (%V2) must be > or = %F1 (%V1)
CS Version Derived ("value of CS Version Derived") must be > or = CS Version Input Original ("value of CS Version Input Original")

Description

This edit is skipped if either field is blank.

CS Version Derived must be greater than or equal to CS Version Input Original.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF145

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

-- Edit name changed from "CS Version 1st, CS Version Latest (CS)" to "CS Version Input Original, CS Version Derived (CS)".

CS Version Input Original, Version Input Curr (CS)

Agency: CS

Last changed: 05/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]

Default Error Message

[3369] %F2 (%V2) must be > or = %F1 (%V1)
CS Version Input Current ("value of CS Version Input Current") must be > or = CS Version Input Original
("value of CS Version Input Original")

Description

This edit is skipped if either field is blank.

CS Version Input Current must be greater than or equal to CS Version Input Original.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF268

Date 1st Crs RX COC (COC)

Agency: COC

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC [Std# 1270]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date 1st Crs RX COC ("value of Date 1st Crs RX COC") is an invalid date

Additional Messages

ERROR_TEXT("Date of 1st Crs RX--COC: %DC")

Description

This edit is skipped if Date 1st Crs RX COC is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC (COC)' to 'Date 1st Crs RX COC (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC , Date Flag (COC)

Agency: COC

Last changed: 11/15/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]

Default Error Message

[1016] %F1 and %F2 conflict
Date 1st Crs RX COC and Date 1st Crs RX COC Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If Date 1st Crs RX COC is blank, corresponding Date 1st Crs RX COC Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date 1st Crs RX COC; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If Date 1st Crs RX COC is populated, then Date 1st Crs RX COC Flag must be blank.
2. If Date 1st Crs RX COC is blank, then Date 1st Crs RX COC Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the NPCR edit of the same name in that it does not allow both the date and flag fields to be blank; that is, if the date field is blank, the flag field must include a code indicating why the date is blank.

Modifications

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Flag (COC)' to 'Date 1st Crs RX COC , Date Flag (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.
- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

Date 1st Crs RX COC Flag (NAACCR)

Agency: NAACCR

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC Flag [Std# 1271]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
Date 1st Crs RX COC Flag must be blank, 10, 11, or 12

Description

The Date 1st Crs RX COC Flag codes indicates why there is no appropriate value in the corresponding date field, Date 1st Crs RX COC.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether treatment was administered).

11 No proper value is applicable in this context (e.g., autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., treatment administered but date is unknown).

Blank A valid date value is provided in item Date 1st Crs RX COC, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX Flag (NAACCR)' to 'Date 1st Crs RX COC Flag (NAACCR)'.
- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

Date 1st Crs RX COC, Date Flag (NPCR)

Agency: NPCR

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]

Default Error Message

[1016] %F1 and %F2 conflict
Date 1st Crs RX COC and Date 1st Crs RX COC Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3273] If Date 1st Crs RX COC is blank, Date 1st Crs RX COC Flag must = 10, 11, 12, or blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date 1st Crs RX COC; that is, Date 1st Crs RX COC and its corresponding date flag, Date 1st Crs RX COC Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date 1st Crs RX COC is populated, then Date 1st Crs RX COC Flag must be blank.
3. If Date 1st Crs RX COC is blank and Date 1st Crs RX COC Flag is not blank, then Date 1st Crs RX COC Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it does not require the date information, but if populated, the date and corresponding flag must be in agreement.

Modifications

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Flag (NPCR)' to 'Date 1st Crs RX COC, Date Flag (NPCR)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.
- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

Date 1st Crs RX COC, Date Initial RX SEER (NPCR)

Agency: NPCR

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]
Date Initial RX SEER [Std# 1260]
Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[3391] At least one of %F1, %F2, %F3, or %F4 must not be blank
At least one of Date 1st Crs RX COC, Date 1st Crs RX COC Flag, Date Initial RX SEER, or Date Initial RX SEER Flag must not be blank

Description

Date 1st Crs RX COC, Date 1st Crs RX COC Flag, Date Initial RX SEER, and Date Initial RX SEER Flag cannot all be blank.

Administrative Notes

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and to require that at least one of the following be populated: Date of 1st Crs RX--COC, Date of 1st Crs RX Flag, Date of Initial RX--SEER, or Date of Initial RX Flag

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Init RX--SEER (NPCR)' to 'Date 1st Crs RX COC, Date Initial RX SEER (NPCR)'.

- Data item names changed:
from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'
from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'
from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'.
from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'.

Date 1st Crs RX COC, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC [Std# 1270]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
Date 1st Crs RX COC ("value of Date 1st Crs RX COC") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Additional Messages

ERROR_TEXT("Date of 1st Crs RX--COC is invalid: %DC")
ERROR_TEXT("Date of Diagnosis is invalid: %DC")

Description

This edit is skipped if Date 1st Crs RX COC or Date of Diagnosis is blank.

Date 1st Crs RX COC must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date of DX (COC)' to 'Date 1st Crs RX COC, Date of Diagnosis (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC, Date of Last Contact (COC)

Agency: COC

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Last Contact [Std# 1750]
Date 1st Crs RX COC [Std# 1270]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
Date of Last Contact ("value of Date of Last Contact") must be > or = Date 1st Crs RX COC ("value of Date 1st Crs RX COC")

Additional Messages

ERROR_TEXT("Date of 1st Crs RX--COC is invalid: %DC")
ERROR_TEXT("Date of Last Contact is invalid: %DC")

Description

This edit is skipped if Date 1st Crs RX COC or Date of Last Contact is blank.

Date of Last Contact (also referred to as Date of Last Follow-Up or of Death) must be greater than or equal to Date 1st Crs RX COC. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Last Contact (COC)' to 'Date 1st Crs RX COC, Date of Last Contact (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC, Dates of RX (COC)

Agency: COC

Last changed: 10/08/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]
RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]
RX Date Systemic [Std# 3230]
RX Date Systemic Flag [Std# 3231]
RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]

Default Error Message

[1111] Conflict between %F1 and treatment dates
Conflict between Date 1st Crs RX COC and treatment dates

Additional Messages

ERROR_TEXT("Date of 1st Crs RX--COC: %DC")
ERROR_TEXT("RX Date Other: %DC")
ERROR_TEXT("RX Date Radiation: %DC")
ERROR_TEXT("RX Date Surgery: %DC")
ERROR_TEXT("RX Date Systemic: %DC")

Description

The Date 1st Crs RX COC is compared to the following treatment modality dates:

RX Date Surgery/RX Date Surgery Flag
RX Date Radiation/RX Date Radiation Flag
RX Date Systemic/RX Date Systemic Flag
RX Date Other/RX Date Other Flag

1. The edit is skipped if any of the date/flag combinations are blank, indicating the date was not collected:

If Date 1st Crs RX COC and Date 1st Crs RX COC Flag are blank
OR
RX Date Surgery and RX Date Surgery Flag are blank
OR
RX Date Radiation and RX Date Radiation Flag are blank
OR
RX Date Systemic and RX Date Systemic Flag are blank
OR
RX Date Other and RX Date Other Flag are blank

2. The edit is skipped if all four treatment modality dates indicate no treatment or treatment planned, not yet given:
 - If RX Date Surgery Flag = 11 (no surgery)
 - AND
 - RX Date Radiation Flag = 11 (no radiation) or 15 (planned, not yet given)
 - AND
 - RX Date Systemic Flag = 11 (no systemic rx) or 15 (planned, not yet given)
 - AND RX Date Other Flag = 11 (none) or 15 (planned, not yet given)

3. If any of the four treatment modality flags are not = 11 (none), then the Date 1st Crs RX COC Flag must not = 11 (none):
 - IF RX Date Surgery Flag not = 11
 - OR RX Date Radiation Flag not = 11
 - OR RX Date Systemic Flag not = 11
 - OR RX Date Other Flag not = 11
 - Date 1st Crs RX COC Flag must not = 11 (none)

4. If Date 1st Crs RX COC Flag = 10 or 12 (unknown) and any of the four treatment modality flags = 10 or 12, the edit passes. If none of the four treatment modality flags = 10 or 12, the edit fails:
 - If Date 1st Crs RX COC Flag = 10 or 12
 - AND
 - (RX Date Surgery Flag = 10 or 12
 - OR RX Date Radiation Flag = 10 or 12
 - OR RX Date Systemic Flag = 10 or 12
 - OR RX Date Other Flag = 10 or 12)
 - PASS
 - Otherwise
 - FAIL;

5. To have gotten to this point, the Date 1st Crs RX COC must be a non-blank date. It must equal the earliest non-blank treatment modality date.

Administrative Notes

Modifications:

NACR110C

07/13/06

Edit description was modified.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12B

- Corrected typo in description: change "ar" to "are"

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Dates of RX (COC)' to 'Date 1st Crs RX COC, Dates of RX (COC)'.

- Data item names changed:

from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'

from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'

from 'RX Date--Other' to 'RX Date Other'

from 'RX Date--Other Flag' to 'RX Date Other Flag'

from 'RX Date--Radiation' to 'RX Date Radiation'

from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'
from 'RX Date--Surgery' to 'RX Date Surgery'
from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'
from 'RX Date--Systemic' to 'RX Date Systemic'

NAACCR v15

- Added code 15 to list of RX Date Other Flag codes indicating no treatment or treatment planned, not yet given

Date 1st Crs RX COC, Dates of RX (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Fields

Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]
RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]
RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]
RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]
RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]
RX Date BRM [Std# 1240]
RX Date BRM Flag [Std# 1241]
RX Summ--Transplnt/Endocr [Std# 3250]

Default Error Message

[1111] Conflict between %F1 and treatment dates
Conflict between Date 1st Crs RX COC and treatment dates

Additional Messages

ERROR_TEXT("Verify Date 1st Crs RX Flag with all other treatment flags")

Description

This edit is skipped if RX Summ--Transplnt/Endocr = 10, 11, 12, 20, 30, 40, 82, 85, 86, 87, 88.

The Date 1st Crs RX COC is compared to the following treatment modality dates:

RX Date Surgery/RX Date Surgery Flag
RX Date Radiation/RX Date Radiation Flag
RX Date BRM/RX Date BRM Flag
RX Date Chemo/RX Date Chemo Flag
RX Date Hormone/RX Date Hormone Flag
RX Date Other/RX Date Other Flag

1. The edit is skipped if any of the date/flag combinations are blank, indicating the date was not collected:

If Date 1st Crs RX COC and Date 1st Crs RX COC Flag are blank
OR
RX Date Surgery and RX Date Surgery Flag are blank
OR
RX Date Radiation and RX Date Radiation Flag are blank
OR
RX Date BRM and RX Date BRM Flag are blank
OR
RX Date Chemo and RX Date Chemo Flag are blank
OR
RX Date Hormone and RX Date Hormone Flag are blank

OR

RX Date Other and RX Date Other Flag are blank

2. The edit is skipped if all six treatment modality dates indicate no treatment or treatment planned, not yet given:

If RX Date Surgery Flag = 11 (no surgery)

AND

RX Date Radiation Flag = 11 (no radiation) or 15 (planned, not yet given)

AND

RX Date BRM Flag = 11 (no BRM) or 15 (planned, not yet given)

AND

RX Date Chemo Flag = 11 (no Chemo) or 15 (planned, not yet given)

AND

RX Date Hormone Flag = 11 (no Hormone) or 15 (planned, not yet given)

AND

RX Date Other Flag = 11 (none) or 15 (planned, not yet given)

3. If any of the six treatment modality flags are not = 11 (none), then the Date 1st Crs RX COC Flag must not = 11 (none):

IF RX Date Surgery Flag not = 11

OR RX Date Radiation Flag not = 11

OR RX Date BRM Flag not = 11

OR RX Date Chemo Flag not = 11

OR RX Date Hormone Flag not = 11

OR RX Date Other Flag not = 11

Date 1st Crs RX COC Flag must not = 11 (none)

4. If Date 1st Crs RX COC Flag = 10 or 12 (unknown) and any of the six treatment modality flags = 10 or 12, the edit passes. If none of the six treatment modality flags = 10 or 12, the edit fails:

If Date 1st Crs RX COC Flag = 10 or 12

AND

(RX Date Surgery Flag = 10 or 12

OR RX Date Radiation Flag = 10 or 12

OR RX Date BRM Flag = 10 or 12

OR RX Date Chemo Flag = 10 or 12

OR RX Date Hormone Flag = 10 or 12

OR RX Date Other Flag = 10 or 12)

PASS

Otherwise

FAIL;

5. To have gotten to this point, the Date 1st Crs RX COC must be a non-blank date. It must equal the earliest non-blank treatment modality date.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This edit differs from the COC edit of the same name as follows:

1. Instead of using RX Date Systemic/RX Date Systemic Flag, this edit looks at the individual systemic therapy date fields: RX Date BRM and RX Date BRM Flag, RX Date Chemo and RX Date Chemo Flag, and RX Date Hormone and RX Date Hormone Flag.

2. It is skipped if RX Summ--Transplnt/Endocr = 10, 11, 12, 20, 30, 40, 82, 85, 86, 87, 88.

Modifications

NAACCR v15

- Added code 15 to list of RX Date Other Flag codes indicating no treatment or treatment planned, not yet given

Date Case Completed (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date Case Completed [Std# 2090]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Completed ("value of Date Case Completed") is an invalid date

Additional Messages

ERROR_TEXT("Case Completed: %DC")

Description

This edit is skipped if Date Case Completed is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date Case Completed, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 12/14/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date Case Completed [Std# 2090]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
Date Case Completed ("value of Date Case Completed") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Additional Messages

ERROR_TEXT("Date Case Completed is invalid: %DC")
ERROR_TEXT("Date of Diagnosis is invalid: %DC")

Description

This edit is skipped if either field is blank.

Date Case Completed must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date Case Completed-CoC (COC)

Agency: COC

Last changed: 09/09/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date Case Completed-CoC [Std# 2092]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Completed-CoC ("value of Date Case Completed-CoC") is an invalid date

Additional Messages

ERROR_TEXT("Date Case Completed-CoC: %DC")

Description

This edit is skipped if Date Case Completed-CoC is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date Case Completed-CoC, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/26/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Date Case Completed-CoC [Std# 2092]
Class of Case [Std# 610]

Default Error Message

[3262] If year of DX > 2009, %F2 cannot be blank
If year of DX > 2009, Date Case Completed-CoC cannot be blank

Description

This edit is skipped if Date of Diagnosis is blank or if Class of Case is not 00-22 (analytic).

If the year of Date of Diagnosis is 2010 or later, then Date Case Completed-CoC cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12B

- Edit modified so that it will be skipped if Class of Case not = 00-22 (analytic).

Date Case Initiated (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Fields

Date Case Initiated [Std# 2085]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Initiated ("value of Date Case Initiated") is an invalid date

Additional Messages

ERROR_TEXT("Case Case Initiated: %DC")

Description

This edit is skipped if Date Case Initiated is blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date Case Last Changed (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date Case Last Changed [Std# 2100]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Last Changed ("value of Date Case Last Changed") is an invalid date

Additional Messages

ERROR_TEXT("Date Case Last Changed: %DC")

Description

This edit is skipped if Date Case Last Changed is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date Case Report Exported (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date Case Report Exported [Std# 2110]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Report Exported ("value of Date Case Report Exported") is an invalid date

Additional Messages

ERROR_TEXT("Date Case Report Exported: %DC")

Description

This edit is skipped if Date Case Report Exported is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date Case Report Loaded (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Fields

Date Case Report Loaded [Std# 2112]

Default Error Message

[1003] %F1 (%V1) is an invalid date

Date Case Report Loaded ("value of Date Case Report Loaded") is an invalid date

Additional Messages

ERROR_TEXT("Date Case Report Loaded: %DC")

Description

This edit is skipped if Date Case Report Loaded is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM__ Century+Year and Month. Day consists of two blank spaces.

CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date Case Report Received (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 10/30/2009

Fields

Date Case Report Received [Std# 2111]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Case Report Received ("value of Date Case Report Received") is an invalid date

Additional Messages

ERROR_TEXT("Date Case Report Received: %DC")

Description

This data item cannot be blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date Conclusive DX (SEER)

Agency: SEER

Last changed: 02/12/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date Conclusive DX [Std# 443]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Conclusive DX ("value of Date Conclusive DX") is an invalid date

Additional Messages

ERROR_TEXT("Date of Conclusive DX: %DC")

Description

This edit is skipped if Date Conclusive DX is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF161

Modifications:

NACR111

09/2006

The edit was changed from requiring the field to be blank to requiring the field to equal a valid date, 00000000, 88888888, 99999999, or blanks.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Conclusive DX (SEER)' to 'Date Conclusive DX (SEER)'.
- Data item name changed from 'Date of Conclusive DX' to 'Date Conclusive DX'.

NAACCR v13A

- Added reference to SEER IF161 in Administrative Notes

Date Conclusive DX Flag (NAACCR)

Agency: NAACCR

Last changed: 02/12/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date Conclusive DX Flag [Std# 448]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
Date Conclusive DX Flag must be blank, 10, 11, 12, or 15

Description

The Date Conclusive DX Flag explains why there is no appropriate value in the corresponding date field, Date Conclusive DX.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value. (e.g., unknown if the diagnosis was initially based on ambiguous terminology).

11 No proper value is applicable in this context. (e.g., not applicable, initial diagnosis made by unambiguous terminology [Code 0 in data item Ambiguous Terminology DX]).

12 A proper value is applicable but not known (e.g., the initial ambiguous diagnosis was followed by a conclusive term, but the date of the conclusive term is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., accessioned based on ambiguous terminology only [Code 1 in data item Ambiguous Terminology DX]).

Blank A valid date value is provided in item Date Conclusive DX, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

Description updated: Reference to 'Date of Conclusive DX' changed to 'Date Conclusive DX' to reflect change in data item name.

NAACCR v13A

- Corrected Description: Changed "The Date Conclusive DX Flag explains why there is no appropriate value in the corresponding date field, Date Conclusive DX Flag" to "The Date Conclusive DX Flag explains why there is no appropriate value in the corresponding date field, Date Conclusive DX".

Date Conclusive DX, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date Conclusive DX [Std# 443]
Date Conclusive DX Flag [Std# 448]

Default Error Message

[3264] If date is present, corresponding date flag must be blank
If date is present, corresponding date flag must be blank

Additional Messages

[3279] If date is blank, corresponding flag must = blank, 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date Conclusive DX because it was not required by the SEER for cases diagnosed prior to 2007; that is, Date Conclusive DX and its corresponding date flag, Date Conclusive DX Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date Conclusive DX is populated, then Date Conclusive DX Flag must be blank.
3. If Date Conclusive DX is blank and Date Conclusive DX Flag is not blank, then Flag must = 10 (unknown if the diagnosis was initially based on ambiguous terminology), 11 (not applicable, initial diagnosis made by unambiguous terminology), 12 (initial ambiguous diagnosis was followed by a conclusive term, but the date of the conclusive term is unknown), or 15 (accessioned based on ambiguous terminology only).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF220

Modifications

NAACCR v13

- Edit name changed from 'Date of Conclusive DX, Date Flag (NAACCR)' to 'Date Conclusive DX, Date Flag (NAACCR)'.
- Data item name changed from 'Date of Conclusive DX' to 'Date Conclusive DX'.

Date Conclusive DX, Date of DX (CCCR)

Agency: CCCR

Last changed: 11/28/2012

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Date Conclusive DX [Std# 443]

Date Conclusive DX Flag [Std# 448]

Default Error Message

[2003] %F2 must be greater than 60 days after %F1

Date Conclusive DX must be greater than 60 days after Date of Diagnosis

Additional Messages

[3422] If year of Date of Diagnosis = 2008-2012, then Date Conclusive DX and Date Conclusive DX Flag cannot both be blank

[3423] If year of Date of Diagnosis < 2008, then Date Conclusive DX and Date Conclusive DX Flag must be blank

ERROR_TEXT("Date of Conclusive DX: %DC")

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is 2013 or later, then Date Conclusive DX is optional and can be left blank.

If year of Date of Diagnosis is 2008-2012, then Date Conclusive DX and Date Conclusive DX Flag cannot both be blank.

If year of Date of Diagnosis is less than 2008, then Date Conclusive DX and Date Conclusive DX Flag must both be blank.

The remaining logic is edit is skipped if either Date Conclusive DX or Date of Diagnosis is blank.

Date Conclusive DX must be greater than two months (60 days) after Date of Diagnosis. The dates are compared as follows:

1. If either month is blank, then only the years are compared (year of Date of Conclusive must be equal to or greater than year of Date of Diagnosis). There are two exceptions:
 - A. If month of Date Conclusive DX is blank and month of Date of Diagnosis is 11 or 12, the year of Date Conclusive DX must be greater than year of Date of Diagnosis.
 - B. If month of Date of Diagnosis is blank and month of Date Conclusive DX is 01 or 02, the year of Date of Conclusive DX must be greater than year of Date of Diagnosis.
2. If either day or both days are blank, the maximum difference is assumed between days. That is, if the day of Date of Diagnosis is unknown, the lowest day (01) would be assumed, and, if day of Date Conclusive DX is unknown, the highest day of a month

(28, 29, 30, or 31) would be assumed.

3. Otherwise the entire dates (CCYYMMDD) are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the SEER edit of the same name in that the CCCR version of the edit requires Date of Conclusive DX for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Date of Conclusive DX for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications

NAACCR v13

- Edit name changed from 'Date of Conclusive DX, Date of DX (CCCR)' to 'Date Conclusive DX, Date of DX (CCCR)'.
- Data item name changed from 'Date of Conclusive DX' to 'Date Conclusive DX'.
- Edit updated to require field only for cases diagnosed 1/1/2008-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Date Conclusive DX, Date of DX (SEER IF164)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Date Conclusive DX [Std# 443]
Date Conclusive DX Flag [Std# 448]

Default Error Message

[2003] %F2 must be greater than 60 days after %F1
Date Conclusive DX must be greater than 60 days after Date of Diagnosis

Additional Messages

[3317] If year of Date of Diagnosis = 2007-2012, then Date Conclusive DX and Date Conclusive DX Flag cannot both be blank
[3318] If year of Date of Diagnosis < 2007, then Date Conclusive DX and Date Conclusive DX Flag must be blank
ERROR_TEXT("Date of Conclusive DX: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is 2013 or later, then Date Conclusive DX is optional and can be left blank.

If year of Date of Diagnosis is 2007-2012, then Date Conclusive DX and Date Conclusive DX Flag cannot both be blank.

If year of Date of Diagnosis is less than 2007, then Date Conclusive DX and Date Conclusive DX Flag must both be blank.

The remaining logic is edit is skipped if either Date Conclusive DX or Date of Diagnosis is blank.

Date Conclusive DX must be greater than two months (60 days) after Date of Diagnosis. The dates are compared as follows:

1. If either month is blank, then only the years are compared (year of Date of Conclusive must be equal to or greater than year of Date of Diagnosis). There are two exceptions:
 - A. If month of Date Conclusive DX is blank and month of Date of Diagnosis is 11 or 12, the year of Date Conclusive DX must be greater than year of Date of Diagnosis.
 - B. If month of Date of Diagnosis is blank and month of Date Conclusive DX is 01 or 02, the year of Date of Conclusive DX must be greater than year of Date of Diagnosis.
2. If either day or both days are blank, the maximum difference

is assumed between days. That is, if the day of Date of Diagnosis is unknown, the lowest day (01) would be assumed, and, if day of Date Conclusive DX is unknown, the highest day of a month (28, 29, 30, or 31) would be assumed.

3. Otherwise the entire dates (CCYYMMDD) are compared.

Administrative Notes

NAACCR v11.1A

4/07

Modified to use the function "DATE-YEAR" instead of "INLIST" when evaluating date fields

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date flags, functions and rules.

NAACCR v13

- Edit name changed from 'Date of Conclusive DX, Date of DX (SEER IF164)' to 'Date Conclusive DX, Date of DX (SEER IF164)'.
- Data item name changed from 'Date of Conclusive DX' to 'Date Conclusive DX'.
- Edit updated to require field only for cases diagnosed 1/1/2007-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Date Initial RX SEER (NAACCR)

Agency: NAACCR

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date Initial RX SEER [Std# 1260]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date Initial RX SEER ("value of Date Initial RX SEER") is an invalid date

Additional Messages

ERROR_TEXT("Date of Initial RX--SEER: %DC")

Description

This edit is skipped if Date Initial RX SEER is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Initial RX--SEER (NAACCR)' to 'Date Initial RX SEER (NAACCR)'.
- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

Date Initial RX SEER Flag (NAACCR)

Agency: NAACCR

Last changed: 11/15/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
Date Initial RX SEER Flag must be blank, 10, 11, or 12

Description

The Date Initial RX SEER Flag codes indicates why there is no appropriate value in the corresponding date field, Date Initial RX SEER.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether treatment was administered).

11 No proper value is applicable in this context (e.g., therapy was not administered).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., treatment administered but date is unknown).

Blank A valid date value is provided in item Date Initial RX SEER, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of Initial RX Flag (NAACCR)' to 'Date Initial RX SEER Flag (NAACCR)'.
- Data item names changed:
from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Ca Dir RX 2003 (SEER IF180)

Agency: SEER

Last changed: 11/25/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Date Initial RX SEER [Std# 1260]
Date Initial RX SEER Flag [Std# 1261]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Summ--Radiation [Std# 1360]
RX Summ--Surg/Rad Seq [Std# 1380]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Transplnt/Endocr [Std# 3250]
RX Summ--Other [Std# 1420]
Regional Nodes Examined [Std# 830]

Default Error Message

[1195] Date of Initial RX--SEER, Cancer-Directed Therapy 2003+ conflict
Date of Initial RX--SEER, Cancer-Directed Therapy 2003+ conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Date of Initial RX--SEER: %DC")

Description

This edit is skipped if one of the following is true:

1. Year of diagnosis is blank
2. Year of diagnosis is less than 2003

The following table specifies the values for each treatment field for known to have not been performed (NO) and for known to have been performed (YES).

If at least one treatment field specifies YES, then Date Initial RX SEER cannot indicate no cancer-directed therapy performed (Date Initial RX SEER is blank with Date Initial RX SEER Flag set to 11).

If Date Initial RX SEER is a known date (not blank), then ALL treatment fields cannot specify NO.

=====
RX Summ--Surg Primary Site

NO: 00, 98

YES: 10-90

=====
RX Summ--Surg Scope Reg LN Sur

NO: 9 (for sites C770-C779 and Histologic Type ICD-O-3 of
9590-9729)
9 (for Histologic Type ICD-O-3 of 9750, 9760-9764,
9800-9820, 9826, 9831-9920, 9931-9964)
9 (for sites C420, C421, C423, C424, C700-C729, C760-C768,
C809)
0 for all other sites/histology combinations
2 (if diagnosed 2012 or later
and Regional Nodes Examined = 00 or 99)
YES: For cases diagnosed 2003-2011
1-7
For cases diagnosed 2012 and later
1
2 (only if Regional Nodes Examined = 01-98)
3-7

=====
RX Summ--Surg Oth Reg/Dis

NO: 0
YES: 1-5

=====
RX Summ--Radiation

NO: 0,7,8
YES: 1-6

=====
RX Summ--Surg/Rad Seq

NO: 0
YES: 2-9

=====
RX Summ--BRM

NO: 00,82,85-88
YES: 01

=====
RX Summ--Chemo

NO: 00,82,85-88
YES: 01-03

=====
RX Summ--Hormone

NO: 00,82,85-88
YES: 01

=====
RX Summ--Transplant/Endocr

NO: 00,82,85-88

YES: 10-12, 20, 30, 40

=====
RX Summ--Other

NO: 0, 7, 8
YES: 1, 2, 3, 6

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF180

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2C

- Modified so that definition of "performed" for RX Summ--Scope Reg LN Sur remains 1-7 for cases diagnosed 2003-2011, but is changed for cases diagnosed 2012 and later: 1, 3-7 for all cases, and 2 only if Regional Nodes Examined = 01-98. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.

- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur code 2 (for cases diagnosed 2012 and later with Reg Nodes Examined = 00 or 99) added to conditions considered "no regional lymph node surgery".

NAACCR v13

- Edit name changed from 'Date of Initial RX, Ca Dir RX 2003 (SEER IF180)' to 'Date Initial RX SEER, Ca Dir RX 2003 (SEER IF180)'.
- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Ca Dir RX 98-02 (SEER IF179)

Agency: SEER

Last changed: 11/25/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

- Registry ID [Std# 40]
- Date of Diagnosis [Std# 390]
- Date Initial RX SEER [Std# 1260]
- Primary Site [Std# 400]
- RX Summ--Surg Site 98-02 [Std# 1646]
- RX Summ--Scope Reg 98-02 [Std# 1647]
- RX Summ--Surg Oth 98-02 [Std# 1648]
- RX Summ--Radiation [Std# 1360]
- RX Summ--Surg/Rad Seq [Std# 1380]
- RX Summ--BRM [Std# 1410]
- RX Summ--Chemo [Std# 1390]
- RX Summ--Hormone [Std# 1400]
- RX Summ--Transplnt/Endocr [Std# 3250]
- RX Summ--Other [Std# 1420]
- Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[1194] Date of Initial RX--SEER, Cancer-Directed Therapy 98-02 conflict
 Date of Initial RX--SEER, Cancer-Directed Therapy 98-02 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Date of Initial RX--SEER: %DC")

Description

This edit is skipped under the following conditions:

1. If year of Date of Diagnosis is less than 1998 or greater than 2002
2. If year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)

The following table specifies the values for each treatment field for known to have not been performed (NO) and for known to have been performed (YES).

If at least one treatment field specifies YES, then Date Initial RX SEER cannot indicate no cancer-directed therapy performed (Date Initial RX SEER is blank with Date Initial RX SEER set to 11).

If Date Initial RX SEER is a known date (not blank), then ALL treatment fields cannot specify NO.

=====
 RX Summ--Surg Site 98-02

NO: 00
YES: 10-90

=====
RX Summ--Surg Scope Reg 98-02

NO: 9 (for sites C770-C779)
0 (for all other sites)
YES: 1-8

=====
RX Summ--Surg Oth 98-02

NO: 0
YES: 1-8

=====
RX Summ--Radiation

NO: 0,7,8
YES: 1-6

=====
RX Summ--Surg/Rad Seq

NO: 0
YES: 2-9

=====
RX Summ--BRM

NO: 00,82,85-88
YES: 01

=====
RX Summ--Chemo

NO: 00,82,85-88
YES: 01-03

=====
RX Summ--Hormone

NO: 00,82,85-88
YES: 01

=====
RX Summ--Transplant/Endocr

NO: 00,82,85-88
YES: 10-12,20,30,40

=====
Other

NO: 0,7,8
YES: 1,2,3,6

=====
RX Summ--

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF179

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Initial RX, Ca Dir RX 98-02 (SEER IF179)' to 'Date Initial RX SEER, Ca Dir RX 98-02 (SEER IF179)'.

- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Ca Dir RX Pre-98 (SEER IF34)

Agency: SEER

Last changed: 11/25/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date Initial RX SEER [Std# 1260]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
RX Summ--Surgery Type [Std# 1640]
Reason for No Surgery [Std# 1340]
RX Summ--Radiation [Std# 1360]
RX Summ--Rad to CNS [Std# 1370]
RX Summ--Surg/Rad Seq [Std# 1380]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Transplnt/Endocr [Std# 3250]
RX Summ--Other [Std# 1420]
Date of Diagnosis [Std# 390]
Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[1193] Date of Initial RX--SEER, Cancer-Directed Therapy pre-1998 conflict
Date of Initial RX--SEER, Cancer-Directed Therapy pre-1998 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Date of Initial RX--SEER: %DC")

Description

This edit is skipped under the following conditions:

1. If Registry ID is 0000001544 (New Jersey) or 00001541 (Greater California)
2. If year of Date of Diagnosis is less than 1988 and Registry ID is 0000001529 (SEER Alaska Native Tumor)
3. If year of Date of Diagnosis is greater than 1997

The purpose of this edit is to insure that when any cancer-directed therapy is reported as known, a known Date Initial RX SEER is also reported. Similarly when it is unknown if any cancer-directed therapy was performed, the Date Initial RX SEER is unknown.

The following table specifies the values for each treatment field for known to have not been performed (NO), for known to have been performed (YES), and unknown if performed (UNK).

If all treatment fields specify NO, then Date Initial RX SEER must specify no therapy performed (Date Initial RX SEER is blank with Date Initial RX SEER set to 11).

If at least one treatment field specifies YES, then Date Initial RX SEER cannot indicate no cancer-directed therapy performed ((Date Initial RX SEER is blank with Date Initial RX SEER set to 11).

If no treatment field specifies YES and at least one treatment field specifies UNK, then Date Initial RX SEER must specify unknown or no cancer-directed therapy performed (blank).

1. All codes are assumed valid, i.e., previously checked. This edit checks to see if the codes fit into "none" or "unknown". If they don't, it checks the "yes" group. The edit does not verify that a particular code is valid.
2. Some registries use the code `7' (Patient or patient's guardian refused) for cases diagnosed before 1988. This edit does not verify that the `7' is not present before 1988. A separate interfield edit does this check on date.

=====
RX Summ--Surgery Type

Surgery not performed(NO)
 For cases < 1988
 Surgery Type = 00 OR
 Surgery Type = 09 and Reason No Surgery = 6,8
 For cases 1988+
 Surgery Type = 00-09 and Reason No Surgery = 1-8

Surgery performed(YES)
 For all years
 Surgery Type = 10-98 or Reason No Surgery = 0

Surgery unknown(UNK)
 For all years
 Surgery Type = 09 and Reason No Surgery = 9

=====
RX Summ--Radiation

NO: 0,7,8
 YES: 1-6
 UNKNOWN: 9

=====
RX Summ--Rad to CNS

For cases diagnosed < 1988 or cases diagnosed 1988-1997 and Primary site is not C340-C349 and histology is not 9800-9941 this field is ignored

For cases diagnosed 1988-1997 and primary site = C340-C349 or histology 9800=9941
 NO: 0,7,8
 YES: 1
 UNK: 9

=====
RX Summ--Surg/Rad Seq

NO: 0
YES: 2-9
UNK: 0

=====
RX Summ--BRM

NO: 00,82,85-88
YES: 01
UNKNOWN: 99

=====
RX Summ--Chemo

NO: 00,82,85-88
YES: 01-03
UNKNOWN: 99

=====
RX Summ--Hormone

NO: 00,82,85-88
YES: 01
UNKNOWN: 99

=====
RX Summ--Transplant/Endocr

NO: 00,82,85-88
YES: 10-12,20,30,40
UNK: 99

=====
RX Summ--Other

NO: 0,7,8
YES: 1,2,3,6
UNK: 9

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF34

NAACCR v11.2

8/2007

There was a mistake in the logic checking RX Summ--BRM, Chemo, Hormone, and RX Summ--Transplnt/Endocr. It checked the range "00,82-85-88"; this was corrected to check the range of "00,82,85-88".

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Edit logic was modified to correctly handle RX Summ--Rad to CNS.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Initial RX, Ca Dir RX Pre-98 (SEER IF34)' to 'Date Initial RX SEER, Ca Dir RX Pre-98 (SEER IF34)'.

- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date Initial RX SEER [Std# 1260]

Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[1016] %F1 and %F2 conflict

Date Initial RX SEER and Date Initial RX SEER Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3272] If Date Initial RX SEER is blank, corresponding Date Initial RX SEER Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date Initial RX SEER; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If Date Initial RX SEER is populated, then Date Initial RX SEER Flag must be blank.
2. If Date Initial RX SEER is blank, then Date Initial RX SEER Flag must = 10 (unknown whether therapy was administered), 11 (therapy was not administered), or 12 (therapy administered but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF222

This edit differs from the NPCR edit of the same name in that it does not allow both the date and flag fields to be blank; that is, if the date field is blank, the flag field must include a code indicating why the date is blank.

Modifications

NAACCR v13

- Edit name changed from 'Date of Initial RX--SEER, Date Flag (NAACCR)' to 'Date Initial RX SEER, Date Flag (NAACCR)'.
- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Date Flag (NPCR)

Agency: NPCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Date Initial RX SEER [Std# 1260]

Date Initial RX SEER Flag [Std# 1261]

Default Error Message

[1016] %F1 and %F2 conflict

Date Initial RX SEER and Date Initial RX SEER Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3273] If Date Initial RX SEER is blank, Date Initial RX SEER Flag must = 10, 11, 12, or blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date Initial RX SEER; that is, Date Initial RX SEER and its corresponding date flag, Date Initial RX SEER Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date Initial RX SEER is populated, then Date Initial RX SEER Flag must be blank.
3. If Date Initial RX SEER is blank and Date Initial RX SEER Flag is not blank, then Date Initial RX SEER Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the NAACCR edit of the same name in that it does not require the date information, but if populated, the date and corresponding flag must be in agreement.

Modifications

NAACCR v13

- Edit name changed from 'Date of Initial RX--SEER, Date Flag (NPCR)' to 'Date Initial RX SEER, Date Flag (NPCR)'.
- Data item names changed:
from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

Date Initial RX SEER, Date Last Cont(NAACCR IF35)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date Initial RX SEER [Std# 1260]
Date of Last Contact [Std# 1750]
Date of Diagnosis [Std# 390]
Registry ID [Std# 40]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)

Date Initial RX SEER ("value of Date Initial RX SEER") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Date of Initial RX--SEER is invalid: %DC")
ERROR_TEXT("Date of Last Contact is invalid: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Date Initial RX SEER is blank
2. Date of Last Contact is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

Date Initial RX SEER must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF35

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date Last Cont(NAACCR IF35)' to 'Date Initial RX SEER, Date Last Cont(NAACCR IF35)'.
- Data item names changed:
 - from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

Date Initial RX SEER, Date of DX (NAACCR IF18)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date Initial RX SEER [Std# 1260]
Date of Diagnosis [Std# 390]
Registry ID [Std# 40]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)

Date Initial RX SEER ("value of Date Initial RX SEER") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Date Initial RX SEER is blank
2. Date of Diagnosis is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

Date Initial RX SEER must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date of DX (NAACCR IF18)' to 'Date Initial RX SEER, Date of DX (NAACCR IF18)'.
 - Data item names changed:
 - from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

Date of 1st Contact (COC)

Agency: COC

Last changed: 09/28/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of 1st Contact [Std# 580]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of 1st Contact ("value of Date of 1st Contact") is an invalid date

Additional Messages

ERROR_TEXT("Date of 1st Contact: %DC")

Description

This edit is skipped if Date of 1st Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of 1st Contact Flag (NAACCR)

Agency: NAACCR

Last changed: 10/06/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of 1st Contact Flag [Std# 581]

Default Error Message

[3265] %F1 must be blank or = 12
Date of 1st Contact Flag must be blank or = 12

Description

The Date of 1st Contact Flag explains why there is no appropriate value in the corresponding date field, Date of 1st Contact.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12 A proper value is applicable but not known. (e.g., date is unknown).

Blank A valid date value is provided in item Date of 1st Contact, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of 1st Contact, Date Flag(NAACCR)

Agency: NAACCR

Last changed: 10/15/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of 1st Contact [Std# 580]
Date of 1st Contact Flag [Std# 581]

Default Error Message

[1016] %F1 and %F2 conflict
Date of 1st Contact and Date of 1st Contact Flag conflict

Additional Messages

[3263] If date is blank, corresponding flag must = 12, indicating unknown date
[3264] If date is present, corresponding date flag must be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of 1st Contact; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of 1st Contact is populated, then Date of 1st Contact Flag must be blank.
2. If Date of 1st Contact is blank, the Date of 1st Contact Flag must = 12, indicating the Date of 1st Contact is unknown.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Birth (NAACCR)

Agency: NAACCR

Last changed: 09/28/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Birth [Std# 240]

Default Error Message

[3266] %F1 is an invalid date
Date of Birth is an invalid date

Additional Messages

ERROR_TEXT("Date of Birth: %DC")

Description

This edit is skipped if Date of Birth is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Edit name changed from "Birth Date (NAACCR DATEEDIT)" to "Date of Birth (NAACCR)" because data item "Birth Date" changed to "Date of Birth"

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Birth Flag (NAACCR)

Agency: NAACCR

Last changed: 10/06/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Birth Flag [Std# 241]

Default Error Message

[3265] %F1 must be blank or = 12
Date of Birth Flag must be blank or = 12

Description

The Date of Birth Flag explains why there is no appropriate value in the corresponding date field, Date of Birth.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12 A proper value is applicable but not known. (e.g., date of birth is unknown).

Blank A valid date value is provided in item Date of Birth, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Birth, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 05/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Birth [Std# 240]
Date of Birth Flag [Std# 241]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Birth and Date of Birth Flag conflict

Additional Messages

[3263] If date is blank, corresponding flag must = 12, indicating unknown date
[3264] If date is present, corresponding date flag must be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Birth; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of Birth is populated, then Date of Birth Flag must be blank.
2. If Date of Birth is blank, the Date of Birth Flag must = 12, indicating the date of birth is unknown.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF225

Date of Birth, Date of Diagnosis (NAACCR IF47)

Agency: NAACCR

Last changed: 01/13/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Birth [Std# 240]
Date of Diagnosis [Std# 390]
Over-ride Age/Site/Morph [Std# 1990]

Default Error Message

[1013] %F1 must not be later than %F2
Date of Birth must not be later than Date of Diagnosis

Additional Messages

ERROR_TEXT("Date of Birth is invalid: %DC")
ERROR_TEXT("Date of Diagnosis is invalid: %DC")
ERROR_TEXT("Please Review: Date of Birth cannot be more than 7 months after Diagnosis")
ERROR_TEXT("Please Review: Set over-ride to 2 or 3 if case diagnosed in utero")

Description

This edit verifies that Birth Date is not later than Date of Diagnosis unless the case was diagnosed in utero.

Otherwise, Birth Date must not be later than Date of Diagnosis. If either year is blank (unknown), the edit is skipped. If either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference is no more than 7 full months AND the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

Administrative Notes

NAACCR v11.3

6/2008

If the Over-ride Age/Site/Morph code is 2 or 3, the edit is skipped.

(Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Over-ride Age/Site/Morph codes:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

NAACCR v11.3A

1/2009

- Modified to check: If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference is no more than 7 full months AND the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

NAACCR v12.0

- Edit name changed from 'Birth Date, Date of Diagnosis (NAACCR IF47)' to 'Date of Birth, Date of Diagnosis (NAACCR IF47)'.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Death Canada, Date Flag (CCCR)

Agency: CCCR

Last changed: 10/15/2009

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Death--Canada [Std# 1755]

Date of Death--CanadaFlag [Std# 1756]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Death--Canada and Date of Death--CanadaFlag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3273] If Date of Death--Canada is blank, Date of Death--CanadaFlag must = 10, 11, 12, or blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date of Date of Death--Canada; that is, Date of Death--Canada and its corresponding date flag, Date of Death--CanadaFlag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.

2. If Date of Death--Canada is populated, then Date of Death--CanadaFlag must be blank.

3. If Date of Death--Canada is blank and Date of Death--CanadaFlag is not blank, then Date of Death--CanadaFlag must = 10 (patient is not known to be deceased), 11 (patient is alive), or 12 (date of death is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Death--Canada (CCCR)

Agency: CCCR

Last changed: 09/28/2009

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Death--Canada [Std# 1755]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Death--Canada ("value of Date of Death--Canada") is an invalid date

Additional Messages

ERROR_TEXT("Date of Death--Canada: %DC")

Description

This edit is skipped if Date of Death--Canada is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Death--Canada, Vital Status (NAACCR)

Agency: NAACCR

Last changed: 01/21/2010

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Vital Status [Std# 1760]

Date of Death--Canada [Std# 1755]

Date of Death--CanadaFlag [Std# 1756]

Default Error Message

[1016] %F1 and %F2 conflict

Vital Status and Date of Death--Canada conflict

Description

This edit is skipped if any of the following conditions are true:

1. Vital Status is blank
2. Both Date of Death--Canada and Date of Death--CanadaFlag are blank, indicating the date was intentionally not collected.

If Vital Status = 1 (alive), then Date of Death--CanadaFlag must = 11 (patient is alive).

If Vital Status not = 1, then Date of Death--CanadaFlag must not = 11.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

NAACCR v12

- Edit modified to use Date of Death--CanadaFlag.

Date of Death--CanadaFlag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Death--CanadaFlag [Std# 1756]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12

Date of Death--CanadaFlag must be blank, 10, 11, or 12

Description

The Date of Death--CanadaFlag codes indicates why there is no appropriate value in the corresponding date field, Date of Death--Canada.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., patient is not known to be deceased).

11 No proper value is applicable in this context (e.g., patient is alive).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., date of death is unknown).

Blank A valid date value is provided in item Date of Death--Canada, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Diagnosis (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Diagnosis ("value of Date of Diagnosis") is an invalid date

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Diagnosis Flag (NAACCR)

Agency: NAACCR

Last changed: 10/06/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis Flag [Std# 391]

Default Error Message

[3265] %F1 must be blank or = 12
Date of Diagnosis Flag must be blank or = 12

Description

The Date of Diagnosis Flag explains why there is no appropriate value in the corresponding date field, Date of Diagnosis.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12 A proper value is applicable but not known. (e.g., date of diagnosis is unknown).

Blank A valid date value is provided in item Date of Diagnosis, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Diagnosis, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 05/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Date of Diagnosis Flag [Std# 391]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Date of Diagnosis Flag conflict

Additional Messages

[3263] If date is blank, corresponding flag must = 12, indicating unknown date
[3264] If date is present, corresponding date flag must be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Diagnosis; that is, it must always be populated OR its corresponding flag must indicate the date is unknown.

1. If Date of Diagnosis is populated (not blank), then Date of Diagnosis Flag must be blank.
2. If Date of Diagnosis is blank, the Date of Diagnosis Flag must = 12, indicating the date of diagnosis is unknown.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF221

Date of Diagnosis, EOD Coding Sys, EOD (SEER IF33)

Agency: SEER

Last changed: 09/16/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Coding System for EOD [Std# 870]
EOD--Old 2 Digit [Std# 850]
EOD--Old 13 Digit [Std# 840]
EOD--Old 4 Digit [Std# 860]
Extent of Disease 10-Dig [Std# 779]
EOD--Tumor Size [Std# 780]
EOD--Extension [Std# 790]
EOD--Lymph Node Involv [Std# 810]
EOD--Extension Prost Path [Std# 800]

Default Error Message

[363] EOD_code & EOD fields conflict
EOD_code & EOD fields conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX > 2003, Coding System for EOD must be blank")
SAVE_TEXT("If DX > 2003, EOD--Extension must be blank")
SAVE_TEXT("If DX > 2003, EOD--Extension Prost Path must be blank")
SAVE_TEXT("If DX > 2003, EOD--Lymph Node Involv must be blank")
SAVE_TEXT("If DX > 2003, EOD--Old 13 Digit must be blank")
SAVE_TEXT("If DX > 2003, EOD--Old 2 Digit must be blank")
SAVE_TEXT("If DX > 2003, EOD--Old 4 Digit must be blank")
SAVE_TEXT("If DX > 2003, EOD--Tumor Size must be blank")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If Registry ID = 0000001535 (Los Angeles) and Date of Diagnosis is less than 1992, the edit is skipped.

If Registry ID = 0000001542 (Kentucky) or 0000001544 (New Jersey) and Date of Diagnosis is less than 2000 and Coding System EOD is blank, the edit is skipped.

For Date of Diagnosis less than 1983:

If either the SEER Nonspecific or Two-digit Site-specific Extent of Disease coding schemes (Coding System for Extent of Disease is '0' or '1') are used, the Expanded 13-digit Site-specific, SEER 4-digit, and SEER 10-digit Extent of Disease fields must be blank.

If the SEER Expanded 13-digit Site-specific Extent of Disease (Coding System for Extent of Disease is '2') is used and the Nonspecific/Two-digit Site-specific, SEER 4-digit, and SEER 10-digit Extent of Disease fields must be blank.

For Date of Diagnosis from 1983 to 1987 and Registry ID is not = 0000001529 (Alaska Native Registry), the Coding System for EOD must be `3', the EOD--Old 4 digit must be numeric and the EOD--Old 2 digit, EOD--Old 13 digit, SEER 12-digit Extent of Disease fields must be blank.

For Date of Diagnosis from 1988 to 2003, the SEER 10-digit Extent of Disease (Coding System for Extent of Disease is '4') must be numeric and the Nonspecific/Two-digit Site-specific, Expanded 13-digit Site-specific, and SEER 4-digit Extent of Disease fields must be blank.

For Date of Diagnosis greater than 2003, the following fields must be blank:

- Coding System for EOD
- EOD--Old 2 Digit
- EOD--Old 13 Digit
- EOD--Old 4 Digit
- EOD--Tumor Size
- EOD--Extension
- EOD--Lymph Node Involv
- EOD--Extension Prost Path

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF33

Modifications:

NACR110C

07/24/06

Edit logic was modified to use "Registry ID" instead of "SEER Participant" since "SEER Participant" is not a standard NAACCR field.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Edit modified to use 1988 coding rules for pre 1988 cases for Alaska Native Tumor Registry (Registry ID = 0000001529).

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"{0:9,!,&}" changed to "@{d,-,&}*{b}*"

Date of Inpt Adm (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

Date of Inpt Adm [Std# 590]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Inpt Adm ("value of Date of Inpt Adm") is an invalid date

Additional Messages

ERROR_TEXT("Date of Inpatient Adm: %DC")

Description

This edit is skipped if Date of Inpt Adm is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Note: This edit is not supported by a standard setter.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of Inpatient Adm (NAACCR)' to 'Date of Inpt Adm (NAACCR)'.
- Data item name changed from 'Date of Inpatient Adm' to 'Date of Inpt Adm'.

Date of Inpt Adm Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Fields

Date of Inpt Adm Flag [Std# 591]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12

Date of Inpt Adm Flag must be blank, 10, 11, or 12

Description

The Date of Inpt Adm Flag codes indicates why there is no appropriate value in the corresponding date field, Date of Inpatient Adm.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if patient was an inpatient).

11 No proper value is applicable in this context (e.g., the patient was never an inpatient at the reporting facility).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., the patient was an inpatient, but the date is unknown).

Blank A valid date value is provided in item Date of Inpatient Adm, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Inpt Adm, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

Date of Inpt Adm [Std# 590]

Date of Inpt Adm Flag [Std# 591]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Inpt Adm and Date of Inpt Adm Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3273] If Date of Inpt Adm is blank, Date of Inpt Adm Flag must = 10, 11, 12, or blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date of Inpt Adm; that is, Date of Inpt Adm and its corresponding date flag, Date of Inpt Adm Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date of Inpt Adm is populated, then Date of Inpt Adm Flag must be blank.
3. If Date of Inpt Adm is blank and Date of Inpt Adm Flag is not blank, then Date of Inpt Adm Flag must = 10 (unknown if patient was an inpatient), 11 (the patient was never a patient at the reporting facility), or 12 (the patient was an inpatient but the date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of Inpatient Adm, Date Flag (NAACCR)' to 'Date of Inpt Adm, Date Flag (NAACCR)'.
- Data item name changed from 'Date of Inpatient Adm' to 'Date of Inpt Adm'.

Date of Inpt Disch (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

Date of Inpt Disch [Std# 600]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Inpt Disch ("value of Date of Inpt Disch") is an invalid date

Additional Messages

ERROR_TEXT("Date of Inpatient Disch: %DC")

Description

This edit is skipped if Date of Inpt Disch is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Note: This edit is not supported by a standard setter.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of Inpatient Disch (NAACCR)' to 'Date of Inpt Disch (NAACCR)'.
- Data item name changed from 'Date of Inpatient Disch' to 'Date of Inpt Disch'.

Date of Inpt Disch Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Fields

Date of Inpt Disch Flag [Std# 601]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
Date of Inpt Disch Flag must be blank, 10, 11, or 12

Description

The Date of Inpt Disch Flag codes indicates why there is no appropriate value in the corresponding date field, Date of Inpatient Disch.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if patient was an inpatient).

11 No proper value is applicable in this context (e.g., the patient was never an inpatient at the reporting facility).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., the patient was an inpatient, but the date is unknown).

Blank A valid date value is provided in item Date of Inpatient Disch, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Inpt Disch, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

Date of Inpt Disch [Std# 600]

Date of Inpt Disch Flag [Std# 601]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Inpt Disch and Date of Inpt Disch Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3273] If Date of Inpt Disch is blank, Date of Inpt Disch Flag must = 10, 11, 12, or blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date of Inpatient Date Disch; that is, Date of Inpt Disch and its corresponding date flag, Date of Inpt Disch Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date of Inpt Disch is populated, then Date of Inpt Disch Flag must be blank.
3. If Date of Inpt Disch is blank and Date of Inpt Disch Flag is not blank, then Date of Inpt Disch Flag must = 10 (unknown if patient was an inpatient), 11 (the patient was never a patient at the reporting facility), or 12 (the patient was an inpatient but the date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'Date of Inpatient Disch, Date Flag (NAACCR)' to 'Date of Inpt Disch, Date Flag (NAACCR)'.

- Data item name changed from 'Date of Inpatient Disch' to 'Date of Inpt Disch'.

Date of Last Contact (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Last Contact [Std# 1750]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Last Contact ("value of Date of Last Contact") is an invalid date

Additional Messages

ERROR_TEXT("Date of Last Contact: %DC")

Description

This edit is skipped if Date of Last Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Last Contact Flag (NAACCR)

Agency: NAACCR

Last changed: 10/06/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Last Contact Flag [Std# 1751]

Default Error Message

[3265] %F1 must be blank or = 12
Date of Last Contact Flag must be blank or = 12

Description

The Date of Last Contact Flag explains why there is no appropriate value in the corresponding date field, Date of Last Contact.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12 A proper value is applicable but not known. (e.g., date is unknown).

Blank A valid date value is provided in item Date of Last Contact, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date of Last Contact, Cause of Death (SEER IF12)

Agency: SEER

Last changed: 12/10/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Cause of Death [Std# 1910]
Date of Last Contact [Std# 1750]
Vital Status [Std# 1760]
ICD Revision Number [Std# 1920]

Default Error Message

[3331] Conflict between %F1 (%V1) and %F2 (%V2)
Conflict between Cause of Death ("value of Cause of Death") and Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact: %DC")

Description

The ICD-9 Cause of Death codes for AIDS (0420-0449) may be used only after 1986.

If the ICD Code Used for Cause of Death is '9' (Ninth revision), the Vital Status is dead (4) and Year of Follow-up > 1986 or blank (unknown), then the Underlying Cause of Death may be in the range 0420-0449 (AIDS related causes).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF12

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Last Contact, Date Flag(NAACCR)

Agency: NAACCR

Last changed: 05/28/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Last Contact [Std# 1750]
Date of Last Contact Flag [Std# 1751]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Last Contact and Date of Last Contact Flag conflict

Additional Messages

[3263] If date is blank, corresponding flag must = 12, indicating unknown date
[3264] If date is present, corresponding date flag must be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Last Contact; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of Last Contact is populated, then Date of Last Contact Flag must be blank.
2. If Date of Last Contact is blank, the Date of Last Contact Flag must = 12, indicating the Date of Last Contact is unknown.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF223

Date of Last Contact, Date of Diag. (NAACCR IF19)

Agency: NAACCR

Last changed: 03/30/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Date of Last Contact [Std# 1750]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
Date of Last Contact ("value of Date of Last Contact") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if Date of Last Contact or Date of Diagnosis is blank.

Date of Last Contact must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Mult Tum, Lymphoma/Leukem/Unk Site(NAACCR)

Agency: NAACCR

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Mult Tumors [Std# 445]
Date of Mult Tumors Flag [Std# 439]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[4892] For %F6 of %V6, %F3 of %V3, %F4 of %V4, %F2 must = 11
For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Date of Mult Tumors Flag must = 11

Additional Messages

[4893] For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Date of Mult Tumors Flag must not = 11
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Both Date of Mult Tumors and Date of Mult Tumors Flag are blank, indicating the date was intentionally not collected.
2. Type of Reporting Source is 7 (death certificate only).
3. Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2010:

- A. If year of Date of Diagnosis is less than 2010:
 1. If Primary Site is C809 (unknown primary) or Histologic Type ICD-O-3 is 9590-9992 (lymphoma, leukemia, and immunoproliferative disease), then Date of Mult Tumors Flag must equal 11 (not collected/not applicable for this site).
 2. For all other cases, Date of Mult Tumors Flag must not equal 11.
- B. If year of Date of Diagnosis is 2010 or later:
 1. If Histologic Type ICD-O-3 is 9751-9758, 9765-9769, and 9970, the remaining logic is skipped.
 2. If year of Date of Diagnosis is 2010:
 - a. For the following sites and histologies, Date of Mult Tumors Flag must equal 11:
Primary Site is C809 (unknown primary)

- OR
Histologic Type ICD-O-3 is 9590-9729, 9732-9733, 9735-9738,
9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992
(lymphoma, leukemia, and immunoproliferative disease)
- b. For all other cases, Date of Mult Tumors Flag must not equal 11.
3. If year of Date of Diagnosis is 2011 or later:
- a. For the following sites and histologies, Date of Mult Tumors Flag must equal 11:
- Primary Site is C809 (unknown primary)
- OR
- [Primary Site is C770-C779 (lymph nodes) or C421 (bone marrow)
AND Histologic Type ICD-O-3 is 9590-9729, 9735-9738(lymphoma)]
- OR
- Histologic Type ICD-O-3 is 9732-9733, 9741-9742, 9759-9764,
9800-9920, 9931-9967, 9971-9992 (leukemia and
immunoproliferative disease)
- b. For all other cases, Date of Mult Tumors Flag must not equal 11.
- There is one exception: if the year of diagnosis is 2011 and case is lymphoma not coded to lymph nodes or bone marrow, the case may be coded according to either 2010 or 2011 rules; that is, if Histologic Type ICD-O-3 = 9590-9729, 9735-9738 and Primary Site is not C770-C779 or C421, all valid Date of Mult Tumors Flag codes are allowed, including 11.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF207

Modifications

NAACCR v11.3A

11/2008

- Added:

If Primary Site is not C809 (unknown primary) and Histologic Type ICD-O-3 is not 9590-9989 (lymphoma, leukemia, and immunoproliferative disease), then Date of Multiple Tumors must not equal 88888888.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Hematopoietic histology checking changed to be consistent with new rules and is based on year of Date of Diagnosis.

NAACCR v12D

- For cases diagnosed 2010+:

-- Histology codes 9751-9758, 9765-9769, and 9970 are skipped

-- The list of histology codes requiring that Date of Mult Tumors Flag equal 11 changed from:

9590-9730, 9732-9733, 9741-9742, 9751-9754, 9760-9910, 9930-9992

to:

9590-9729, 9732-9733, 9735-9738, 9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992

-- If histology not equal to the above revised list of histologies, Date of Mult Tumors Flag must not = 11

NAACCR v12.2

- Fixed associated error messages

NAACCR v12.2A

- For lymphoma cases NOT coded to lymph nodes or bone marrow: for diagnosis year 2011, date flag 11 (not collected/not applicable) is allowed, but not required; for cases diagnosed 2012 and later, 11 is no longer allowed.

- Error messages were updated.

NAACCR v13

- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

Date of Mult Tumors (SEER)

Agency: SEER

Last changed: 02/12/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Mult Tumors [Std# 445]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Date of Mult Tumors ("value of Date of Mult Tumors") is an invalid date

Additional Messages

ERROR_TEXT("Multiple Tumors: %DC")

Description

This edit is skipped if Date of Mult Tumors is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF173

Modifications:

NACR111

09/2006

The edit was changed from requiring the field to be blank to requiring the field to equal a valid date, 00000000, 88888888, 99999999, or blanks.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Multiple Tumors (SEER)' to 'Date of Mult Tumors (SEER)'.
- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

NAACCR v13A

- Added reference to SEER IF173 in Administrative Notes

Date of Mult Tumors Flag (NAACCR)

Agency: NAACCR

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Mult Tumors Flag [Std# 439]

Default Error Message

[3278] %F1 must be blank, 11, 12, or 15
Date of Mult Tumors Flag must be blank, 11, 12, or 15

Description

The Date of Mult Tumors Flag codes indicates why there is no appropriate value in the corresponding date field, Date of Mult Tumors.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

11 No proper value is applicable in this context (e.g., information on multiple tumors not collected/not applicable for this site).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., patient was diagnosed with multiple tumors and the date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., single tumor).

Blank A valid date value is provided in item Date of Mult Tumors Flag, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2A

- Description modified: reference to "RX Date--Chemo" changed to "Date of Multiple Tumors"

NAACCR v13

Reference in description to standard setter requirements was updated.

Date of Mult Tumors, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Mult Tumors [Std# 445]
Date of Mult Tumors Flag [Std# 439]

Default Error Message

[3264] If date is present, corresponding date flag must be blank
If date is present, corresponding date flag must be blank

Additional Messages

[3320] If Date of Mult Tumors is blank, Date of Mult Tumors Flag must = blank, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date of Mult Tumors because it was not required by the SEER for cases diagnosed prior to 2007; that is, Date of Mult Tumors and its corresponding date flag, Date of Mult Tumors Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date of Mult Tumors is populated, then Date of Mult Tumors Flag must be blank.
3. If Date of Mult Tumors is blank and Date of Mult Tumors Flag is not blank, then Flag must = 11 (information on multiple tumors not collected/not applicable for this site), 12 (patient was diagnosed with multiple tumors and the date is unknown), or 15 (single tumor).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF224

Modifications

NAACCR v13

- Edit name changed from 'Date of Multiple Tumors, Date Flag (NAACCR)' to 'Date of Mult Tumors, Date Flag (NAACCR)'.

- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

Date of Mult Tumors, Date of DX (CCCR)

Agency: CCCR

Last changed: 11/28/2012

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Date of Mult Tumors [Std# 445]

Date of Mult Tumors Flag [Std# 439]

Default Error Message

[3422] If year of %F1 = 2008-2012, then %F2 and %F3 cannot both be blank

If year of Date of Diagnosis = 2008-2012, then Date of Mult Tumors and Date of Mult Tumors Flag cannot both be blank

Additional Messages

[3423] If year of Date of Diagnosis < 2008, then Date of Mult Tumors and Date of Mult Tumors Flag must be blank

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is 2013 or later, then Date of Mult Tumors is optional and can be left blank.

If year of Date of Diagnosis is 2008-2012, then Date of Mult Tumors and Date of Mult Tumors Flag cannot both be blank.

If year of Date of Diagnosis is less than 2008, then Date of Mult Tumors and Date of Mult Tumors Flag must both be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the SEER edit of the same name in that the CCCR version of the edit requires Date of Multiple Tumors for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Date of Multiple Tumors for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications

NAACCR v13

- Edit name changed from 'Date of Multiple Tumors, Date of DX (CCCR)' to 'Date of Mult Tumors, Date of DX (CCCR)'.

- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

- Edit updated to require field only for cases diagnosed 1/1/2008-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Date of Mult Tumors, Date of DX (SEER IF165)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Date of Mult Tumors [Std# 445]
Date of Mult Tumors Flag [Std# 439]

Default Error Message

[4990] If year of %F1 = 2007-2012, then %F2 cannot be blank
If year of Date of Diagnosis = 2007-2012, then Date of Mult Tumors cannot be blank

Additional Messages

[3317] If year of Date of Diagnosis = 2007-2012, then Date of Mult Tumors and Date of Mult Tumors Flag cannot both be blank
[3318] If year of Date of Diagnosis < 2007, then Date of Mult Tumors and Date of Mult Tumors Flag must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is 2013 or later, then Date of Mult Tumors is optional and can be left blank.

If year of Date of Diagnosis is 2007-2012, then Date of Mult Tumors and Date of Mult Tumors Flag cannot both be blank.

If year of Date of Diagnosis is less than 2007, then Date of Mult Tumors and Date of Mult Tumors Flag must both be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF165

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Multiple Tumors, Date of DX (SEER IF165)' to 'Date of Mult Tumors, Date of DX (SEER IF165)'.
- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.
- Edit updated to require field only for cases diagnosed 1/1/2007-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Date Tumor Record Availbl (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Fields

Date Tumor Record Availbl [Std# 2113]

Default Error Message

[1003] %F1 (%V1) is an invalid date

Date Tumor Record Availbl ("value of Date Tumor Record Availbl") is an invalid date

Additional Messages

ERROR_TEXT("Date Tumor Record Availbl: %DC")

Description

This edit is skipped if Date Tumor Record Availbl is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM__ Century+Year and Month. Day consists of two blank spaces.

CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

DC State File Number, Vital Status (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

DC State File Number [Std# 2380]

Vital Status [Std# 1760]

Default Error Message

[1030] If %F2 = 1, %F1 must be blank

If Vital Status = 1, DC State File Number must be blank

Description

If Vital Status = 1 (alive), then DC State File Number must be blank.

Death Certificate Only, RX (NPCR)

Agency: NPCR

Last changed: 01/12/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
Reason for No Surgery [Std# 1340]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Other [Std# 1420]
RX Summ--Transplnt/Endocr [Std# 3250]
Rad--Regional RX Modality [Std# 1570]
RX Summ--Surg/Rad Seq [Std# 1380]
RX Summ--Systemic/Sur Seq [Std# 1639]

Default Error Message

[3174] Conflict between Death Certificate Only & RX data items
Conflict between Death Certificate Only & RX data items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("Conflict between Death Certificate Only & Rad--Regional RX Modality")
SAVE_TEXT("Conflict between Death Certificate Only & Reason for No Surgery")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--BRM")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Chemo")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Hormone")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Other")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Scope Reg LN Sur")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Surg Oth Reg/Dis")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Surg Prim Site")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Surg/Rad Seq")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Systemic/Sur Seq")
SAVE_TEXT("Conflict between Death Certificate Only & RX Summ--Transplnt/Endocr")
```

Description

This edit is skipped if year of Date of Diagnosis is blank or less than 2006.

If Type of Reporting Source is 7 (death certificate only):

1. RX Summ--Surg Prim Site must = 98 or 99
2. RX Summ--Scope Reg LN Sur must = 9

3. RX Summ--Surg Oth Reg/Dis must = 9
4. Reason for No Surgery must = 9
5. RX Summ--BRM must = 99
6. RX Summ--Chemo must = 99
7. RX Summ--Hormone must = 99
8. RX Summ--Other must = 9
9. RX Summ--Transplnt/Endocr = 99
10. Rad--Regional RX Modality must = 99
11. RX Summ--Surg/Rad Seq must = 0
12. RX Summ--Systemic/Sur Seq must = 0

Administrative Notes

Modifications:

NACR111

09/2006

1. The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.
2. The edit logic was modified to allow RX Summ--Surg Prim Site of 98 (as well as 99).

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Derived AJCC-6 M (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 M [Std# 2980]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-6 M - Storage code ("value of Derived AJCC-6 M") is invalid

Description

Must be a valid two-digit Storage Code for Derived AJCC-6 M. May be blank.

The following Storage Codes are valid:

00, 10-13, 19, 88, 99

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
99	MX	MX
00	M0	M0
10	M1	M1
11	M1a	M1a
12	M1b	M1b
13	M1c	M1c
19	M1NOS	M1 NOS
88	NA	Not applicable

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC M (CS)" to "Derived AJCC-6 M (CS)".

Derived AJCC-6 M Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 M Descript [Std# 2990]

Default Error Message

[1023] %F1 is not valid
Derived AJCC-6 M Descript is not valid

Description

Must be a valid value for Derived AJCC-6 M Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC M Descriptor (CS)" to "Derived AJCC-6 M Descriptor (CS)".

Derived AJCC-6 N (CS)

Agency: CS

Last changed: 02/21/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 N [Std# 2960]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-6 N - Storage code ("value of Derived AJCC-6 N") is invalid

Description

Must be a valid two-digit Storage Code for Derived AJCC-6 N. May be blank.

The following Storage Codes are valid:

00-04, 10-13, 18-23, 29, 30-33, 39, 88, 99

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
99	NX	NX
00	N0	N0
01	N0(i-)	N0(i-)
02	N0(i+)	N0(i+)
03	N0(mol-)	N0(mol-)
04	N0(mol+)	N0(mol+)
10	N1	N1
19	N1NOS	N1 NOS
11	N1a	N1a
12	N1b	N1b
13	N1c	N1c
18	N1mi	N1mi
20	N2	N2
29	N2NOS	N2 NOS
21	N2a	N2a
22	N2b	N2b
23	N2c	N2c
30	N3	N3
39	N3NOS	N3 NOS
31	N3a	N3a
32	N3b	N3b
33	N3c	N3c
88	NA	Not applicable

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC N (CS)" to "Derived AJCC-6 N (CS)".
- Code 09 was deleted from the list of allowable values.

NAACCR v13A

- Updated Description: changed display string "N0(i?)" to "N0(i-)" and "N0(mol?)" to "N0(mol-)".

Derived AJCC-6 N Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 N Descript [Std# 2970]

Default Error Message

[1023] %F1 is not valid
Derived AJCC-6 N Descript is not valid

Description

Must be a valid value for Derived AJCC-6 N Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC N Descriptor (CS)" to "Derived AJCC-6 N Descriptor (CS)".

Derived AJCC-6 Stage Group (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 Stage Grp [Std# 3000]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-6 Stage Grp - Storage code ("value of Derived AJCC-6 Stage Grp") is invalid

Description

Must be a valid two-digit Storage Sode for Derived AJCC-6 Stage Group. May be blank.

The following Storage Codes are valid:
00-02, 10-24, 30-43, 50-63, 70-74, 88, 90, 99

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
00	0	Stage 0
01	0a	Stage 0a
02	0is	Stage 0is
10	I	Stage I
11	INOS	Stage I NOS
12	IA	Stage IA
13	IA1	Stage IA1
14	IA2	Stage IA2
15	IB	Stage IB
16	IB1	Stage IB1
17	IB2	Stage IB2
18	IC	Stage IC
19	IS	Stage IS
23	ISA	Stage ISA (lymphoma only)
24	ISB	Stage ISB (lymphoma only)
20	IEA	Stage IEA (lymphoma only)
21	IEB	Stage IEB (lymphoma only)
22	IE	Stage IE (lymphoma only)
30	II	Stage II
31	IINOS	Stage II NOS
32	IIA	Stage IIA
33	IIB	Stage IIB
34	IIC	Stage IIC
35	IIEA	Stage IIEA (lymphoma only)
36	IIEB	Stage IIEB (lymphoma only)
37	IIE	Stage IIE (lymphoma only)

38	IISA	Stage IISA (lymphoma only)
39	IISB	Stage IISB (lymphoma only)
40	IIS	Stage IIS (lymphoma only)
41	IIESA	Stage IIESA (lymphoma only)
42	IIESB	Stage IIESB (lymphoma only)
43	IIES	Stage IIES (lymphoma only)
50	III	Stage III
51	IIINOS	Stage III NOS
52	IIIA	Stage IIIA
53	IIIB	Stage IIIB
54	IIIC	Stage IIIC
55	IIIEA	Stage IIIEA (lymphoma only)
56	IIIEB	Stage IIIEB (lymphoma only)
57	IIIE	Stage IIIE (lymphoma only)
58	IIISA	Stage IIISA (lymphoma only)
59	IIISB	Stage IIISB (lymphoma only)
60	IIIS	Stage IIIS (lymphoma only)
61	IIIESA	Stage IIIESA (lymphoma only)
62	IIIESB	Stage IIIESB (lymphoma only)
63	IIIES	Stage IIIES (lymphoma only)
70	IV	Stage IV
71	IVNOS	Stage IV NOS
72	IVA	Stage IVA
73	IVB	Stage IVB
74	IVC	Stage IVC
88	NA	Not applicable
90	OCCULT	Stage Occult
99	UNK	Stage Unknown

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC Stage Group (CS)" to "Derived AJCC-6 Stage Group (CS)".

Derived AJCC-6 T (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 T [Std# 2940]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-6 T - Storage code ("value of Derived AJCC-6 T") is invalid

Description

Must be a valid two-digit Storage Code for Derived AJCC-6 T. May be blank.

The following Storage Codes are valid:

00, 01, 05-07, 10-23, 29-33, 39-44, 49, 80, 81, 88, 99

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
--------------	----------------	----------

99	TX	TX
00	T0	T0
01	Ta	Ta
05	Tis	Tis
06	Tispu	Tispu (Urethra only)
07	Tispd	Tispd (Urethra only)
10	T1	T1
11	T1mic	T1mic
19	T1NOS	T1 NOS
12	T1a	T1a
13	T1a1	T1a1
14	T1a2	T1a2
15	T1b	T1b
16	T1b1	T1b1
17	T1b2	T1b2
18	T1c	T1c
20	T2	T2
29	T2NOS	T2 NOS
21	T2a	T2a
22	T2b	T2b
23	T2c	T2c
30	T3	T3
39	T3NOS	T3 NOS
31	T3a	T3a
32	T3b	T3b
33	T3c	T3c
40	T4	T4

49	T4NOS	T4 NOS
41	T4a	T4a
42	T4b	T4b
43	T4c	T4c
44	T4d	T4d
80	T1aNOS	T1a NOS
81	T1bNOS	T1b NOS
88	NA	Not applicable

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC T (CS)" to "Derived AJCC-6 T (CS)".
- Codes 80 and 81 were added to the list of allowable values.

Derived AJCC-6 T Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-6 T Descript [Std# 2950]

Default Error Message

[1023] %F1 is not valid
Derived AJCC-6 T Descript is not valid

Description

Must be a valid value for Derived AJCC-6 T Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC T Descriptor (CS)" to "Derived AJCC-6 T Descriptor (CS)".

Derived AJCC-7 M (CS)

Agency: CS

Last changed: 02/03/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 M [Std# 3420]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-7 M - Storage code ("value of Derived AJCC-7 M") is invalid

Description

Must be a valid three-digit Storage Code for Derived AJCC-7 M. May be blank.

The following Storage Codes are valid:

000, 010, 100, 110, 120, 130, 140, 150, 199, 888, 999

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
999	MX	MX
000	M0	M0
010	M0(i+)	M0(i+)
100	M1	M1
110	M1a	M1a
120	M1b	M1b
130	M1c	M1c
140	M1d	M1d
150	M1e	M1e
199	M1NOS	M1 NOS
888	NA	Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 M Descriptor (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 M Descript [Std# 3422]

Default Error Message

[1023] %F1 is not valid
Derived AJCC-7 M Descript is not valid

Description

Must be a valid value for Derived AJCC-7 M Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 N (CS)

Agency: CS

Last changed: 02/21/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 N [Std# 3410]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-7 N - Storage code ("value of Derived AJCC-7 N") is invalid

Description

Must be a valid three-digit Storage Code for Derived AJCC-7 N. May be blank.

The following Storage Codes are valid:

000, 010, 020, 030, 040, 100, 110, 120, 130, 180, 199, 200, 210, 220, 230, 299,
300, 310, 320, 330, 399, 400, 888, 999

This table shows the corresponding Display String for each Storage Code:

Storage Code Display String Comments

999	NX	NX
000	N0	N0
010	N0(i-)	N0(i-)
020	N0(i+)	N0(i+)
030	N0(mol-)	N0(mol-)
040	N0(mol+)	N0(mol+)
100	N1	N1
199	N1NOS	N1 NOS
110	N1a	N1a
120	N1b	N1b
130	N1c	N1c
180	N1mi	N1mi
200	N2	N2
299	N2NOS	N2 NOS
210	N2a	N2a
220	N2b	N2b
230	N2c	N2c
300	N3	N3
399	N3NOS	N3 NOS
310	N3a	N3a
320	N3b	N3b
330	N3c	N3c
400	N4	N4

888

NA

Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications

NAACCR v13A

- Updated Description: changed display string "NO(i?)" to "NO(i-)" and "NO(mol?)" to "NO(mol-)".

Derived AJCC-7 N Descript (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 N Descript [Std# 3412]

Default Error Message

[1023] %F1 is not valid
Derived AJCC-7 N Descript is not valid

Description

Must be a valid value for Derived AJCC-7 N Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 Stage Group (CS)

Agency: CS

Last changed: 02/03/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 Stage Grp [Std# 3430]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-7 Stage Grp - Storage code ("value of Derived AJCC-7 Stage Grp") is invalid

Description

Must be a valid three-digit Storage Code for Derived AJCC-7 Stage Group. May be blank.

The following Storage Codes are valid:

The following Storage Codes are valid:

000, 010, 020, 100, 110, 120, 121, 130, 140, 150, 151, 160, 170, 180, 190, 200, 210, 220, 230, 240, 300, 310, 320, 321, 322, 323, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 500, 510, 520, 530, 540, 541, 542, 550, 560, 570, 580, 590, 600, 610, 620, 630, 700, 710, 720, 721, 722, 730, 740, 888, 900, 999

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
000	0	Stage 0
010	0a	Stage 0a
020	0is	Stage 0is
100	I	Stage I
110	INOS	Stage I NOS
120	IA	Stage IA
121	IANOS	Stage IA NOS
130	IA1	Stage IA1
140	IA2	Stage IA2
150	IB	Stage IB
151	IBNOS	Stage IB NOS
160	IB1	Stage IB1
170	IB2	Stage IB2
180	IC	Stage IC
190	IS	Stage IS
230	ISA	Stage ISA (lymphoma only)
240	ISB	Stage ISB (lymphoma only)
200	IEA	Stage IEA (lymphoma only)
210	IEB	Stage IEB (lymphoma only)

220	IE	Stage IE (lymphoma only)
300	II	Stage II
310	IINOS	Stage II NOS
320	IIA	Stage IIA
321	IIANOS	Stage IIA NOS
322	IIA1	Stage IIA1
323	IIA2	Stage IIA2
330	IIB	Stage IIB
340	IIC	Stage IIC
350	IIEA	Stage IIEA (lymphoma only)
360	IIEB	Stage IIEB (lymphoma only)
370	IIE	Stage IIE (lymphoma only)
380	IISA	Stage IISA (lymphoma only)
390	IISB	Stage IISB (lymphoma only)
400	IIS	Stage IIS (lymphoma only)
410	IIESA	Stage IIESA (lymphoma only)
420	IIESB	Stage IIESB (lymphoma only)
430	IIES	Stage IIES (lymphoma only)
500	III	Stage III
510	IIINOS	Stage III NOS
520	IIIA	Stage IIIA
530	IIIB	Stage IIIB
540	IIIC	Stage IIIC
541	IIIC1	Stage IIIC1
542	IIIC2	Stage IIIC2
550	IIIEA	Stage IIIEA (lymphoma only)
560	IIIEB	Stage IIIEB (lymphoma only)
570	IIIE	Stage IIIE (lymphoma only)
580	IIISA	Stage IIISA (lymphoma only)
590	IIISB	Stage IIISB (lymphoma only)
600	IIIS	Stage IIIS (lymphoma only)
610	IIIESA	Stage IIIESA (lymphoma only)
620	IIIESB	Stage IIIESB (lymphoma only)
630	IIIES	Stage IIIES (lymphoma only)
700	IV	Stage IV
710	IVNOS	Stage IV NOS
720	IVA	Stage IVA
721	IVA1	Stage IVA1
722	IVA2	Stage IVA2
730	IVB	Stage IVB
740	IVC	Stage IVC
888	NA	Not applicable
900	OCCULT	Stage Occult
999	UNK	Stage Unknown

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 T (CS)

Agency: CS

Last changed: 10/11/2011

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 T [Std# 3400]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived AJCC-7 T - Storage code ("value of Derived AJCC-7 T") is invalid

Description

Must be a valid three-digit Storage Code for Derived AJCC-7 T. May be blank.

The following Storage Codes are valid:

000, 010, 050, 060, 070, 100, 110, 120, 121, 122, 130, 140, 150, 151, 152, 160, 170, 180, 181, 191, 192, 199, 200, 201, 202, 210-213, 220, 230, 240, 299, 300, 301, 302, 310, 320, 330, 340, 399, 400, 410, 411, 412, 420, 421, 422, 430, 440, 450, 491, 492, 499, 800, 810, 888, 999

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
999	TX	TX
000	T0	T0
010	Ta	Ta
050	Tis	Tis
060	Tispu	Tispu (Urethra only)
070	Tispd	Tispd (Urethra only)
100	T1	T1
110	T1mic	T1mic
199	T1NOS	T1 NOS
191	T1NOS(s)	T1 NOS(s)
192	T1NOS(m)	T1 NOS(m)
120	T1a	T1a
121	T1a(s)	T1a(s)
122	T1a(m)	T1a(m)
130	T1a1	T1a1
140	T1a2	T1a2
150	T1b	T1b
151	T1b(s)	T1b(s)
152	T1b(m)	T1b(m)
160	T1b1	T1b1
170	T1b2	T1b2

180	T1c	T1c
181	T1d	T1d
200	T2	T2
201	T2(s)	T2(s)
202	T2(m)	T2(m)
299	T2NOS	T2 NOS
210	T2a	T2a
211	T2a1	T2a1
212	T2a2	T2a2
213	T2aNOS	T2aNOS
220	T2b	T2b
230	T2c	T2c
240	T2d	T2d
300	T3	T3
301	T3(s)	T3(s)
302	T3(m)	T3(m)
399	T3NOS	T3 NOS
310	T3a	T3a
320	T3b	T3b
330	T3c	T3c
340	T3d	T3d
400	T4	T4
499	T4NOS	T4 NOS
491	T4NOS(s)	T4 NOS(s)
492	T4NOS(m)	T4 NOS(m)
410	T4a	T4a
411	T4a(s)	T4a(s)
412	T4a(m)	T4a(m)
420	T4b	T4b
421	T4b(s)	T4b(s)
422	T4b(m)	T4b(m)
430	T4c	T4c
440	T4d	T4d
450	T4e	T4e
800	T1aNOS	T1a NOS
810	T1bNOS	T1b NOS
888	NA	Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2

- Added codes: 121, 122, 151, 152, 191, 192, 201, 202, 301, 302, 411, 412, 421, 422, 491, 492

Derived AJCC-7 T Descript (CS)

Agency: CS

Last changed: 02/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC-7 T Descript [Std# 3402]

Default Error Message

[1023] %F1 is not valid
Derived AJCC- T Descript is not valid

Description

Must be a valid value for Derived AJCC-7 T Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived AJCC--Flag [Std# 3030]

Default Error Message

[1023] %F1 is not valid
Derived AJCC--Flag is not valid

Description

Must be a valid value for Derived AJCC--Flag (1,2). May be blank.

Derived AJCC--Flag, Derived AJCC (COC)

Agency: CS

Last changed: 07/28/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Derived AJCC--Flag [Std# 3030]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]
CS Extension [Std# 2810]

Default Error Message

[3376] Conflict between Date of Diagnosis, Derived AJCC Flag, and Derived AJCC fields
Conflict between Date of Diagnosis, Derived AJCC Flag, and Derived AJCC fields

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 M Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 M")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 N Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 N")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 Stage Group")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 T Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 T")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 M Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 M")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 N Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 N")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 Stage Group")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 T Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 T")

Description

This edit checks the Derived AJCC--Flag against the derived data items as required by COC.

This edit is skipped if Date of Diagnosis is blank.

This edit is skipped if Year of Diagnosis is 2016 and CS Extension is blank.

If Derived AJCC--Flag is blank (not derived), then the following fields must be blank:

- Derived AJCC-6 T
- Derived AJCC-6 T Descript
- Derived AJCC-6 N
- Derived AJCC-6 N Descript
- Derived AJCC-6 M
- Derived AJCC-6 M Descript
- Derived AJCC-6 Stage Grp
- Derived AJCC-7 T
- Derived AJCC-7 T Descript
- Derived AJCC-7 N
- Derived AJCC-7 N Descript
- Derived AJCC-7 M
- Derived AJCC-7 M Descript
- Derived AJCC-7 Stage Grp

If Derived AJCC--Flag is not blank, then the following fields must not be blank:

- Derived AJCC-6 T
- Derived AJCC-6 T Descript
- Derived AJCC-6 N
- Derived AJCC-6 N Descript
- Derived AJCC-6 M
- Derived AJCC-6 M Descript
- Derived AJCC-6 Stage Group

If Derived AJCC--Flag is not blank and year of Date of Diagnosis is 2010 or later, then the following fields must also not be blank:

- Derived AJCC-7 T
- Derived AJCC-7 T Descript
- Derived AJCC-7 N
- Derived AJCC-7 N Descript
- Derived AJCC-7 M
- Derived AJCC-7 M Descript
- Derived AJCC-7 Stage Group

Administrative Notes

Modifications:

NAACCR v12.0

- Edit updated to include AJCC-7 fields

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v12.1

- Updated error message.

NAACCR v16a

-Description and logic updated to skip edit if diagnosis year is 2016 and CS Extension is empty.

Derived AJCC--Flag, Derived AJCC (SEER)

Agency: CS

Last changed: 07/28/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Derived AJCC--Flag [Std# 3030]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]
CS Extension [Std# 2810]

Default Error Message

[3376] Conflict between Date of Diagnosis, Derived AJCC Flag, and Derived AJCC fields
Conflict between Date of Diagnosis, Derived AJCC Flag, and Derived AJCC fields

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 M Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 M")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 N Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 N")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 Stage Group")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 T Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-6 T")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 M Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 M")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 N Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 N")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 Stage Group")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 T Descriptor")
SAVE_TEXT("Conflict between Derived AJCC--Flag and Derived AJCC-7 T")

Description

This edit checks the Derived AJCC--Flag against the derived data items as required by SEER.

This edit is skipped if Date of Diagnosis is blank.

This edit is skipped if Year of Diagnosis is 2016 and CS Extension is blank.

If Derived AJCC--Flag is blank (not derived), then the following fields must be blank:

- Derived AJCC-6 T
- Derived AJCC-6 T Descript
- Derived AJCC-6 N
- Derived AJCC-6 N Descript
- Derived AJCC-6 M
- Derived AJCC-6 M Descript
- Derived AJCC-6 Stage Grp
- Derived AJCC-7 T
- Derived AJCC-7 T Descript
- Derived AJCC-7 N
- Derived AJCC-7 N Descript
- Derived AJCC-7 M
- Derived AJCC-7 M Descript
- Derived AJCC-7 Stage Grp

If Derived AJCC--Flag is not blank, then the following fields must not be blank:

- Derived AJCC-6 T
- Derived AJCC-6 N
- Derived AJCC-6 M
- Derived AJCC-6 Stage Group

If Derived AJCC--Flag is not blank and year of Date of Diagnosis is 2008 or later, then the following fields must also not be blank:

- Derived AJCC-6 T Descript
- Derived AJCC-6 N Descript
- Derived AJCC-6 M Descript

If Derived AJCC--Flag is not blank and year of Date of Diagnosis is 2010 or later, then the following fields must also not be blank:

- Derived AJCC-7 T
- Derived AJCC-7 T Descript
- Derived AJCC-7 N
- Derived AJCC-7 N Descript
- Derived AJCC-7 M
- Derived AJCC-7 M Descript
- Derived AJCC-7 Stage Group

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF169

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit updated to include AJCC-7 fields

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v12.1

- Modified edit to show schema name

NAACCR v14

- Removed logic that causes edit to be skipped if behavior is 0 or 1 and schema is not Brain, CNSOther or Intracranial Gland.

NAACCR v16A

- Description and logic updated to skip edit if diagnosis year is 2016 and CS Extension is empty.

Derived Items, Date of DX (CCCR)

Agency: CS

Last changed: 10/04/2013

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived SS1977 [Std# 3010]
Derived SS2000 [Std# 3020]
CS Version Derived [Std# 2936]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX > 2003, CS Version Derived cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 M cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 M Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 N cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 N Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 Stage Group cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 T cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 T Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived SS1977 cannot be blank")
SAVE_TEXT("If DX > 2003, Derived SS2000 cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 M cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 M Descriptor cannot be blank")

SAVE_TEXT("If DX > 2009, Derived AJCC-7 N cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 N Descriptor cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 Stage Group cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 T cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 T Descriptor cannot be blank")

Description

The purpose of this edit is to verify that all CS derived items required by CCCR are entered (not blank) for cases diagnosed 2004 and later.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is greater than 2003, then the following CS data items cannot be blank:

Derived AJCC-6 T
Derived AJCC-6 T Descriptor
Derived AJCC-6 N
Derived AJCC-6 N Descriptor
Derived AJCC-6 M
Derived AJCC-6 M Descriptor
Derived AJCC-6 Stage Group
Derived SS1977
Derived SS2000
CS Version Derived

If year of Date of Diagnosis is greater than 2009, then the following additional data items cannot be blank:

Derived AJCC-7 T
Derived AJCC-7 T Descriptor
Derived AJCC-7 N
Derived AJCC-7 N Descriptor
Derived AJCC-7 M
Derived AJCC-7 M Descriptor
Derived AJCC-7 Stage Group

Administrative Notes

This edit differs from the NPCR and SEER edits of the same name in that it edits all of the derived Collaborative Stage data items plus CS Version Derived, as required by CCCR.

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- Updated to include AJCC-7 derived items.
- CS Version Input Original removed from the listed of required derived items.

NAACCR v12.2A

- Description modified: reference to "COC" changed to "CCCR"

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

Derived Items, Date of DX (COC)

Agency: CS

Last changed: 06/15/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived SS1977 [Std# 3010]
Derived SS2000 [Std# 3020]
CS Version Derived [Std# 2936]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

```
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX > 2003, CS Version Derived cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 M cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 M Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 N cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 N Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 Stage Group cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 T cannot be blank")
SAVE_TEXT("If DX > 2003, Derived AJCC-6 T Descriptor cannot be blank")
SAVE_TEXT("If DX > 2003, Derived SS1977 cannot be blank")
SAVE_TEXT("If DX > 2003, Derived SS2000 cannot be blank")
```

SAVE_TEXT("If DX > 2009, Derived AJCC-7 M cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 M Descriptor cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 N cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 N Descriptor cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 Stage Group cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 T cannot be blank")
SAVE_TEXT("If DX > 2009, Derived AJCC-7 T Descriptor cannot be blank")

Description

The purpose of this edit is to verify that all CS derived items required by COC are entered (not blank) for cases diagnosed 2004 through 2015.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid
4. Year of Date of Diagnosis is greater than 2015

If year of Date of Diagnosis is greater than 2003 and less than 2016, then the following CS data items cannot be blank:

Derived AJCC-6 T
Derived AJCC-6 T Descriptor
Derived AJCC-6 N
Derived AJCC-6 N Descriptor
Derived AJCC-6 M
Derived AJCC-6 M Descriptor
Derived AJCC-6 Stage Group
Derived SS1977
Derived SS2000
CS Version Derived

If year of Date of Diagnosis is greater than 2009 and less than 2016, then the following additional data items cannot be blank:

Derived AJCC-7 T
Derived AJCC-7 T Descriptor
Derived AJCC-7 N
Derived AJCC-7 N Descriptor
Derived AJCC-7 M
Derived AJCC-7 M Descriptor
Derived AJCC-7 Stage Group

Administrative Notes

This edit differs from the NPCR and SEER edits of the same name in that it edits all of the derived Collaborative Stage data items plus CS Version Derived, as required by COC.

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- Updated to include AJCC-7 derived items.
- CS Version Input Original removed from the listed of required derived items.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit will pass if year of DX is greater than 2015.

Derived Items, Date of DX (NPCR)

Agency: CS

Last changed: 03/30/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
CS Site-Specific Factor25 [Std# 2879]
Over-ride CS 20 [Std# 3769]
CS Version Derived [Std# 2936]
Derived SS2000 [Std# 3020]
Derived SS1977 [Std# 3010]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

[4235] Conflict between Over-ride CS 20 ("value of Over-ride CS 20") and Derived items
ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX < 2016, CS Version Derived cannot be blank")
SAVE_TEXT("If DX < 2016, Derived SS2000 cannot be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, CS Version Derived must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 M Descriptor must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 M must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 N Descriptor must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 N must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 Stage Group must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 T Descriptor must be blank")

SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-6 T must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 M Descriptor must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 M must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 N Descriptor must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 N must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 Stage Group must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 T Descriptor must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived AJCC-7 T must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived SS1977 must be blank")
SAVE_TEXT("If Over-ride CS 20 = 1, Derived SS2000 must be blank")

Description

The purpose of this edit is to verify that all CS derived items required by NPCR are entered (not blank) for cases diagnosed 2004-2015. For diagnosis year 2012-2015, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated and the derived staging fields must remain blank.

The codes for Over-ride CS 20 are:

1 = Directly coded SEER Summary Stage 2000 [759] used to report Summary Stage and Derived Summary Stage 2000 [3020] must be blank

Blank = Derived Summary Stage 2000 [3020] reported using the Collaborative Stage Data Collection System or case diagnosed prior to 2012

Please note that another edit, "CS Over-ride CS 20, Date of Diagnosis" verifies that Over-ride CS 20 is blank for pre-2012 cases.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid
4. Year of Date of Diagnosis is greater than 2015

A. If year of Date of Diagnosis is 2004-2011 or [2012-2015 AND Over-ride CS 20 is blank], then the following CS data items cannot be blank:

Derived SS2000 [3020]
CS Version Derived [2936]

B. If year of Date of Diagnosis is 2012-2015 AND Over-ride CS 20 is '1', the following CS data items must be blank:

CS Version Derived
Derived SS1977
Derived SS2000
Derived AJCC-6 T
Derived AJCC-6 T Descript
Derived AJCC-6 N
Derived AJCC-6 N Descript
Derived AJCC-6 M
Derived AJCC-6 M Descript
Derived AJCC-6 Stage Grp
Derived AJCC-7 T
Derived AJCC-7 T Descript

Derived AJCC-7 N
Derived AJCC-7 N Descript
Derived AJCC-7 M
Derived AJCC-7 M Descript
Derived AJCC-7 Stage Grp

Administrative Notes

This edit differs from the COC and SEER edits of the same name in that it edits only the derived Collaborative Stage data items, plus CS Version Derived, as required by NPCR.

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- CS Version Input Original removed from the list of required derived items.

NAACCR v12.2

- Updated to require Derived SS2000 and CS Version Derived only if Over-ride CS 20 is blank. If Over-ride CS 20 = 1, then all derived fields must be blank.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v16

- Edit takes into account that Collaborative Stage is no longer being collected for cases diagnosed 2016 or later.

Derived Items, Date of DX (SEER)

Agency: SEER

Last changed: 05/24/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Behavior Code ICD-O-3 [Std# 523]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived SS1977 [Std# 3010]
Derived SS2000 [Std# 3020]
CS Version Derived [Std# 2936]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]
CS Extension [Std# 2810]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("CS Version Derived cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 M cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 M Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 N cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 N Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 Stage Group cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 T cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-6 T Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-7 M cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-7 M Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-7 N cannot be blank for this DX year")


```
SAVE_TEXT("Derived AJCC-7 N Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-7 Stage Group cannot be blank for this DX year")
SAVE_TEXT("Derived AJCC-7 T cannot be blank for this dx year")
SAVE_TEXT("Derived AJCC-7 T Descriptor cannot be blank for this DX year")
SAVE_TEXT("Derived SS1977 cannot be blank for this DX year")
SAVE_TEXT("Derived SS2000 cannot be blank for this DX year")
SAVE_TEXT("t_schema_msg")
```

Description

The purpose of this edit is to verify that all Derived items required by SEER are entered as required (not blank) for cases diagnosed 2004-2016.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is greater than 2003 and less than 2016 or year of diagnosis is 2016 and CS Extension is not blank, then the following CS data items cannot be blank:

```
Derived AJCC-6 T
Derived AJCC-6 N
Derived AJCC-6 M
Derived AJCC-6 Stage Group
Derived SS1977
Derived SS2000
CS Version Derived
```

If year of Date of Diagnosis is greater than 2007 and less than 2016 or year of diagnosis is 2016 and CS Extension is not blank, then the following additional CS data items cannot be blank:

```
Derived AJCC-6 T Descriptor
Derived AJCC-6 N Descriptor
Derived AJCC-6 M Descriptor
```

If year of Date of Diagnosis is greater than 2009 and less than 2016 or year of diagnosis is 2016 and CS Extension is not blank, then the following additional data items cannot be blank:

```
Derived AJCC-7 T
Derived AJCC-7 T Descriptor
Derived AJCC-7 N
Derived AJCC-7 N Descriptor
Derived AJCC-7 M
Derived AJCC-7 M Descriptor
Derived AJCC-7 Stage Group
```

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF170

This edit differs from the COC and NPCR edits of the same name in that it edits all of the derived Collaborative Stage data items, plus CS Version Derived, as required by SEER.

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

11/2007

Modified to require Derived AJCC T Descriptor, Derived AJCC N Descriptor, and Derived AJCC M Descriptor for cases with a diagnosis year > 2007.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Updated to include AJCC-7 derived items.
- CS Version Input Original removed from the listed of required derived items.

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)
- Corrected error message to state "CS Version Derived" instead of "CS Version Latest".

NAACCR v12.1

- Modified edit to show schema name

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- This edit modified to allow all Derived items to be blank if year of diagnosis is 2016 or later.

Derived Items, DX Pre-2004 (CS)

Agency: CS

Last changed: 06/06/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Derived AJCC-6 T [Std# 2940]
Derived AJCC-6 T Descript [Std# 2950]
Derived AJCC-6 N [Std# 2960]
Derived AJCC-6 N Descript [Std# 2970]
Derived AJCC-6 M [Std# 2980]
Derived AJCC-6 M Descript [Std# 2990]
Derived AJCC-6 Stage Grp [Std# 3000]
Derived AJCC-7 T [Std# 3400]
Derived AJCC-7 T Descript [Std# 3402]
Derived AJCC-7 N [Std# 3410]
Derived AJCC-7 N Descript [Std# 3412]
Derived AJCC-7 M [Std# 3420]
Derived AJCC-7 M Descript [Std# 3422]
Derived AJCC-7 Stage Grp [Std# 3430]
Derived SS1977 [Std# 3010]
Derived SS2000 [Std# 3020]
CS Version Input Original [Std# 2935]
CS Version Input Current [Std# 2937]
CS Version Derived [Std# 2936]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX < 2004, CS Version Derived must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Current must be blank")
SAVE_TEXT("If DX < 2004, CS Version Input Original must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 M Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 M must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 N Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 N must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 Stage Group must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 T Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-6 T must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 M Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 M must be blank")

SAVE_TEXT("If DX < 2004, Derived AJCC-7 N Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 N must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 Stage Group must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 T Descriptor must be blank")
SAVE_TEXT("If DX < 2004, Derived AJCC-7 T must be blank")
SAVE_TEXT("If DX < 2004, Derived SS1977 must be blank")
SAVE_TEXT("If DX < 2004, Derived SS2000 must be blank")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2004, then the following CS derived and version data items must be blank:

Derived AJCC-6 T
Derived AJCC-6 T Descript
Derived AJCC-6 N
Derived AJCC-6 N Descript
Derived AJCC-6 M
Derived AJCC-6 M Descript
Derived AJCC-6 Stage Grp
Derived AJCC-7 T
Derived AJCC-7 T Descript
Derived AJCC-7 N
Derived AJCC-7 N Descript
Derived AJCC-7 M
Derived AJCC-7 M Descript
Derived AJCC-7 Stage Grp
Derived SS1977
Derived SS2000
CS Version Input Original
CS Version Input Current
CS Version Derived

Administrative Notes

-NAACCR v16
No Changes

Derived SEER Clin Stg Grp (SEER)

Agency: SEER

Last changed: 05/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Clin Stg Grp [Std# 3610]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Clin Stg Grp" is not a valid value for Derived SEER Clin Stg Grp

Description

Must be a valid code for Derived SEER Clin Stg Group and must be left-justified. Letters must be uppercase. May be blank.

The following codes are valid:

0
0A
0IS
1
1A
1A1
1A2
1B
1B1
 1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
 4A1
 4A2
4B
4C
OC
88
99
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SEER Cmb M Src (SEER)

Agency: SEER

Last changed: 04/05/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Cmb M Src [Std# 3626]

Default Error Message

[1023] %F1 is not valid
Derived SEER Cmb M Src is not valid

Description

Must be a valid value (1,2,3,9) or blank for Derived SEER Cmb M Src.

Administrative Notes

New Edit for NAACCR v16.

Derived SEER Cmb N Src (SEER)

Agency: SEER

Last changed: 04/05/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Cmb N Src [Std# 3624]

Default Error Message

[1023] %F1 is not valid

Derived SEER Cmb N Src is not valid

Description

Must be a valid value (1,2,3, 9) or blank for Derived SEER Cmb N Src.

Administrative Notes

New Edit for NAACCR v16

Derived SEER Cmb Stg Grp (SEER)

Agency: SEER

Last changed: 06/07/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Cmb Stg Grp [Std# 3614]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Cmb Stg Grp" is not a valid value for Derived SEER Cmb Stg Grp

Description

Must be a valid code for Derived SEER Cmb Stg Group and must be left-justified. Letters must be uppercase. May be blank.

The following codes are valid:

0
0A
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
OC
88
99
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SEER Cmb T Src (SEER)

Agency: SEER

Last changed: 04/05/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Cmb T Src [Std# 3622]

Default Error Message

[1023] %F1 is not valid

Derived SEER Cmb T Src is not valid

Description

Must be a valid value (1,2,3, 9) or blank for Derived SEER Cmb T Src.

Administrative Notes

New Edit for NAACCR v16

Derived SEER Combined M (SEER)

Agency: SEER

Last changed: 05/12/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Combined M [Std# 3620]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Combined M" is not a valid value for Derived SEER Combined M

Description

Must be a valid code for Derived SEER Combined M and must be left-justified. Subcategory letters must be uppercase, "c" and "p" code must be lowercase. May be blank.

The following codes are valid:

c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SEER Combined N (SEER)

Agency: SEER

Last changed: 05/12/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Combined N [Std# 3618]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Combined N" is not a valid value for Derived SEER Combined N

Description

Must be a valid code for Derived SEER Combined N and must be left-justified.

Subcategory letters must be uppercase, "c" and "p" code must be in lowercase.
May be blank.

The following codes are valid:

cX
c0
c0I-
c0I+
c0M-
c0M+
c1MI
c0A
c0B
c1
c1A
c1B
c1C
c2
c2A
c2B
c2C
c3
c3A
c3B
c3C
c4
pX
p0
p0I-
p0I+
p0M-
p0M+
p1MI
p0A
p0B
p1
p1A
p1B

p1C
p2
p2A
p2B
p2C
p3
p3A
p3B
p3C
p4
88
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SEER Combined T (SEER)

Agency: SEER

Last changed: 05/22/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Combined T [Std# 3616]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Combined T" is not a valid value for Derived SEER Combined T

Description

Must be a valid code for Derived SEER Combined T and must be left-justified. Subcategory letters must be uppercase, "c" in code must be lowercase. May be blank.

The following codes are valid:

cX
c0
c1MI
c1
c1A
c1A1
c1A2
c1B
c1B1
c1B2
c1C
c1D
c2
c2A
c2A1
c2A2
c2B
c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A
c4B
c4C
c4D
c4E
pX
p0
pA
pIS
pISU
pISD
p1MI

p1
p1A
p1A1
p1A2
p1B
p1B1
p1B2
p1C
p1D
p2
p2A
p2A1
p2A2
p2B
p2C
p2D
p3
p3A
p3B
p3C
p3D
p4
p4A
p4B
p4C
p4D
p4E
88
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SEER Path Stg Grp (SEER)

Agency: SEER

Last changed: 03/22/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Derived SEER Path Stg Grp [Std# 3605]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Derived SEER Path Stg Grp" is not a valid value for Derived SEER Path Stg Grp

Description

Must be a valid code for Derived SEER Path Stage Group and must be left-justified. Letters must be uppercase. May be blank.

The following codes are valid:

0
0A
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
OC
88
99
Blank

Administrative Notes

New Edit for NAACCR v16

Derived SS1977 (CS)

Agency: CS

Last changed: 04/27/2007

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS1977 [Std# 3010]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived SS1977 - Storage code ("value of Derived SS1977") is invalid

Description

Must be a valid one-digit Storage Code for Derived SS1977. May be blank.

The following Storage Codes are valid:

0-5, 7-9

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
0	IS	In situ
1	L	Localized
2	RE	Regional, direct extension
3	RN	Regional, lymph nodes only
4	RE+RN	Regional, extension and nodes
5	RNOS	Regional, NOS
7	D	Distant
8	NA	Not applicable
9	U	Unknown/Unstaged

Derived SS1977--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS1977--Flag [Std# 3040]

Default Error Message

[1023] %F1 is not valid
Derived SS1977--Flag is not valid

Description

Must be a valid value for Derived SS1977--Flag (1,2). May be blank.

Derived SS1977--Flag, Derived SS1977 (CS)

Agency: CS

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS1977--Flag [Std# 3040]
Derived SS1977 [Std# 3010]

Default Error Message

[1016] %F1 and %F2 conflict
Derived SS1977--Flag and Derived SS1977 conflict

Description

If Derived SS1977--Flag is blank, then Derived SS1977 must be blank.

If Derived SS1977--Flag is not blank, then Derived SS1977 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF171

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Derived SS2000 (CS)

Agency: CS

Last changed: 04/27/2007

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS2000 [Std# 3020]

Default Error Message

[3052] %F1 - Storage code (%V1) is invalid
Derived SS2000 - Storage code ("value of Derived SS2000") is invalid

Description

Must be a valid one-digit Storage Code for Derived SS2000. May be blank.

The following Storage Codes are valid:
0-5, 7-9

This table shows the corresponding Display String for each Storage Code:

Storage Code	Display String	Comments
0	IS	In situ
1	L	Localized
2	RE	Regional, direct extension
3	RN	Regional, lymph nodes only
4	RE+RN	Regional, extension and nodes
5	RNOS	Regional, NOS
7	D	Distant
8	NA	Not applicable
9	U	Unknown/Unstaged

Derived SS2000, Behavior ICDO3 (CS)

Agency: CS

Last changed: 09/16/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Derived SS2000 [Std# 3020]
CS Extension [Std# 2810]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor25 [Std# 2879]
Type of Reporting Source [Std# 500]

Default Error Message

[1135] %F3 and %F4 conflict
Behavior Code ICD-O-3 and Derived SS2000 conflict

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to catch Behavior/Derived SS2000 errors. It is not meant to duplicate the calculation of stage performed by the CS algorithm routine. Its intention is to catch errors that might be due to stage not being re-derived after a change is made to one of the fields used to calculate Derived SS2000.

This edit is skipped if any of the following conditions are true:

1. Derived SS2000 is blank
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
4. CS schema is invalid

If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline), then Derived SS2000 must be 8 (not applicable).

*** See Note 1 below ***

If Behavior Code ICD-O-3 = 2 (in situ)
and schema = Bladder
and CS Extension = 100 (Confined to mucosa, NOS)
then
Derived SS2000 must not be 0 (in situ) or 8 (not applicable)

Otherwise

If Behavior Code ICD-O-3 = 2 (in situ)
 Derived SS2000 must be 0 (in situ).

*** See Note 2 below ***

If Behavior Code ICD-O-3 = 3 (malignant):
 and Primary Site = Prostate
 and CS Extension = 999
 and CS Site-Specific Factor 3 = 000
 then
 Derived SS2000 must not be 8 (not applicable)

otherwise

If Behavior Code ICD-O-3 = 3 (malignant):
 Derived SS2000 must not be 0 (in situ) or 8 (not applicable).

Note 1: In situ behavior (Behavior Code ICD-O-3 of 2) generally maps only to a Derived Summary Stage of 0 (in situ). The one exception is: A bladder case coded with a CS Extension of 100 (Confined to mucosa, NOS) will map to Derived Summary Stage of 1 (local).

Note 2: Malignant behavior (Behavior Code ICD-O-3 of 3) generally cannot map to a Derived Summary Stage of 0 (in situ). The one exception is: A prostate case coded with a CS Extension (clinical extension) of 999 (unknown) and CS Site-Specific Factor 3 (pathologic extension) of 000 (in situ) will map to Derived Summary Stage of 0 (in situ).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF219

New edit - added to NAACCR v11.3A metafile.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v13A

- Added reference to SEER IF219 in Administrative Notes

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Derived SS2000--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS2000--Flag [Std# 3050]

Default Error Message

[1023] %F1 is not valid
Derived SS2000--Flag is not valid

Description

Must be a valid value for Derived SS2000--Flag (1,2). May be blank.

Derived SS2000--Flag, Derived SS2000 (CS)

Agency: CS

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Derived SS2000--Flag [Std# 3050]
Derived SS2000 [Std# 3020]

Default Error Message

[1016] %F1 and %F2 conflict
Derived SS2000--Flag and Derived SS2000 conflict

Description

If Derived SS2000--Flag is blank, then Derived SS2000 must be blank.

If Derived SS2000--Flag is not blank, then Derived SS2000 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF172

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Diagnostic Confirm, Seq Num--Central (SEER IF23)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Over-ride SeqNo/DxConf [Std# 2000]
Primary Site [Std# 400]
Diagnostic Confirmation [Std# 490]
Sequence Number--Central [Std# 380]

Default Error Message

[353] Seq_num, Site, Dx_conf conflict
Seq_num, Site, Dx_conf conflict

Description

If Sequence Number--Central is in the range of 60-99, this edit is skipped.

If a case has been previously reviewed and accepted as coded (Over-ride SeqNo/DxConf = 1), no further editing is done. If Primary Site specifies an ill-defined or unknown primary (C760-C768, C809), no further checking is done.

If any case is one of multiple primaries and is not microscopically confirmed or positive lab test/marker study, i.e., Diagnostic Confirmation > 5 and Sequence Number--Central > 00 (more than one primary), review is required.

Additional Information:

This edit forces review of multiple primary cancers when one of the primaries is coded to a site other than ill-defined or unknown and is not microscopically confirmed or confirmed by a positive lab test/marker study. It is important to verify that the non-microscopically-confirmed case is indeed a separate primary from any others that may have been reported. If the suspect case is accurate as coded, and the number of primaries is correct, set the Over-ride SeqNo/DxConf flag to 1 so that the case will not appear in future edits as an error. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the non-microscopically-confirmed cancer is considered a manifestation of one of the patient's other cancers, delete the non-microscopically-confirmed case. Check the sequence numbers of remaining cases, correcting them if necessary. Also check for other data items on the remaining cases that may need to be changed, e.g., stage and treatment.

EXAMPLE

	SITE	DX CONF.
SEQ. NUM. 01	PROSTATE, C61.9	1, HISTOLOGIC CONF.
SEQ. NUM. 02	BONE, C41.9	7, RADIOGRAPHY

The edit identifies the bone cancer case above (number 02) as an edit error. When the patient's chart is reviewed again, it is determined that the bone lesions were thought to be metastases from the prostate cancer. Delete case number 02, and change the sequence number of the prostate cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the bone abstract that should be added to the prostate cancer case.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF23

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Diagnostic Confirm, Seq Num--Hosp (COC)

Agency: COC

Last changed: 02/16/2004

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Diagnostic Confirmation [Std# 490]
Sequence Number--Hospital [Std# 560]
Over-ride HospSeq/DxConf [Std# 1986]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Diagnostic Confirmation and Sequence Number--Hospital

Description

If a case has been previously reviewed and accepted as coded (Over-ride HospSeq/DxConf = 1), no further editing is done. If Primary Site specifies an ill-defined or unknown primary (C760-C768, C809), no further checking is done.

If Sequence Number--Hospital is in the range of 60-99, this edit is skipped.

If any case is one of multiple primaries and is not microscopically confirmed or positive lab test/marker study, i.e., Diagnostic Confirmation > 5 and Sequence Number--Hospital > 00 (more than one primary), review is required.

Administrative Notes

This edit forces review of multiple primary cancers when one of the primaries is coded to a site other than ill-defined or unknown and is not microscopically confirmed or confirmed by a positive lab test/marker study. It is important to verify that the non-microscopically-confirmed case is indeed a separate primary from any others that may have been reported. If the suspect case is accurate as coded, and the number of primaries is correct, set the Over-ride SeqNo/DxConf flag to 1 so that the case will not appear in future edits as an error. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the non-microscopically-confirmed cancer is considered a manifestation of one of the patient's other cancers, delete the non-microscopically-confirmed case. Check the sequence numbers of remaining cases, correcting them if necessary. Also check for other data items on the remaining cases that may need to be changed, e.g., stage and treatment.

EXAMPLE

	SITE	DX CONF.
SEQ. NUM. 01	PROSTATE, C61.9	1, HISTOLOGIC CONF.
SEQ. NUM. 02	BONE, C41.9	7, RADIOGRAPHY

The edit identifies the bone cancer case above (number 02) as an edit error. When the patient's chart is reviewed again, it is determined that the bone lesions were thought to be metastases from the prostate cancer. Delete case number 02, and change the sequence number of the prostate cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the bone abstract that should be added to the prostate cancer case.

Diagnostic Confirmation (SEER DXCONF)

Agency: SEER

Last changed: 12/02/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Diagnostic Confirmation [Std# 490]

Default Error Message

[275] Diagnostic Confirmation not valid
Diagnostic Confirmation not valid

Description

Must be a valid Diagnostic Confirmation code (1-9).

Microscopically confirmed

- 1 Positive histology
- 2 Positive cytology, no positive histology
- 3 Positive histology PLUS
Positive immunophenotyping AND/OR
Positive genetic studies
- 4 Positive microscopic confirmation, method not specified

Not microscopically confirmed

- 5 Positive laboratory test/marker study
- 6 Direct visualization without microscopic confirmation
- 7 Radiography and other imaging techniques without microscopic confirmation
- 8 Clinical diagnosis only (other than 5, 6, or 7)
- 9 Unknown whether or not microscopically confirmed

Administrative Notes

Modifications:

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies)

Diagnostic Confirmation, Behavior ICD02(SEER IF31)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Over-ride Histology [Std# 2040]
Diagnostic Confirmation [Std# 490]
Behavior (92-00) ICD-O-2 [Std# 430]

Default Error Message

[361] Behavior & Dx_conf conflict - ICDO2
Behavior & Dx_conf conflict - ICDO2

Description

This edit is skipped if Behavior (92-00) ICD-O-2 is blank. If a case has been previously reviewed and accepted as coded (Over-ride-Histology = 2 or 3), no further checking is done.

For in situ cases (Behavior (92-00) ICD-O-2 = 2), Diagnostic Confirmation must specify microscopic confirmation (1, 2 or 4).

Additional Information:

The distinction between in situ and invasive is very important to a registry, since prognosis is so different, and in situ cases are usually excluded from incidence rate calculations. Since the determination that a neoplasm has not invaded surrounding tissue, i.e., is in situ, is made via the microscope, cases coded in situ in behavior should have a microscopic confirmation code. However, very rarely, a physician will designate a case noninvasive or in situ without microscopic evidence.

Check that Behavior Code and Diagnostic Confirmation have been coded correctly. Check carefully for any cytologic or histologic evidence that may have been missed in coding. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Set the Over-ride--Histology field to 2 (or 3, if the flag is also being set for the Morphology -Type/Behavior (SEER MORPH) edit).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF31

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Diagnostic Confirmation, Behavior ICDO3(SEER IF31)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Histology [Std# 2040]
Diagnostic Confirmation [Std# 490]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[511] Behavior & Dx_conf conflict - ICDO3
Behavior & Dx_conf conflict - ICDO3

Description

This edit is skipped if Behavior Code ICD-O-3 is blank. If a case has been previously reviewed and accepted as coded (Over-ride-Histology = 2 or 3), no further checking is done.

For in situ cases (Behavior Code ICD-O-3 = 2), Diagnostic Confirmation must specify microscopic confirmation (1, 2 or 4).

Additional Information:

The distinction between in situ and invasive is very important to a registry, since prognosis is so different, and in situ cases are usually excluded from incidence rate calculations. Since the determination that a neoplasm has not invaded surrounding tissue, i.e., is in situ, is made via the microscope, cases coded in situ in behavior should have a microscopic confirmation code. However, very rarely, a physician will designate a case noninvasive or in situ without microscopic evidence.

Check that Behavior Code and Diagnostic Confirmation have been coded correctly. Check carefully for any cytologic or histologic evidence that may have been missed in coding. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Set the Over-ride--Histology field to 2 (or 3, if the flag is also being set for the Morphology -Type/Behavior (SEER MORPH) edit).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF31_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Diagnostic Confirmation, Date of Diag (SEER IF55)

Agency: SEER

Last changed: 12/07/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Diagnostic Confirmation [Std# 490]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
Date of Diagnosis ("value of Date of Diagnosis") and Diagnostic Confirmation ("value of Diagnostic Confirmation") conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

1. If year of Date of Diagnosis is less than 1988,
Diagnostic Confirmation may be 1, 2, 4, 6-9.
2. If year of Date of Diagnosis is 1988-2009,
Diagnostic Confirmation may be 1, 2, 4-9.
3. If year of Date of Diagnosis is 2010 or later,
Diagnostic Confirmation may be 1-9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF55

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies) for cases diagnosed 2010 and later.

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Diagnostic Confirmation, Histology ICD02(SEER IF48)

Agency: SEER

Last changed: 03/18/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Over-ride Leuk, Lymphoma [Std# 2070]
Diagnostic Confirmation [Std# 490]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[391] Morphology & Dx_conf conflict - ICDO2
Morphology & Dx_conf conflict - ICDO2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or blank.

If a case has been previously reviewed and accepted as coded (Over-ride Leuk, Lymphoma = 1), no further checking is done.

If Histology (92-00) ICD-O-2 = 9590 - 9717 (lymphoma) then Diagnostic Confirmation cannot be 6 (direct visualization) or 8 (clinical). If Histology (92-00) ICD-O-2 = 9720 - 9941 (leukemia and other) then Diagnostic Confirmation cannot be 6 (direct visualization).

Additional Information:

Since lymphoma and leukemia are almost exclusively microscopic diagnoses, this edit forces review of any cases of lymphoma that have diagnostic confirmation 6 (direct visualization) or 8 (clinical), and any leukemia with a diagnostic confirmation of 6 (direct visualization).

Check that the Histologic Type and Diagnostic Confirmation are correctly coded. Remember that positive hematologic findings and bone marrow specimens are included as histologic confirmation (code 1 in Diagnostic Confirmation) for leukemias. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Leuk,Lymphoma to indicate that the coding is correct.

EXAMPLE

HISTOLOGIC TYPE 9821/3
DIAGNOSTIC CONFIRMATION 6 (DIRECT VISUALIZATION)

On review, this leukemia diagnosis was based on a hematologic study, CBC. Correct the Diagnostic Confirmation code to 1 (Positive Histology).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF48

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Diagnostic Confirmation, Histology ICD03(SEER IF48)

Agency: SEER

Last changed: 05/12/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Diagnostic Confirmation [Std# 490]
Histologic Type ICD-O-3 [Std# 522]
Over-ride Leuk, Lymphoma [Std# 2070]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
Diagnostic Confirmation ("value of Diagnostic Confirmation") and Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3") conflict

Description

This edit is skipped if Histologic Type ICD-O-3 is blank.

If a case has been previously reviewed and accepted as coded (Over-ride Leuk, Lymphoma = 1), no further checking is done.

If Histologic Type ICD-O-3 = 9590 - 9992 (lymphoma and leukemia) then Diagnostic Confirmation cannot be 6 (direct visualization).

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic Type ICD-O-3 must = 9590-9992.

Additional Information:

Since lymphoma and leukemia are almost exclusively microscopic diagnoses, this edit forces review of any cases of lymphoma or leukemia that have diagnostic confirmation 6 (direct visualization).

Check that the Histologic Type and Diagnostic Confirmation are correctly coded. Remember that positive hematologic findings and bone marrow specimens are included as histologic confirmation (code 1 in Diagnostic Confirmation) for leukemias. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Leuk,Lymphoma to indicate that the coding is correct.

EXAMPLE

HISTOLOGIC TYPE 9835/3
DIAGNOSTIC CONFIRMATION 6 (DIRECT VISUALIZATION)

On review, this leukemia diagnosis was based on a hematologic study, CBC. Correct the Diagnostic Confirmation code to 1 (Positive Histology).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF48_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added:

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic Type ICD-O-3 must = 9590-9992.

- Deleted logic that stated Diagnostic Confirmation cannot be 8 (clinical) for lymphoma

- Changed the range of histologies that cannot have Diagnostic Confirmation 6 (direct visualization) from "9590-9729, 9731-9948" to "9590-9992".

Diagnostic Proc 73-87 (SEER DXINFO)

Agency: SEER

Last changed: 09/16/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Diagnostic Proc 73-87 [Std# 2200]

Default Error Message

[277] Diagnostic Proc 73-87 not valid
Diagnostic Proc 73-87 not valid

Description

Must be valid Diagnostic Proc 73-87 code (00-91) or blank.

Administrative Notes

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"dd,b" changed to "dd,bb"

Edit Over-rides (NAACCR)

Agency: NAACCR

Last changed: 02/23/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Over-ride Site/Type [Std# 2030]
Over-ride Histology [Std# 2040]
Over-ride Age/Site/Morph [Std# 1990]
Over-ride SeqNo/DxConf [Std# 2000]
Over-ride Site/Lat/SeqNo [Std# 2010]
Over-ride Surg/DxConf [Std# 2020]
Over-ride Report Source [Std# 2050]
Over-ride Ill-define Site [Std# 2060]
Over-ride Leuk, Lymphoma [Std# 2070]
Over-ride Site/Behavior [Std# 2071]
Over-ride Site/EOD/DX Dt [Std# 2072]
Over-ride Site/Lat/EOD [Std# 2073]
Over-ride Site/Lat/Morph [Std# 2074]
Over-ride SS/NodesPos [Std# 1981]
Over-ride SS/TNM-N [Std# 1982]
Over-ride SS/TNM-M [Std# 1983]
Over-ride Acsn/Class/Seq [Std# 1985]
Over-ride HospSeq/DxConf [Std# 1986]
Over-ride COC-Site/Type [Std# 1987]
Over-ride HospSeq/Site [Std# 1988]
Over-ride Site/TNM-StgGrp [Std# 1989]

Default Error Message

[298] Edit Over-rides not valid
Edit Over-rides not valid

Description

Edit over-rides should all be blank or 1, with the exception of Over-ride Histology and Over-ride Age/Site/Morph, which can both be 1-3 or blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it includes 9 additional over-ride flags:

Over-ride SS/NodesPos
Over-ride SS/TNM-N
Over-ride SS/TNM-M
Over-ride SS/DisMet1
Over-ride Acsn/Class/Seq

Over-ride HospSeq/DxConf
Over-ride COC-Site/Type
Over-ride HospSeq/Site
Over-ride Site/TNM-StgGrp

Modifications:

NAACCR v11.3

6/08

Updated edit to allow Over-ride Age/Site/Morph additional codes of 2 and 3. (Code 2 = Reviewed: Case was diagnosed in utero; code 3 = Reviewed: Conditions 1 and 2 above both apply.)

NAACCR v12

02/09

Over-ride SS/DisMet1 was retired in v12 and has been removed from this edit.

Edit Over-rides (SEER REVIEWFL)

Agency: SEER

Last changed: 07/02/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Over-ride Site/Type [Std# 2030]
Over-ride Histology [Std# 2040]
Over-ride Age/Site/Morph [Std# 1990]
Over-ride SeqNo/DxConf [Std# 2000]
Over-ride Site/Lat/SeqNo [Std# 2010]
Over-ride Surg/DxConf [Std# 2020]
Over-ride Report Source [Std# 2050]
Over-ride Ill-define Site [Std# 2060]
Over-ride Leuk, Lymphoma [Std# 2070]
Over-ride Site/Behavior [Std# 2071]
Over-ride Site/EOD/DX Dt [Std# 2072]
Over-ride Site/Lat/EOD [Std# 2073]
Over-ride Site/Lat/Morph [Std# 2074]

Default Error Message

[298] Edit Over-rides not valid
Edit Over-rides not valid

Description

Edit over-rides should all be blank or 1, with the exception of Over-ride Histology and Over-ride Age/Site/Morph, which can both be 1-3 or blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that the NAACCR version includes 9 additional over-ride flags that are NOT included in this edit:

Over-ride SS/NodesPos
Over-ride SS/TNM-N
Over-ride SS/TNM-M
Over-ride SS/DisMet1
Over-ride Acsn/Class/Seq
Over-ride HospSeq/DxConf
Over-ride COC-Site/Type
Over-ride HospSeq/Site
Over-ride Site/TNM-StgGrp

Modifications:

NAACCR v11.3

6/08

Updated edit to allow Over-ride Age/Site/Morph additional codes of 2 and 3. (Code 2 = Reviewed: Case was diagnosed in utero; code 3 = Reviewed: Conditions 1 and 2 above both apply.)

EDP MDE Link (NPCR)

Agency: NPCR

Last changed: 12/09/2014

Edit Sets

Early Detection Program Edits

Fields

EDP MDE Link [Std# 9980]

Default Error Message

[7999] %F1 must = 0, 1, or blank
EDP MDE Link must = 0, 1, or blank

Description

For reportable breast, cervical, and colorectal cancer cases, the EDP MDE Link and EDP MDE Link Date are used to record results from a registry's data linkage with the Early Detection Program (EDP) for a particular state/territory/jurisdiction.

EDP MDE Link codes:

0 Record sent for linkage, no match for this cancer with EDP data
1 Record sent for linkage, match for this cancer with EDP data
Blank Record not sent for linkage

Must be a valid EDP Link code (0,1) or blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

EDP MDE Link Date (NPCR)

Agency: NPCR

Last changed: 12/09/2014

Edit Sets

Early Detection Program Edits

Fields

EDP MDE Link Date [Std# 9981]

Default Error Message

[1003] %F1 (%V1) is an invalid date
EDP MDE Link Date ("value of EDP MDE Link Date") is an invalid date

Additional Messages

ERROR_TEXT("EDP MDE Link Date: %DC")

Description

This edit is skipped if EDP MDE Link Date is blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v15 metafile.

EDP MDE Link, Date, Primary Site (NPCR)

Agency: NPCR

Last changed: 12/09/2014

Edit Sets

Early Detection Program Edits

Fields

Primary Site [Std# 400]
EDP MDE Link [Std# 9980]
EDP MDE Link Date [Std# 9981]

Default Error Message

[7998] If %F1 = %V1, %F2 and %F3 must be blank
If Primary Site = "value of Primary Site", EDP MDE Link and EDP MDE Link Date must be blank

Additional Messages

[8000] If MDELink = 1, then MDEDate must not be blank
[8001] If MDELink = 0 or blank, then MDEDate must be blank

Description

1. If Primary Site is breast (C500-C509), cervix (C530-C539), or colorectal (C180-C209, C260):
 - A. If EDP MDE Link = 1, then EDP MDE Link Date must not be blank.
 - B. If EDP MDE Link = 0 or blank, then EDP MDE Link Date must be blank.
2. If Primary Site is not breast (C500-C509), cervix (C530-C539), or colorectal (C180-C209, C260), then EDP MDE Link and EDP MDE Link Date must be blank.

EDP MDE Link Variable codes:

0 Record sent for linkage, no match for this cancer with EDP data
1 Record sent for linkage, match for this cancer with EDP data
Blank Record not sent for linkage

Administrative Notes

New edit - added to NAACCR v15 metafile.

EDP MDE Link, EDP MDE Link Date (NPCR)

Agency: NPCR

Last changed: 12/09/2014

Edit Sets

Early Detection Program Edits

Fields

EDP MDE Link [Std# 9980]

EDP MDE Link Date [Std# 9981]

Additional Messages

[8000] If MDELink = 1, then MDEDate must not be blank

[8001] If MDELink = 0 or blank, then MDEDate must be blank

Description

For reportable breast and cervical cancer cases, EDP MDE Link and EDP MDE Link Date are used to record results from a registry's data linkage with the Early Detection Program (EDP) for a particular state/territory/jurisdiction.

EDP MDE Link Variable codes:

0 Record sent for linkage, no match for this cancer with EDP data

1 Record sent for linkage, match for this cancer with EDP data

Blank Record not sent for linkage

If EDP MDE Link Variable = 1, then EDP MDE Link Date must not be blank.

If EDP MDE Link Variable = 0 or blank, then EDP MDE Link Date must be blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

EOD-4 Extension (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD-4 Extension [Std# 10060]

Default Error Message

[1010] %F1 must be a one-digit number

EOD-4 Extension must be a one-digit number

Description

Must be a valid EOD-4 Extension code (0-9 or blank).

EOD-4 Lymph Nodes (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD-4 Lymph Nodes [Std# 10070]

Default Error Message

[1010] %F1 must be a one-digit number
EOD-4 Lymph Nodes must be a one-digit number

Description

Must be a valid EOD-4 Lymph Nodes code (0-9 or blank).

EOD-4 Tumor Size (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD-4 Tumor Size [Std# 10080]

Default Error Message

[1036] %F1 must be a two-digit number

EOD-4 Tumor Size must be a two-digit number

Description

Must be a valid EOD-4 Tumor Size (00-99 or blank).

EOD--Ext Prost Path,RX Summ--Surg Prim Site (SEER)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Extent of Disease Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
EOD--Extension Prost Path [Std# 800]
RX Summ--Surg Prim Site [Std# 1290]
Type of Reporting Source [Std# 500]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, EOD--Extension Prost Path and RX Summ--Surg Prim Site

Description

This edit is skipped if EOD--Extension Prost Path or RX Summ--Surg Prim Site is blank or Primary Site is not C619 (prostate). It is also skipped if Type of Reporting Source = 7 (death certificate only) or 6 (Autopsy only).

If a prostatectomy was not done, then EOD--Extension Prost Path must = 90, 98, or 99. (A prostatectomy is considered done if RX Summ--Surg Prim Site = 30, 50, 70, 80, or 90.)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF141

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

EOD--Ext Prost Path,RX Summ--Surg Sit 98-02 (SEER)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Extent of Disease Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
EOD--Extension Prost Path [Std# 800]
RX Summ--Surg Site 98-02 [Std# 1646]
Type of Reporting Source [Std# 500]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, EOD--Extension Prost Path and RX Summ--Surg Site 98-02

Description

This edit is skipped if EOD--Extension Prost Path or RX Summ--Surg Site 98-02 is blank or Primary Site is not C619 (prostate). It is also skipped if Type of Reporting Source = 7 (death certificate only) or 6 (Autopsy only).

If a prostatectomy was not done, then EOD--Extension Prost Path must = 90, 98, or 99. (A prostatectomy is considered done if RX Summ--Surg Site 98-02 = 30, 40, 50, 70, 80, or 90.)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF144

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

EOD--Extension (SEER)

Agency: SEER

Last changed: 07/13/2004

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD--Extension [Std# 790]

Default Error Message

[1036] %F1 must be a two-digit number
EOD--Extension must be a two-digit number

Description

EOD--Extension must be a two-digit number. May be blank.

EOD--Extension Prost Path (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD--Extension Prost Path [Std# 800]

Default Error Message

[1036] %F1 must be a two-digit number

EOD--Extension Prost Path must be a two-digit number

Description

Must be a valid EOD--Extension Prost Path code (00-99 or blank).

EOD--Extension Prost Path, Prim Site, ICDO2(NAACCR)

Agency: NAACCR

Last changed: 11/30/2009

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Behavior (92-00) ICD-O-2 [Std# 430]
EOD--Extension Prost Path [Std# 800]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[407] Site,Malig EOD10dig ext conflict - ICDO2
Site,Malig EOD10dig ext conflict - ICDO2

Additional Messages

[1087] EOD--Extension Prost Path must be blank for non-prostate cases
[1088] In Situ EOD--Extension Prost Path is invalid
[1089] Malignant EOD--Extension Prost Path is invalid
[1090] Death Certificate Only, EOD--Extension Prost Path must = 90
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is only performed if year of Date of Diagnosis is after 1997 or Date of Diagnosis is unknown (blank), the Behavior (92-00) ICD-O-2 field indicates in situ (2) or malignant (3), and EOD--Extension Prost Path is not blank. The edit validates the EOD--Extension Prost Path as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998. It applies only to the Primary Site of prostate (C619). EOD--Extension Prost Path must = spaces for all other sites.

If Death Certificate Only case (Type of Reporting Source = '7'), the EOD--Extension Prost Path must = 90 for a Primary Site of prostate.

The EOD--Extension Prost Path values allowed for C619 are:

In Situ Pathologic Extension Codes	00 99
Malignant Pathologic Extension Codes	20 23 30 31 32 33 34 40 41 42 43 45 48 50 60 70 85 90 98 99

All Other Sites

In Situ Pathologic Extension Codes	must = spaces
Malignant Pathologic Extension Codes	must = spaces

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

EOD--Extension Prost Path, Prim Site, ICDO3(NAACCR)

Agency: NAACCR

Last changed: 11/30/2009

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Behavior Code ICD-O-3 [Std# 523]
EOD--Extension Prost Path [Std# 800]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[520] Site,Malig EOD10dig ext conflict - ICDO3
Site,Malig EOD10dig ext conflict - ICDO3

Additional Messages

[1087] EOD--Extension Prost Path must be blank for non-prostate cases
[1088] In Situ EOD--Extension Prost Path is invalid
[1089] Malignant EOD--Extension Prost Path is invalid
[1090] Death Certificate Only, EOD--Extension Prost Path must = 90
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is only performed if year of Date of Diagnosis is after 1997 or Date of Diagnosis is unknown (blank), the Behavior Code ICD-O-3 field indicates borderline (1), in situ (2) or malignant (3), and EOD--Extension Prost Path is not blank. (A behavior of 1 is included because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.) The edit validates the EOD--Extension Prost Path as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998. It applies only to the Primary Site of prostate (C619). EOD--Extension Prost Path must = spaces for all other sites.

If Death Certificate Only case (Type of Reporting Source = '7'), the EOD--Extension Prost Path must = 90 for a Primary Site of prostate.

The EOD--Extension Prost Path values allowed for C619 are:

In Situ Pathologic Extension Codes	00 99
Malignant Pathologic Extension Codes	20 23 30 31 32 33 34 40 41 42 43 45 48 50 60 70 85 90 98 99

All Other Sites

In Situ Pathologic Extension Codes	must = spaces
Malignant Pathologic Extension Codes	must = spaces

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

EOD--Extension, Primary Site, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 10/07/2015

Fields

- Primary Site [Std# 400]
- Histologic Type ICD-O-3 [Std# 522]
- Behavior Code ICD-O-3 [Std# 523]
- EOD--Extension [Std# 790]
- Date of Diagnosis [Std# 390]
- Type of Reporting Source [Std# 500]

Tables

- EXT03INS.DBF
- EXT3SITM.DBF

Default Error Message

- [1084] Malignant %F4 (%V4) invalid for this site/histology/behavior
- Malignant EOD--Extension ("value of EOD--Extension") invalid for this site/histology/behavior

Additional Messages

- [270] Primary Site not valid
- [501] Histologic Type not valid - ICDO3
- [1081] Death Certificate Only, EOD--Extension for this site must = 99
- [1082] Death Certificate Only, EOD--Extension for prostate must = 90
- [1083] In Situ EOD--Extension ("value of EOD--Extension") invalid for this site/histology/behavior
- [1086] EOD--Extension must be a two-digit number

Description

This edit is only performed if year of Date of Diagnosis is 1998-2003, the Behavior Code ICD-O-3 indicates borderline (1), in situ (2) or malignant (3), and EOD--Extension and Histologic Type ICD-O-3 are not blank. (A behavior of 1 is included because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.) The edit validates the EOD--Extension for each site as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Death Certificate Only case (Type of Reporting Source = '7'), for all sites other than prostate, EOD--Extension must = 99. For prostate (C619), EOD--Extension must = 90 for Death Certificate Only cases.

The following table gives the EOD--Extension values allowed for each primary site group. The "In Situ Extension Codes" row lists the values allowed for in situ cases (Behavior Code ICD-O-3 = 2) and the "Malignant Extension Codes" row lists the values allowed for malignant cases (Behavior Code ICD-O-3 = 3). Please note that the groups are listed in the same order as in the SEER EOD manual; however histologically based groups are always edited before the primary site based groups.

C000-C006, C008-C009

In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 50 51 70 75 76 77 80 85 99

C019, C024

In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 53 60 70 75 76 80 85 99
C020-C023, C028-C029	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 53 60 70 75 80 85 99
C030-C031, C039, C062	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 50 55 60 65 70 72 73 74 76 80 85 99
C040-C041, C048-C049	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 53 55 60 70 76 80 85 99
C050	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 70 74 80 85 99
C051-C052	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 60 65 70 71 74 75 76 80 85 99
C058-C059, C068-C069	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 50 60 70 80 85 99
C060-C061	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 50 51 55 60 70 73 75 76 77 80 85 99
C079-C081, C088-C089	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 51 70 71 72 80 85 99
C090-C091, C098-C099, C100-C104, C108-C109	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 41 42 50 55 60 65 70 80 85 99
C110-C113, C118-C119	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 52 55 57 60 70 80 85 99
C129-C132, C138-C139, C141	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 51 55 60 61 62 80 85 99
C140, C142, C148	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 55 60 80 85 99
C150-C155, C158-C159	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 16 20 30 40 60 65 80 85 99
C160-C166, C168-C169	
In Situ Extension Codes	00 05
Malignant Extension Codes	10 11 12 13 14 15 16 20 30 40 45 50 55 60 70 80 85 99

C170-C173, C178-C179	
In Situ Extension Codes	00 05
Malignant Extension Codes	10 11 12 13 14 15 16 20 30 40 42 45 50 55 60 65 66 67 68 70 80 85 99
C180-C189	
In Situ Extension Codes	00 05
Malignant Extension Codes	10 11 12 13 14 15 16 20 30 40 42 45 50 55 60 65 66 70 75 80 85 99
C199, C209	
In Situ Extension Codes	00 05
Malignant Extension Codes	10 11 12 13 14 15 16 20 30 40 42 45 50 55 60 70 80 85 99
C210-C212, C218	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 16 20 30 40 60 70 75 80 85 99
C220-C221	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 60 61 62 65 70 75 80 85 99
C239, C248-C249	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 55 60 61 62 65 70 80 85 99
C240	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 60 65 80 85 99
C241	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 55 60 65 70 80 85 99
C250-C254	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 44 48 50 52 54 56 62 64 72 74 76 78 80 85 99
C257-C259	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 45 50 80 85 99
C260, C268-C269	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 60 80 85 99
C300, C301	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 60 80 85 99
C310	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 60 65 66 68 70 80 85 99
C311	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 60 65 70 80 85 99

C312-C313, C318-C319	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 60 70 80 85 99
C320	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 30 35 40 50 60 70 71 80 85 99
C321	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 35 40 50 60 62 65 66 67 70 72 80 85 99
C322	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 60 70 80 85 99
C323, C328-C329	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 35 40 50 60 70 80 85 99
C339	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 60 80 85 99
C340-C343, C348-C349	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 25 30 40 50 60 65 70 71 72 73 75 77 78 79 80 85 99
C380-C383, C388	
In Situ Extension Codes	none
Malignant Extension Codes	10 30 40 60 80 85 99
C384	
In Situ Extension Codes	none
Malignant Extension Codes	10 20 30 40 42 50 60 70 78 80 85 99
C390, C398-C399	
In Situ Extension Codes	none
Malignant Extension Codes	10 30 40 60 80 85 99
C400-C403, C408-C409, C410-C414, C418-C419	
In Situ Extension Codes	none
Malignant Extension Codes	10 20 30 40 60 70 80 85 99
C440, C442-C449 (Excluding 8720-8790, 9140, 9590-9699, 9700-9701, 9702-9729)	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 60 70 75 80 85 99
C441 (Excluding 8720-8790, 9140, 9590-9699, 9700-9701, 9702-9729)	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 25 30 40 50 60 70 75 80 85 99
C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632(M-8720-8790)	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 20 21 30 31 40 41 50 51 60 62 64 70 80 85 87 99
C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632(M-9700-9701)	

In Situ Extension Codes	none
Malignant Extension Codes	10 20 25 30 50 70 85 99
C470-C476, C478-C479, C490-C496, C498-C499	
In Situ Extension Codes	none
Malignant Extension Codes	10 11 12 30 31 32 40 41 42 60 80 85 99
C480-C482, C488	
In Situ Extension Codes	none
Malignant Extension Codes	10 30 40 60 80 85 99
C500-C506, C508-C509	
In Situ Extension Codes	00 05
Malignant Extension Codes	05 10 11 13-18 20 21 23-28 30 31 33-38 40 50 60 70 80 85 99
C510-C512, C518-C519 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729)	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 30 40 41 42 60 70 75 80 85 99
C529	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 50 60 70 80 85 99
C530-C531, C538-C539	
In Situ Extension Codes	00 01
Malignant Extension Codes	11 12 20 30 31 35 36 37 38 40 50 60 65 68 70 80 85 99
C540-C543, C548-C549, C559	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 13 14 40 50 51 52 60 61 64 65 66 70 80 85 99
C569	
In Situ Extension Codes	00
Malignant Extension Codes	10 20 30 40 41 42 50 60 62 65 70 71 72 73 75 80 85 99
C570	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 13 30 40 50 70 71 75 76 77 78 80 85 99
C571-C574	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 50 70 80 85 99
C577-C579	
In Situ Extension Codes	00
Malignant Extension Codes	10 30 40 60 80 85 99
C589	
In Situ Extension Codes	00
Malignant Extension Codes	10 11 12 13 14 30 31 32 33 34 40 41 42 43 44 60 61 62 63 64 70 71 72 73 74 80 85 99
C600-C609 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729)	
In Situ Extension Codes	00 05
Malignant Extension Codes	10 30 40 50 60 70 80 85 99

EOD--Lymph Node Involv (SEER)

Agency: SEER

Last changed: 07/13/2004

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD--Lymph Node Involv [Std# 810]

Default Error Message

[1010] %F1 must be a one-digit number

EOD--Lymph Node Involv must be a one-digit number

Description

EOD--Lymph Node Involv must be a one-digit number. May be blank.

EOD--Lymph Node Involv, Prim Site, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 10/07/2015

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
EOD--Lymph Node Involv [Std# 810]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Tables

LN03INS.DBF
LN03MAL.DBF

Default Error Message

[1094] Malignant EOD--Lymph Node Involv invalid for this site/histology/behavior
Malignant EOD--Lymph Node Involv invalid for this site/histology/behavior

Additional Messages

[270] Primary Site not valid
[501] Histologic Type not valid - ICDO3
[1083] In Situ EOD--Lymph Node Involv ("value of EOD--Lymph Node Involv") invalid for this site/histology/behavior
[1084] Malignant EOD--Lymph Node Involv ("value of EOD--Lymph Node Involv") invalid for this site/histology/behavior
[1092] Death Certificate Only, EOD--Lymph Node Involv must = 9
[1095] EOD--Lymph Node Involv must be a one-digit number

Description

This edit is only performed if year of Date of Diagnosis is 1998-2003, the Behavior Code ICD-O-3 indicates borderline (1), in situ (2), or malignant (3), and EOD--Lymph Node Involv and Histologic Type ICD-O-3 are not blank. (A behavior of 1 is included because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.) The edit validates the EOD--Lymph Node Involv for each site as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Death Certificate Only case (Type of Reporting Source = '7'), EOD--Lymph Node Involv must = 9.

The following table gives the EOD--Lymph Node Involv values allowed for each primary site group. The "In Situ" row lists the lymph node involvement values allowed for in situ cases (Behavior Code ICD-O-3 = 2) and the "Malignant" row lists the lymph node involvement values allowed for malignant cases (Behavior Code ICD-O-3 = 3). Please note that the groups are listed in the same order as in the SEER EOD manual; however histologically based groups are always edited before the primary site based groups.

C000-C006, C008-C009
In Situ

0

Malignant	0 1 2 3 4 5 6 7 8 9
C019, C024	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C020-C023, C028-C029	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C030-C031, C039, C062	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C040-C041, C048-C049	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C050	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C051-C052	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C058-C059, C068-C069	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C060-C061	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C079-C081, C088-C089	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C090-C091, C098-C099, C100-C104, C108-C109	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C110-C113, C118-C119	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C129-C132, C138-C139, C141	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C140, C142, C148	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C150-C155, C158-C159	
In Situ	0
Malignant	0 1 2 3 6 7 8 9
C160-C166, C168-C169	
In Situ	0

Malignant	0 1 4 5 7 8 9
C170-C173, C178-C179	
In Situ	0
Malignant	0 1 2 3 7 8 9
C180-C189	
In Situ	0
Malignant	0 1 2 3 7 8 9
C199, C209	
In Situ	0
Malignant	0 1 2 3 7 8 9
C210-C212, C218	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C220-C221	
In Situ	0
Malignant	0 1 6 7 8 9
C239, C248-C249	
In Situ	0
Malignant	0 1 2 3 5 6 7 8 9
C240	
In Situ	0
Malignant	0 1 2 3 5 6 7 8 9
C241	
In Situ	0
Malignant	0 1 7 8 9
C250-C254	
In Situ	0
Malignant	0 1 7 8 9
C257-C259	
In Situ	0
Malignant	0 1 7 8 9
C260, C268-C269	
In Situ	0
Malignant	0 1 7 8 9
C300, C301	
In Situ	0
Malignant	0 1 7 8 9
C310	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C311	
In Situ	0
Malignant	0 1 2 3 4 5 6 7 8 9
C312-C313, C318-C319	
In Situ	0

	Malignant	0 1 2 3 4 5 6 7 8 9
C320	In Situ	0
	Malignant	0 1 2 3 4 5 6 7 8 9
C321	In Situ	0
	Malignant	0 1 2 3 4 5 6 7 8 9
C322	In Situ	0
	Malignant	0 1 2 3 4 5 6 7 8 9
C323, C328-C329	In Situ	0
	Malignant	0 1 2 3 4 5 6 7 8 9
C339	In Situ	0
	Malignant	0 1 7 8 9
C340-C343, C348-C349	In Situ	0
	Malignant	0 1 2 5 6 7 8 9
C380-C383, C388	In Situ	none
	Malignant	0 1 7 8 9
C384	In Situ	none
	Malignant	0 1 2 5 6 7 8 9
C390, C398-C399	In Situ	none
	Malignant	0 1 7 8 9
C400-C403, C408-C409, C410-C414, C418-C419	In Situ	none
	Malignant	0 1 7 8 9
C440-C449 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729)	In Situ	0
	Malignant	0 1 7 8 9
C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632(M-8720-8790)	In Situ	0
	Malignant	0 1 2 3 4 5 7 8 9
C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632(M-9700-9701)	In Situ	none
	Malignant	0 1 2 3 9
C470-C476, C478-C479, C490-C496, C498-C499	In Situ	none
	Malignant	0 1 7 8 9

C480-C482, C488		
In Situ	none	
Malignant	0 1 7 8 9	
C500-C506, C508-C509		
In Situ	0	
Malignant	0 1 2 3 4 5 6 7 8 9	
C510-C512, C518-C519 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729)		
In Situ	0	
Malignant	0 1 5 6 7 8 9	
C529		
In Situ	0	
Malignant	0 1 2 3 4 5 6 7 8 9	
C530-C531, C538-C539		
In Situ	0	
Malignant	0 1 6 7 8 9	
C540-C543, C548-C549, C559		
In Situ	0	
Malignant	0 1 2 5 6 7 8 9	
C569		
In Situ	0	
Malignant	0 1 2 3 4 5 7 8 9	
C570		
In Situ	0	
Malignant	0 1 2 3 4 5 7 8 9	
C571-C574		
In Situ	0	
Malignant	0 1 2 3 4 5 7 8 9	
C577-C579		
In Situ	0	
Malignant	0 1 7 8 9	
C589		
In Situ	0	
Malignant	0 1 2 5 6 7 8 9	
C600-C609 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729)		
In Situ	0	
Malignant	0 1 2 3 5 6 7 8 9	
C619		
In Situ	0	
Malignant	0 1 2 3 5 6 7 8 9	
C620-C621, C629		
In Situ	0	
Malignant	0 1 2 3 5 6 7 8 9	
C630-C632, C637-C639 (Excluding 8720-8790, 9140, 9700-9701, 9590-9699, 9702-9729 - exclusions are for C632 only)		

In Situ	0
Malignant	0 1 7 8 9
C649	
In Situ	0
Malignant	0 1 2 3 5 7 8 9
C659, C669	
In Situ	0
Malignant	0 1 2 3 5 7 8 9
C670-C679	
In Situ	0
Malignant	0 1 2 3 5 6 7 8 9
C680-C681, C688-C689	
In Situ	0
Malignant	0 1 2 3 5 7 8 9
C690 (Excluding 9500-9512, 8720-8790, 9140, 9590-9699, 9702-9729)	
In Situ	0
Malignant	0 1 7 8 9
C690(M-8720-8790)	
In Situ	0
Malignant	0 1 7 8 9
C691-C694, C698-C699 (Excluding 9500-9512, 8720-8790, 9140, 9590-9699, 9702-9729)	
In Situ	0
Malignant	0 1 7 8 9
C691-C694, C698-C699(M-8720-8790)	
In Situ	0
Malignant	0 1 7 8 9
C695	
In Situ	0
Malignant	0 1 7 8 9
C696	
In Situ	0
Malignant	0 1 7 8 9
C700, C710-C719	
In Situ	9
Malignant	9
C701, C709, C720-C725, C728-C729	
In Situ	none
Malignant	9
C739	
In Situ	0
Malignant	0 1 2 3 5 6 7 8 9
C379, C740-C741, C749, C750-C755, C758-C759	
In Situ	0
Malignant	0 1 7 8 9

(M-9140)
In Situ none
Malignant 0 1 2 3 9

C692(M-9510-9514)
In Situ 0
Malignant 0 1 7 8 9

(M-9590-9699, 9702-9729)
In Situ none
Malignant 0 1 2 3 9

(M-9731-9989)
In Situ none
Malignant 9

C809, C760-C765, C767-C768, C770-C775, C778-C779, C420-C424
(Excluding 9140, 9590-9699, 9702-9729, 9731-9989)

In Situ none
Malignant 9

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Updated to use DBF tables instead of binary tables; edit will be skipped if year of diagnosis is not 1998-2003

EOD--Lymph Node Involv, Reg Nodes Pos,ICDO2(NAACCR

Agency: NAACCR

Last changed: 11/30/2009

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Regional Nodes Positive [Std# 820]
EOD--Lymph Node Involv [Std# 810]
Date of Diagnosis [Std# 390]

Default Error Message

[1096] If Regional Nodes Positive = 01-97, EOD--Lymph Node Involv must = 1-8
If Regional Nodes Positive = 01-97, EOD--Lymph Node Involv must = 1-8

Additional Messages

[270] Primary Site not valid
[301] Histologic Type not valid - ICDO2
[1104] Regional Nodes Positive must be numeric (00-90, 95-99)
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is only performed if year of Date of Diagnosis is after 1997 and before 2001, and the fields EOD--Lymph Node Involv, Regional Nodes Positive, and Histology (92-00) ICD-O-2 are not blank. The edit validates the EOD--Lymph Node Involv/Regional Nodes Positive as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Number of Regional Nodes Positive is 01-97, then Lymph Nodes must be = 1-8.
This check is not performed for the following sites and types:

Kaposi's sarcoma	M-9140
Hematopoietic	M-9720, 9722, 9723, 9731, 9732, 9740, 9741, 9760-9768, 9800-9941, 9950-9989
Lymphomas	M-9590-9595, 9650-9698, 9702-9717
Mycosis fungoides	M-9700-9701
Brain	T-C700, C710-C719
Other CNS	T-C701, C709, C720-C725, C728, C729
Other and ill-defined	T-C760-C768, C809, C420-C429, C770-C779

Administrative Notes

Modifications:

NAACCR v11.3

- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

EOD--Lymph Node Involv, Reg Nodes Pos,ICD03(NAACCR

Agency: NAACCR

Last changed: 10/08/2015

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Regional Nodes Positive [Std# 820]
EOD--Lymph Node Involv [Std# 810]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1096] If Regional Nodes Positive = 01-97, EOD--Lymph Node Involv must = 1-8
If Regional Nodes Positive = 01-97, EOD--Lymph Node Involv must = 1-8

Additional Messages

[270] Primary Site not valid
[501] Histologic Type not valid - ICDO3
[1104] Regional Nodes Positive must be numeric (00-90, 95-99)

Description

This edit is only performed if year of Date of Diagnosis is 1998-2003, and the fields EOD--Lymph Node Involv, Regional Nodes Positive, and Histologic Type ICD-O-3 are not blank. The edit validates the EOD--Lymph Node Involv/Regional Nodes Positive as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Number of Regional Nodes Positive is 01-97, then Lymph Nodes must be = 1-8. This check is not performed for the following sites and types:

Kaposi sarcoma	M-9140
Hematopoietic	M-9731-9734, 9740-9758, 9760-9989
Lymphomas	M-9590-9699, 9702-9729
Mycosis fungoides	M-9700-9701
Brain	T-C700, C710-C719
Other CNS	T-C701, C709, C720-C725, C728, C729
Other and ill-defined	T-C760-C768, C809, C420-C429, C770-C779

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Duplicate variable declarations deleted from edit logic; edit will be skipped if year of diagnosis is not 1998-2003

EOD--Old 13 digit (SEER)

Agency: SEER

Last changed: 04/08/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD--Old 13 Digit [Std# 840]

Default Error Message

[1023] %F1 is not valid

EOD--Old 13 Digit is not valid

Description

Each column can be any digit 0-9 or & or - or blank.

EOD--Old 13 digit, Primary Site (SEER IF2613DG)

Agency: SEER

Last changed: 01/09/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
EOD--Old 13 Digit [Std# 840]
Coding System for EOD [Std# 870]
Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]

Tables

IF2613A1.DBF
IF2613ST.DBF
IF2613X.DBF

Default Error Message

[360] Site, EOD13dig, EOD_code conflict
Site, EOD13dig, EOD_code conflict

Additional Messages

[356] EOD_2dig & Site conflict
[362] InSitu Behavior & EOD13dig conflict

Description

This edit is only performed if Coding System for EOD = 2, indicating that EOD--Old 13 digit is coded.

For cases coded using the SEER Expanded (13-digit) Site-specific Extent of Disease (Coding System for Extent of Disease = 2) this edit validates extent of disease according to the 13-digit Extent of Disease codes allowable for each site/morphology as defined in the Extent of Disease - Codes and Coding Instructions Manual (1977).

If the case is in situ (Behavior = 2), the Extent of Disease code must also indicate an in situ behavior:

A zero in the fifth position of the 13-digit extent disease indicates in situ for all sites except:

1. melanomas of the skin (Primary site = C440-C447, C510-C519, C600-C601, C608, C609 and histology = 8720-8790) where a '1' in the fifth position indicates in situ,
2. lung (Primary site C340 - C349) where a '00', '01' or '10' in the fourth and fifth positions indicate in situ,
3. lymph nodes and lymphoid tissues (Primary Sites C024, C098-C099, C142, C379, C422, C770-C779) where as code is provided for in situ.

Similarly an invasive case (Behavior = 3) may not have an in situ extent of disease. Thus the above codes valid for in situ cases are invalid for invasive cases.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF2613DG

Modifications:

NAACCR v11.3:

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

EOD--Old 13 digit, Primary Site, Hist (SEER IF01)

Agency: SEER

Last changed: 04/09/2013

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
County at DX [Std# 90]
Date of Diagnosis [Std# 390]
Coding System for EOD [Std# 870]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Type of Reporting Source [Std# 500]

Default Error Message

[331] EOD13dig & Site conflict
EOD13dig & Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is blank
2. Registry ID is equal to 0000001544 (New Jersey)

The EOD--Old 13 digit is not required for any case that the:

1. Date of Diagnosis is before 1975;
2. Date of Diagnosis is after 1982; or
3. Type of Reporting Source specifies a death certificate only case (7).

The EOD--Old 13 digit is required for all cases reported from San Mateo (081) and San Francisco (075) counties of the San Francisco/Oakland SMSA registry (0000001501) or from any other registry (0000001502, 0000001520-0000001523, 0000001525-0000001527, 0000001533, 0000001537) diagnosed in 1975 with Primary Site of breast (C500-C509); colon (C180, C182-C187); or rectum and rectosigmoid (C199,C209).

The EOD--Old 13 digit is required for all cases diagnosed in 1976-82 with a Primary Site of breast (C500-C509); colon (C180, C182-C187); or rectum and rectosigmoid (C199, C209).

The EOD--Old 13 digit is required for all cases diagnosed on or after May 1, 1977, with a diagnosis of lymphoma of lymphoid tissue (sites C770-C779, C024, C099, C111, C142, C379, C422 with histologies 9590-9698) or melanoma of skin (sites C440-C447, C510-C519, C600-C601, C608-C609 with histologies 8720-8790).

The EOD--Old 13 digit is required for all cases diagnosed on or after November 1, 1977, with a Primary Site of stomach (C161-C169), lung (C341-C349), cervix uteri (C530-C539), corpus uteri (C540-C548), prostate (C619), or bladder (C670-C676, C678-C679).

The Coding System for Extent of Disease is used to determine if the EOD--Old 13 digit has been submitted. That is, the field Coding System for EOD must = 2.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF01

Modifications:

NACR110C

07/24/06

Edit logic was modified to use "Registry ID" instead of "SEER Participant" since "SEER Participant" is not a standard NAACCR field.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13A

Fixed logic error:

"if ((dx_year < 1975) and (dx_year < 1983))" changed to "if ((dx_year > 1975) and (dx_year < 1983))"

- Added parentheses around some of the conditions to assure that logic works correctly:

Changed:

"if ((dx_year >= 1978) or ((dx_year ==1977) and (dx_month >=5)))"

TO:

"if ((dx_year >= 1978) or ((dx_year ==1977) and (dx_month >=5) and (dx_month != DT_MONTH_EMPTY))"

Changed:

"if ((dx_year >= 1978) or ((dx_year ==1977) and (dx_month >=11)))"

TO:

"if ((dx_year >= 1978) or ((dx_year ==1977) and (dx_month >=11) and (dx_month != DT_MONTH_EMPTY))"

EOD--Old 2 digit (SEER)

Agency: SEER

Last changed: 04/08/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

EOD--Old 2 Digit [Std# 850]

Default Error Message

[1023] %F1 is not valid
EOD--Old 2 Digit is not valid

Description

Each column can be any digit 0-9 or & or - or blank.

EOD--Old 2 digit, Morphology (SEER IF26NSPC)

Agency: SEER

Last changed: 01/09/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Coding System for EOD [Std# 870]
EOD--Old 2 Digit [Std# 850]
Behavior (92-00) ICD-O-2 [Std# 430]

Default Error Message

[362] InSitu Behavior & EOD13dig conflict
InSitu Behavior & EOD13dig conflict

Additional Messages

[356] EOD_2dig & Site conflict

Description

For cases coded using EOD--Old 2 digit coding scheme (Coding System for Extent of Disease = 0), this edit validates the Extent of Disease according to the Nonspecific EOD codes allowable for each Primary Site/Morphology as defined in the Extent of Disease - Codes and Coding Instructions Manual (1977).

If an in situ (Behavior 2), the Extent of Disease code must also indicate in situ (0-). Similarly if the case is invasive (Behavior = 3), the extent of disease may not specify in situ (0-).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF26NSPC

Modifications:

NAACCR v11.3:
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:
Deleted USR4 (check flags) logic because it is no longer needed.

EOD--Reg Nodes Ex,ReNodes Pos, Site, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 11/30/2009

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[1108] Regional Nodes Positive/Examined conflict
Regional Nodes Positive/Examined conflict

Additional Messages

[270] Primary Site not valid
[301] Histologic Type not valid - ICDO2
[1104] Regional Nodes Positive must be numeric (00-90, 95-99)
[1105] Regional Nodes Examined must be a two-digit number
[1106] Regional Nodes Positive must = 00 or 98 for in situ cases
[1107] Regional Nodes Examined cannot be greater than 98 for in situ cases
[1109] Death Certificate Only, Regional Nodes Positive and Examined must both = 99
[1110] Regional Nodes Positive and Examined must both = 99 for this site/histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty.

This edit is only performed if year of Date of Diagnosis is after 1997 and less than 2001, the Behavior (92-00) ICD-O-2 indicates in situ (2) or malignant (3), and Regional Nodes Positive and Regional Nodes Examined are both not blank. The edit validates the Regional Nodes Positive and Regional Nodes Examined as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following sites and histologies (ICD-O-2), Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

1. Hematopoietic: 9720-9989
2. Lymphomas: 9590-9698, 9702-9717
3. Brain (except for histology 9140 (Kaposi's sarcoma)):
C700, C710-C719

4. Other CNS (except for histology 9140 (Kaposi's sarcoma)):
C701, C709, C720-C725, C728, C729
5. Other and ill-defined (except for histology 9140 (Kaposi's sarcoma)):
C760-C765, C767, C768, C809, C420-C429, C770-C779

For all other cases, if Behavior (92-00) ICD-O-2 = 2 (in situ), Regional Nodes Positive must = 00 or 98. Also, for in situ cases, Regional Nodes Examined cannot be greater than 98.

For all cases, the following is checked:

1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.
5. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.

Administrative Notes

Modifications:

NAACCR v11.3

- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

EOD--Reg Nodes Ex,ReNodes Pos, Site, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 06/27/2011

Edit Sets

Extent of Disease Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[1108] Regional Nodes Positive/Examined conflict
Regional Nodes Positive/Examined conflict

Additional Messages

[270] Primary Site not valid
[501] Histologic Type not valid - ICDO3
[1104] Regional Nodes Positive must be numeric (00-90, 95-99)
[1105] Regional Nodes Examined must be a two-digit number
[1106] Regional Nodes Positive must = 00 or 98 for in situ cases
[1107] Regional Nodes Examined cannot be greater than 98 for in situ cases
[1109] Death Certificate Only, Regional Nodes Positive and Examined must both = 99
[1110] Regional Nodes Positive and Examined must both = 99 for this site/histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

This edit is only performed if year of Date of Diagnosis is 1998-2003, the Behavior Code ICD-O-3 indicates borderline (1), in situ (2), or malignant (3), and Regional Nodes Positive and Regional Nodes Examined are both not blank. (A behavior of 1 is included because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.) The edit validates the Regional Nodes Positive and Regional Nodes Examined as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following sites and histologies (ICD-O-3), Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

1. Hematopoietic: 9731-9734, 9740-9758, 9760-9989
2. Lymphomas: 9590-9699, 9702-9729

3. Brain (except for histology 9140 (Kaposi sarcoma)):
C700, C710-C719
4. Other CNS (except for histology 9140 (Kaposi sarcoma)):
C701, C709, C720-C725, C728, C729
5. Other and ill-defined (except for histology 9140 (Kaposi sarcoma)):
C760-C765, C767, C768, C809, C420-C429, C770-C779

For all other cases, if Behavior Code ICD-O-3 = 2 (in situ), Regional Nodes Positive must = 00 or 98.

For all cases, the following is checked:

1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.
5. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.1A

- Modified to skip if year of diagnosis is greater than 2003.

EOD--Tumor Size (COC)

Agency: COC

Last changed: 12/12/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

EOD--Tumor Size [Std# 780]

Default Error Message

[1037] %F1 must be a three-digit number
EOD--Tumor Size must be a three-digit number

Description

EOD--Tumor Size must be a three-digit number or blank.

EOD--Tumor Size, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/30/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
EOD--Tumor Size [Std# 780]

Default Error Message

[3138] If year of %F1 < 2004, then %F2 must not be blank
If year of Date of Diagnosis < 2004, then EOD--Tumor Size must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is < 2004, then EOD--Tumor Size must not be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

EOD--Tumor Size, Primary Site, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 10/07/2015

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
EOD--Tumor Size [Std# 780]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[1085] EOD--Tumor Size invalid for this site/histology/behavior
EOD--Tumor Size invalid for this site/histology/behavior

Additional Messages

[270] Primary Site not valid
[501] Histologic Type not valid - ICDO3
[1077] Death Certificate Only, EOD--Tumor Size must = 999

Description

This edit is only performed if year of Date of Diagnosis is 1998-2003, the Behavior Code ICD-O-3 indicates borderline (1), in situ (2), or malignant (3), and EOD--Tumor Size and Histologic Type ICD-O-3 are not blank. (A behavior of 1 is included because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.) The edit validates the EOD--Tumor Size for each site as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

If Death Certificate Only case (Type of Reporting Source = '7'), EOD--Tumor Size must = 999.

For all sites except those listed below, EOD--Tumor Size must = 000-990, or 999. The exceptions to this are:

000-990, 998, 999:

Esophagus C150-C155, C158-C159
Stomach C160-C166, C168-C169
Colon, Familial/multiple polyposis
C180-C189 (M-8220-8221)
Rectosigmoid, Rectum, Familial/multiple polyposis
C199, C209 (M-8220-8221)
Bronchus and Lung C340-C343, C348-C349

000-990, 997-999:

Breast C500-C506, C508-C509

000-003, 999:

Mycosis Fungoides and Sezary's Disease of Skin, Vulva, Penis, Scrotum
C440-C449, C510-C512, C518-C519, C600-C601, C608, C609, C632
(M-9700-9701)

001-002, 999:

Kaposi Sarcoma of All Sites

M-9140

Hodgkin and Non-Hodgkin Lymphoma of All Sites

M-9590-9699, 9702-9729

999:

Hematopoietic M-9731-9734, 9760-9989

excludes mast cell tumors 9740-9758

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Updated to no longer use binary tables; edit will be skipped if year of diagnosis is not 1998-2003

EthnSrc, Date of Diag (SEER IF72)

Agency: SEER

Last changed: 12/24/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Computed Ethnicity Source [Std# 210]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Computed Ethnicity Source conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis.

If the year of Date of Diagnosis is greater than 1993, then Computed Ethnicity Source must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF72

Modifications:

NACR110C:

07/24/06

1. Edit is skipped if diagnosis year is blank or equal to 9999
2. Edit no longer requires a blank for cases diagnosed prior to 1994

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Extent of Disease 12-Digit ICDO3 (SEER IF26E98)

Agency: SEER

Last changed: 10/08/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Morph--Type&Behav ICD-O-3 [Std# 521]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
EOD--Tumor Size [Std# 780]
EOD--Extension Prost Path [Std# 800]
EOD--Extension [Std# 790]
EOD--Lymph Node Involv [Std# 810]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
Coding System for EOD [Std# 870]

Tables

EXT03INS.DBF
EXT3SITM.DBF
LN03INS.DBF
LN03MAL.DBF

Default Error Message

[520] Site,Malig EOD10dig ext conflict - ICDO3
Site,Malig EOD10dig ext conflict - ICDO3

Additional Messages

[528] Catastrophic Error in IF2610DG - ICDO3
[1085] EOD--Tumor Size invalid for this site/histology/behavior
[1096] If Regional Nodes Positive = 01-97, EOD--Lymph Node Involv must = 1-8
[1106] Regional Nodes Positive must = 00 or 98 for in situ cases
[1107] Regional Nodes Examined cannot be greater than 98 for in situ cases
[1108] Regional Nodes Positive/Examined conflict
[1110] Regional Nodes Positive and Examined must both = 99 for this site/histology
[2555] In Situ EOD--Extension invalid for this site/histology/behavior
[2556] Malignant EOD--Extension invalid for this site/histology/behavior
[2557] In Situ EOD--Lymph Node Involvement invalid for this site/histology/behavior
[2558] Malignant EOD--Lymph Node Involvement invalid for this site/histology/behavior
[2559] Type of Reporting Source and EOD 12 digit conflict

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is only performed if Coding System for EOD = 4, indicating that 10-digit EOD is coded and year of diagnosis after 1997. The edit is skipped if Morph--Type&Behav ICD-O-3 is blank. The edit validates the Extent of Disease according to the 10-digit EOD for each site as defined in the "SEER Extent of Disease--1988: Codes and Coding Instructions", 3rd ed., 1998.

The behavior code is checked against the extent of disease fields to verify validity (1, 2, or 3). (A behavior code of 1 is allowed because the behavior codes of some morphologies changed from 3 to 1 when converted from ICD-O-2 to ICD-O-3.)

If Death Certificate only case (Type of Reporting Source = '7') the SEER 10-digit Extent of Disease must be '999909999990' for prostate cases and '9999999999' for all other cases.

If Number of Regional Nodes Positive is 01-97, then Lymph Nodes must be = 1-8. This check is not performed for the following sites and types:

Kaposi sarcoma,	M-9140
Hematopoietic	M-9731-9989
Lymphomas,	M-9590-9699,9702-9729
Mycosis fungoides,	M-9700-9701
Brain	T-C70.0, C71.__
Other CNS,	T-C70.1,C70.9,C72.0-C72.5,C72.8
Other and ill-defined,	T-C76.0-C76.8,C80.9,C42.__,C77.__

For the following sites and types, Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

Brain, T-C70.0, C71.__

Other CNS, T-C70.1, C70.9, C72.0-C72.5, C72.8,C72.9

Other and ill-defined, T-C760.0-C760.5, C76.5,C767.7, C767.8, C80.9, C42.__, C77.__

Hematopoietic, etc., M-9731-9989

Lymphomas, M-9590-9699, 9702-9729

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF26E98

Modifications:

NAACCR v11.2:

8/2007

Edit modified to adhere to SEER standards in effect for diagnosis years 1998-2003: if Regional Nodes Examined = 90 (90 or more nodes were examined), then Regional Nodes Positive must = 00-95 (exact number of nodes positive), 96 (96 or more nodes are positive), 97 (positive nodes are documented, but the number is unspecified), or 99 (unknown whether nodes are positive; not applicable; not stated in patient record).

NAACCR v11.3:

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Updated to no longer use binary tables; edit will be skipped if year of diagnosis is not 1998-2003

- Removed code:

If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.

Following Registry (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Following Registry [Std# 2440]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Following Registry" is not a valid value for Following Registry

Description

Must be numeric, right-justified, zero-filled, or all blanks.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 2003. Another edit (Following Registry, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Following Registry (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Fields

Following Registry [Std# 2440]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Following Registry" is not a valid value for Following Registry

Description

Must be numeric, right-justified, zero-filled.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow blanks. If a registry does not collect the item, this edit should not be included in the registry's editset.

Following Registry, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Following Registry [Std# 2440]
Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank
If Date of Diagnosis > 2002 Following Registry cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Following Registry cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Follow-Up Contact--City (SEER)

Agency: SEER

Last changed: 01/13/2006

Fields

Follow-Up Contact--City [Std# 1842]

Default Error Message

[1009] %F1 must contain letters and spaces only, left-justified

Follow-Up Contact--City must contain letters and spaces only, left-justified

Description

Alpha only, no special characters, mixed case, left-justified, blank filled.
Embedded spaces are allowed.

Followup Contact--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Fields

Followup Contact--Country [Std# 1847]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Followup Contact--Country" is not a valid value for Followup Contact--Country

Description

Followup Contact--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Followup Contact--Country, Date of Diag (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Fields

Followup Contact--Country [Std# 1847]

Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012

Followup Contact--Country cannot be "value of Followup Contact--Country" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Followup Contact--Country cannot be any of the following "historic" codes:

XNI	North American Islands
XCB	Other Caribbean Islands
XEN	England, Channel Islands, Isle of Man
XSC	Scandinavia
XGR	Germanic Countries
XSL	Slavic Countries
XUM	Ukraine and Moldova
XNF	North Africa
XSD	Sudanese Countries
XWF	West Africa
XSF	South Africa
XEF	East Africa
XIF	African Islands
XET	Ethiopia and Eritrea
XAP	Arabian Peninsula
XIS	Israel and Palestine
XCR	Caucasian Republics of former USSR
XOR	Other Asian Republics of former USSR
XSE	Southeast Asia
XMS	Malaysia, Singapore, Brunei
XCH	China, NOS
XML	Melanesian Islands
XMC	Micronesian Islands
XPL	Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Follow-Up Contact--Name (SEER)

Agency: SEER

Last changed: 09/16/2015

Fields

Follow-Up Contact--Name [Std# 2394]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Follow-Up Contact--Name" is not a valid value for Follow-Up Contact--Name

Description

Alpha only, mixed case, embedded spaces, left-justified, blank filled. Embedded hyphen allowed, but no other special characters.

Administrative Notes

Modifications

NAACCR v15

Description updated to state that embedded spaces are allowed.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"a{?}*" changed to "a{-,a,b}*"

Follow-Up Contact--No/St (SEER)

Agency: SEER

Last changed: 08/30/2010

Fields

Follow-Up Contact--No&St [Std# 2392]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid

Follow-Up Contact--No&St is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Follow-Up Contact--Postal (SEER)

Agency: SEER

Last changed: 08/20/2015

Fields

Follow-Up Contact--Postal [Std# 1846]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Follow-Up Contact--Postal must contain alphanumeric and be left-justified

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

Modifications:

NAACCR v15A

- Description updated to specify that item may be left blank
- This change was made in preparation for the move from EDITS v4 to EDITS v5:
- MATCH statement was updated to specify trailing blanks:
"x{x}*" changed to "x{x}*{b}*"

Follow-Up Contact--State (SEER)

Agency: SEER

Last changed: 04/28/2007

Fields

Follow-Up Contact--State [Std# 1844]

Tables

STATE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Follow-Up Contact--State" is not a valid value for Follow-Up Contact--State

Description

Field must contain valid US postal code for state or Canadian province.

Special Codes:

- CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
- US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
- XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
- YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
- ZZ Residence unknown

Administrative Notes

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Follow-Up Contact--Suppl (SEER)

Agency: SEER

Last changed: 08/30/2010

Fields

Follow-Up Contact--Suppl [Std# 2393]

Tables

STREET.DBF

Default Error Message

[1023] %F1 is not valid

Follow-Up Contact--Suppl is not valid

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Follow-Up Source (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Follow-Up Source [Std# 1790]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Follow-Up Source" is not a valid value for Follow-Up Source

Description

Must be a valid Follow-Up Source code (0-5, 7-9). May be blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 2003. Another edit (Follow-Up Source, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Follow-Up Source (NAACCR)

Agency: COC

Last changed: 04/12/2007

Fields

Follow-Up Source [Std# 1790]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Follow-Up Source" is not a valid value for Follow-Up Source

Description

Must be a valid Follow-Up Source code (0-5, 7-9).

Follow-up Source Central (NAACCR)

Agency: NAACCR

Last changed: 06/17/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Follow-Up Source Central [Std# 1791]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Follow-Up Source Central" is not a valid value for Follow-Up Source Central

Description

This field is allowed to be blank because the item is not required until 2006. Another edit (Follow-up Source Central, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal to 9999.

Must be a valid code (00-12, 29-35, 39-43, 48-51, 59-65, 98, 99) or blank.

Follow-up Source Central, Date of DX (NPCR)

Agency: NPCR

Last changed: 11/02/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Date of Diagnosis [Std# 390]

Follow-Up Source Central [Std# 1791]

Default Error Message

[2000] If year of %F1 > 2005, then %F2 cannot be blank

If year of Date of Diagnosis > 2005, then Follow-Up Source Central cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2005, then Follow-up Source Central cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Follow-Up Source Central, Vital Status (NPCR)

Agency: NPCR

Last changed: 11/25/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Follow-Up Source Central [Std# 1791]

Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict

Follow-Up Source Central and Vital Status conflict

Description

This edit is skipped if any of the fields are blank.

If Follow-Up Source Central = 04 [National Death Index (NDI)], 05 (State Death Tape/Death Certificate File), 06 (County/Municipality Death Tape/ Death Certificate File), 07 (Social Security Administration Death Master File), or 64 (Obituary), then Vital Status must not = 1 (alive).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

Follow-Up Source, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Follow-Up Source [Std# 1790]
Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank
If Date of Diagnosis > 2002 Follow-Up Source cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Follow-Up Source cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Follow-Up Source, Vital Status (COC)

Agency: COC

Last changed: 05/14/2001

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Follow-Up Source [Std# 1790]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
Follow-Up Source and Vital Status conflict

Description

This edit is skipped if any of the fields are blank.
If Follow-Up Source = 7 (death certificate), Vital Status must not = 1 (alive).

GIS Coordinate Quality (NAACCR)

Agency: NAACCR

Last changed: 07/01/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

GIS Coordinate Quality [Std# 366]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of GIS Coordinate Quality" is not a valid value for GIS Coordinate Quality

Description

Must be a valid code (00-12, 98, 99) or blank.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

Modified to allow code 00.

Grade (73-91) ICD-O-1 (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Grade (73-91) ICD-O-1 [Std# 1973]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Grade (73-91) ICD-O-1" is not a valid value for Grade (73-91) ICD-O-1

Description

Must be a valid Grade (73-91) ICD-O-1 code (1-9 or blank).

Grade (CCCR)

Agency: CCCR

Last changed: 07/09/2014

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Grade [Std# 440]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Grade" is not a valid value for Grade

Description

Must be a valid code for Grade (1-9) or blank.

Administrative Notes

New edit - added to NAACCR v14A metafile

This edit differs from the COC edit of the same name in that it allows the field to be left blank.

Grade (COC)

Agency: COC

Last changed: 07/24/1999

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Grade [Std# 440]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Grade" is not a valid value for Grade

Description

Must be a valid code for Grade (1-9).

Grade Path System (COC)

Agency: COC

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Grade Path System [Std# 449]

Default Error Message

[3311] %F1 (%V1) is invalid
Grade Path System ("value of Grade Path System") is invalid

Description

Must be a valid Grade Path System code:

2 Two-Grade System
3 Three-Grade System
4 Four-Grade System

Blank Not a two, three or four grade system; unknown; not collected

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2C

- Corrected Grade Path System code descriptions

NAACCR v14

- Added "not collected" to the label for Grade Path System code of blank

Grade Path System, Grade Path Value, Grade (COC)

Agency: COC

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Grade Path System [Std# 449]
Grade Path Value [Std# 441]

Default Error Message

[1016] %F1 and %F2 conflict
Grade Path System and Grade Path Value conflict

Description

If Grade Path System = blank (Not a two, three or four grade system; unknown; not collected), then Grade Path Value must also be blank (No Two, Three or Four System Grade is available; unknown) and vice versa.

If Grade Path System = 2 (Two-Grade System), then Grade Path Value must = 1 (Recorded as Grade I or 1) or 2 (Recorded as Grade II or 2).

If Grade Path System = 3 (Three-Grade System), then Grade Path Value must = 1 (Recorded as Grade I or 1), 2 (Recorded as Grade II or 2), or 3 (Recorded as Grade III or 3).

If Grade Path System = 4 (Four-Grade System), then Grade Path Value must = 1 (Recorded as Grade I or 1), 2 (Recorded as Grade II or 2), 3 (Recorded as Grade III or 3), or 4 (Recorded as Grade IV or 4).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF315

Modifications:

NAACCR v12.2C

- Deleted: "If Grade Path System is populated (not blank), then Grade must not = 9 (Grade/differentiation unknown, not stated, or not applicable)."

NAACCR v14

- Added "not collected" to the label for Grade Path System code of blank

Grade Path Value (COC)

Agency: COC

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Grade Path Value [Std# 441]

Default Error Message

[3311] %F1 (%V1) is invalid
Grade Path Value ("value of Grade Path Value") is invalid

Description

Must be a valid Grade Path Value code:

1 Recorded as Grade I or 1
2 Recorded as Grade II or 2
3 Recorded as Grade III or 3
4 Recorded as Grave IV or 4
Blank No 2, 3, or 4 grade system available; unknown; not collected

Administrative Notes

New edit - added to NAACCR v12 metafile.

NAACCR v14

- Added "not collected" to the label for Grade Path Value of blank

Hemato ICDO2, Summ Stg 1977, Class of Case (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
SEER Summary Stage 1977 [Std# 760]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1067] Hematopoietic, SEER Summary Stage 1977 must = 7
Hematopoietic, SEER Summary Stage 1977 must = 7

Additional Messages

[1147] SEER Summary Stage must = 1, 7, or 9 for this histology
[1148] SEER Summary Stage must = 7 for this histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if SEER Summary Stage 1977 is blank or year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped if case is death certificate only (Class of Case = 49).

The edit verifies that hematopoietic and reticuloendothelial neoplasms are staged correctly:

1. If Histology (92-00) ICD-O-2 = 9731, 9740, 9764, or 9930 then Summary Stage 1977 must = 1, 7, or 9.
2. If Histology (92-00) ICD-O-2 = 9720, 9722, 9723, 9732, 9741, 9760-9763, 9765-9910, or 9931-9989 then SEER Summary Stage 1977 must = 7.

Administrative Notes

Modifications:

NAACCR v11.3
6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Hemato ICDO2, Summ Stg 1977, Type Rpt Srce (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Fields

Type of Reporting Source [Std# 500]
SEER Summary Stage 1977 [Std# 760]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Additional Messages

[1147] SEER Summary Stage must = 1, 7, or 9 for this histology
[1148] SEER Summary Stage must = 7 for this histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if SEER Summary Stage 1977 is blank or year of Date of Diagnosis is greater than 2000.

This edit is skipped if case is death certificate only (Type of Reporting Source = 7).

The edit verifies that hematopoietic and reticuloendothelial neoplasms are staged correctly:

1. If Histology (92-00) ICD-O-2 = 9731, 9740, 9764, or 9930 then Summary Stage 1977 must = 1, 7, or 9.
2. If Histology (92-00) ICD-O-2 = 9720, 9722, 9723, 9732, 9741, 9760-9763, 9765-9910, or 9931-9989 then SEER Summary Stage 1977 must = 7.

Administrative Notes

Modifications:

NAACCR v11.3
6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Hemato ICDO3, Summ Stg 1977 (NAACCR)

Agency: NAACCR

Last changed: 11/29/2005

Fields

Histologic Type ICD-O-3 [Std# 522]
SEER Summary Stage 1977 [Std# 760]
Type of Reporting Source [Std# 500]

Additional Messages

[1147] SEER Summary Stage must = 1, 7, or 9 for this histology
[1148] SEER Summary Stage must = 7 for this histology

Description

The purpose of this edit is to accommodate cases that have been converted from ICD-O-2 to ICD-O-3.

This edit is skipped if SEER Summary Stage 1977 is blank.

This edit is skipped if case is death certificate only (Type of Reporting Source = 7).

This edit is skipped if Histologic Type ICD-O-3 is not in the range of 9731-9989).

The edit verifies that hematopoietic and reticuloendothelial neoplasms are staged correctly:

1. If Histologic Type ICD-O-3 = 9731, 9734, 9740, 9750-9752, 9755-9758, 9764, or 9930 then Summary Stage 1977 must = 1, 7, or 9.
2. For all others histologies SEER Summary Stage 1977 must = 7.

Hematopoietic, TNM, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Class of Case [Std# 610]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
Histology (92-00) ICD-O-2 [Std# 420]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]

Default Error Message

[1068] Hematopoietic, all TNM fields must = 88
Hematopoietic, all TNM fields must = 88

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of the Date of Diagnosis is blank, less than 1996, or greater than 2000.

This edit is skipped if all of the TNM fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group) are blank.

This edit is skipped if case is death certificate only (Class of Case = 49 or Type of Reporting Source = 7).

The edit verifies that hematopoietic and reticuloendothelial neoplasms (Histology (92-00) ICD-O-2 9720, 9722, 9723, 9731, 9732, 9740, 9741, 9760-9989) have the following:

TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88
TNM Clin Stage Group = 88
TNM Path T = 88
TNM Path N = 88
TNM Path M = 88

TNM Path Stage Group = 88

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

Hematopoietic, TNM, ICDO3 (COC)

Agency: COC

Last changed: 01/18/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Class of Case [Std# 610]
Type of Reporting Source [Std# 500]

Default Error Message

[1068] Hematopoietic, all TNM fields must = 88
Hematopoietic, all TNM fields must = 88

Additional Messages

[3238] Hematopoietic, all Clin TNM fields must = 88, Path TNM fields must = 88 or blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or greater than 2009.

This edit is skipped if all of the TNM fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group) are blank.

This edit is skipped if case is death certificate only (Class of Case = 49 or Type of Reporting Source = 7).

The edit verifies that hematopoietic and reticuloendothelial neoplasms (Histologic Type ICD-O-3 9731-9992) have the following:

If year of Date of Diagnosis is less than 2008:

TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88
TNM Clin Stage Group = 88
TNM Path T = 88
TNM Path N = 88
TNM Path M = 88

TNM Path Stage Group = 88
If year of Date of Diagnosis is greater than 2007:
TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88
TNM Clin Stage Group = 88
TNM Path T = 88 or blank
TNM Path N = 88 or blank
TNM Path M = 88 or blank
TNM Path Stage Group = 88 or blank

(TNM path stage information may be left blank for cases diagnosed 2008 and later.)

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

This edit differs from the NAACCR edit of the same name in that it takes into account that TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group may be blank for cases diagnosed 2008 and later.

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Hematopoietic histology range changed from 9731-9989 to 9731-9992.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12D:

- Modified edit so that it is skipped for cases diagnosed 2010 and later.

Hematopoietic, TNM, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 01/18/2011

Fields

Class of Case [Std# 610]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]

Default Error Message

[1068] Hematopoietic, all TNM fields must = 88
Hematopoietic, all TNM fields must = 88

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or greater than 2009.

This edit is skipped if all of the TNM fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group) are blank.

This edit is skipped if case is death certificate only (Class of Case = 49 or Type of Reporting Source = 7).

The edit verifies that hematopoietic and reticuloendothelial neoplasms (Histologic Type ICD-O-3 9731-9992) have the following:

TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88
TNM Clin Stage Group = 88
TNM Path T = 88
TNM Path N = 88
TNM Path M = 88
TNM Path Stage Group = 88

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group to be blank for cases diagnosed 2008 and later.

Modifications:

NAACCR v11.2
11/2007

This edit was updated to document how it differs from the new COC edit of the same name.

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Hematopoietic histology range changed from 9731-9989 to 9731-9992.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12D:

- Modified edit so that it is skipped for cases diagnosed 2010 and later.

Hist ICD02, Date of DX, ICD02 Conv Flag(SEER IF84)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Histology (92-00) ICD-O-2 [Std# 420]

Date of Diagnosis [Std# 390]

ICD-O-2 Conversion Flag [Std# 1980]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among Histology (92-00) ICD-O-2, Date of Diagnosis and ICD-O-2 Conversion Flag

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2001, then Histology (92-00) ICD-O-2 cannot be blank. If year of Date of Diagnosis is greater than 2000 and Histology (92-00) ICD-O-2 is not blank, then ICD-O-2 Conversion Flag must equal 0, 5, or 6.

Administrative Notes

Modifications

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Hist ICD03, Date of DX, ICD03 Conv Flag(SEER IF86)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
ICD-O-3 Conversion Flag [Std# 2116]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Histologic Type ICD-O-3, Date of Diagnosis and ICD-O-3 Conversion Flag

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2001 and Histologic Type ICD-O-3 is not blank, then ICD-O-3 Conversion Flag must equal 1 or 3.

If year of Date of Diagnosis is greater than 2000, then Histologic Type ICD-O-3 cannot be blank.

Administrative Notes

Modifications

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Hist/Behav ICD02, Hist/Behav ICD03 (SEER IF126)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Morph--Type&Behav ICD-O-2 [Std# 419]
Morph--Type&Behav ICD-O-3 [Std# 521]

Default Error Message

[1115] %F1 and %F2 cannot both be blank
Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 cannot both be blank

Additional Messages

[3158] Histology (92-00) ICD-O-2/Behavior (92-00) ICD-O-2 conflict
[3159] Histologic Type ICD-O-3/Behavior Code ICD-O-3 conflict

Description

This edit checks the following:

1. Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 cannot both be blank.
2. If Histology (92-00) ICD-O-2 is not blank, then Behavior (92-00)ICD-O-2 must not be blank and vice versa.
3. If Histologic Type ICD-O-3 is not blank, then Behavior Code ICD-O-3 must not be blank and vice versa.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF126

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Histologic Type ICD02 (COC)

Agency: COC

Last changed: 09/03/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Histology (92-00) ICD-O-2 [Std# 420]

Tables

HISICD02.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Histology (92-00) ICD-O-2" is not a valid value for Histology (92-00) ICD-O-2

Description

This field is allowed to be blank because the item was not required after 2000. Another edit (Histology ICD02, Date DX, Date 1st Contact) verifies that this item is not blank if the year of Date of Diagnosis (or, if Date of Diagnosis is unknown, Date of 1st Contact), is less than 2001. Registries should include both edits in their edit set.

Must be a valid Histology (92-00) ICD-O-2 code (8000-9989). A table lookup verifies that the code is included in the International Classification of Diseases for Oncology, Second Edition (ICD-O-2).

Administrative Notes

Modifications

NAACCR v13A

- Edit updated so that it does a table lookup.

Previous version performed a range check only and another edit [Morphology--Type/Behavior (SEER MORPH)] included the table lookup to verify that Histology (92-00) ICD-O-2 is a valid ICD-O-2 code. Both edits now include the table lookup.

NAACCR v15A

- Edit logic rewritten to use HISICD02.DBF (Histology ICD-O-2) instead of MORPH.BIN.

Histologic Type ICD03 (SEER)

Agency: SEER

Last changed: 09/03/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]

Tables

HISICDO3.DBF

Default Error Message

[501] Histologic Type not valid - ICDO3
Histologic Type not valid - ICDO3

Description

Histologic Type ICD-O-3 must be a valid ICDO-O-3 histology code or blank.

Administrative Notes

Modifications:

NAACCR v15A

- Edit logic rewritten to look in HISICDO3.DBF (Histology ICD-O-3), instead of in MORPH01.BIN.

Histologic Type ICD03 Conversion (NAACCR)

Agency: NAACCR

Last changed: 09/03/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Histologic Type ICD-O-3 [Std# 522]

Tables

HISICDO3.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Histologic Type ICD-O-3" is not a valid value for Histologic Type ICD-O-3

Description

The purpose of this edit is to verify that Histologic Type ICD-O-3 is filled in (either directly or converted) for all cases.

Must be a valid Histologic Type ICD-O-3 code. A table look-up is done to verify that the code is included in the International Classification of Diseases for Oncology, Third Edition (ICD-O-3).

Administrative Notes

Modifications:

NACR110B

Mistake in Edit Logic allows edit to be skipped if Histologic Type ICD-O-3 is blank. Corrected to NOT allow this.

NAACCR v15A

- Edit logic rewritten to use HISICDO3.DBF instead of MORPH01.BIN.

Histologic Type ICD-O-3, Behavior, Grade (SEER)

Agency: SEER

Last changed: 05/13/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Grade [Std# 440]

Default Error Message

[501] Histologic Type not valid - ICDO3
Histologic Type not valid - ICDO3

Additional Messages

[3518] Grades 5-8 allowed only for histologies 9590-9992
[3519] This histology ("value of Histologic Type ICD-O-3") carries an implied grade of 1
[3520] This histology ("value of Histologic Type ICD-O-3") carries an implied grade of 2
[3521] This histology ("value of Histologic Type ICD-O-3") carries an implied grade of 4

Description

This edit is skipped if any of the following conditions are true:

1. Histologic Type ICD-O-3 is blank
 2. Behavior Code ICD-O-3 is blank
 3. Grade is blank
-
1. The following histology/grade combinations are impossible:
Grades 5-8 with histologies not in the range 9590-9992
 2. Some terms in ICD-O-3 carry an implied statement of grade.
These histologies must be reported with the correct grade
as stated below in format of histology/behavior & grade:

8020/34	Carcinoma, undifferentiated
8021/34	Carcinoma, anaplastic
8331/31	Follicular adenocarcinoma, well differentiated
9082/34	Malignant teratoma, undifferentiated
9083/32	Malignant teratoma, intermediate type
9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retinoblastoma, differentiated
9512/34	Retinoblastoma, undifferentiated

Administrative Notes

New edit - added to NAACCR v13A metafile.

- This edit was split out from original edit Morphology--Type/Behavior ICDO3 (SEER MORPH)

In the SEER*Edits software, the title of this edit is: MorphICDO3_P3

Histology (73-91) ICD-O-1 (SEER)

Agency: SEER

Last changed: 03/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Histology (73-91) ICD-O-1 [Std# 1971]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Histology (73-91) ICD-O-1" is not a valid value for Histology (73-91) ICD-O-1

Description

Must be a valid Histology (73-91) ICD-O-1 code (8000-9990 or blank).

Histology ICD02, Date DX, Date 1st Contact (NAACCR)

Agency: NAACCR

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]
Date of 1st Contact [Std# 580]

Default Error Message

[1019] %F1 must not be blank
Histology (92-00) ICD-O-2 must not be blank

Additional Messages

[1142] If year of Date of Diagnosis < 2001, Histology (92-00) ICD-O-2 cannot be blank
[1143] If Date of Diagnosis is unknown and Date of 1st Contact < 2001, then Histology (92-00) ICD-O-2 cannot be blank
ERROR_TEXT("Date of 1st Contact: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2001, then Histology (92-00) ICD-O-2 cannot be blank. However, if the Date of Diagnosis is blank (unknown), then the Date of 1st Contact is checked. If the year of Date of 1st Contact is less than 2001, then Histology (92-00) ICD-O-2 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Histology ICD02, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histology (92-00) ICD-O-2 [Std# 420]

Default Error Message

[1112] If year of %F1 < 2001, then %F2 cannot be blank
If year of Date of Diagnosis < 2001, then Histology (92-00) ICD-O-2 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2001, then Histology (92-00) ICD-O-2 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF84

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Histology ICD02, Histology ICD03 (SEER IF94)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Histology (92-00) ICD-O-2 [Std# 420]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1115] %F1 and %F2 cannot both be blank
Histology (92-00) ICD-O-2 and Histologic Type ICD-O-3 cannot both be blank

Description

Histology (92-00) ICD-O-2 and Histologic Type ICD-O-3 cannot both be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF94

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Histology ICD03, Date DX, Date 1st Cont (NAACCR)

Agency: NAACCR

Last changed: 12/24/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
Date of 1st Contact [Std# 580]

Default Error Message

[1019] %F1 must not be blank
Histologic Type ICD-O-3 must not be blank

Additional Messages

[1144] If Date of Diagnosis > 2000, Histologic Type ICD-O-3 cannot be blank
[1145] If Date of Diagnosis is unknown and Date of 1st Contact > 2000, then Histologic Type ICD-O-3 cannot be blank
ERROR_TEXT("Date of 1st Contact: %DC")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is greater than 2000, then Histologic Type ICD-O-3 cannot be blank. However, if the Date of Diagnosis is blank (unknown), then the of Date of 1st Contact is checked. If the year of Date of 1st Contact is greater than 2000, then Histologic Type ICD-O-3 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Histology ICD03, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 12/24/2009

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1113] If year of %F1 > 2000, then %F2 cannot be blank

If year of Date of Diagnosis > 2000, then Histologic Type ICD-O-3 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2000, then Histologic Type ICD-O-3 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF86

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Histology ICD03, Grade, Date of DX (SEER)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Grade [Std# 440]
Date of Diagnosis [Std# 390]

Default Error Message

[3424] %F2 [%V2] must be 5 when %F1 = %V1
Grade ["value of Grade"] must be 5 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"

Additional Messages

[3425] Grade ["value of Grade"] must be 6 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"
[3426] Grade ["value of Grade"] must be 8 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"
[3427] Grade ["value of Grade"] must be 9 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"
[3508] Grade ["value of Grade"] must be 5, 8, or 9 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"
[4239] Grade ["value of Grade"] must not = 1-4 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"
[4344] Grade ["value of Grade"] must be 5 or 6 when Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3"

Description

This edit validates the coding of grade by histology based on the Hematopoietic and Lymphoid Neoplasm Coding Manual and applies to cases diagnosed 2010 or later.

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations (Appendix B)

This edit is skipped if any of the following conditions are true:

1. Date of Diagnosis is blank or invalid
2. Year of Date of Diagnosis is less than 2010
3. Grade is blank
4. Histologic Type ICD-O-3 is blank

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2

Grade must be 5 for the following Histologic Type ICD-O-3 codes:
9700, 9701, 9702, 9705, 9708, 9709, 9716, 9717, 9718, 9724,
9725, 9726, 9827, 9834, 9837

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G3
Grade must be 6 for the following Histologic Type ICD-O-3 codes:
9591, 9596, 9597, 9659, 9671, 9673, 9678, 9679, 9680,
9687, 9688, 9689, 9690, 9691, 9695, 9698, 9699, 9712,
9731, 9732, 9734, 9737, 9738, 9761, 9762, 9811, 9812, 9813, 9814,
9815, 9816, 9817, 9818, 9823, 9826, 9833, 9940

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2
Grade must be 5 or 6 for the following Histologic Type ICD-O-3 codes:
9714

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G4
Grade must be 8 for the following Histologic Type ICD-O-3 codes:
9719, 9948

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G1
Grade must be 9 for the following Histologic Type ICD-O-3 codes:
9740, 9741, 9742, 9751, 9755, 9756, 9757, 9758, 9759, 9801,
9806, 9807, 9808, 9809, 9875, 9876, 9945, 9946, 9950, 9961,
9962, 9963, 9964, 9975, 9980, 9982, 9983, 9985, 9986, 9989,
9991, 9992

Grade must be 5, 8, or 9 for the following Histologic Type ICD-O-3 code:
9831

Source: Hematopoietic and Lymphoid Neoplasm Database
Grade must not = 1-4 for the following Histologic Type ICD-O-3 codes:
9590, 9650, 9651, 9652, 9653, 9655, 9663, 9727, 9735, 9800, 9820, 9832, 9840, 9860,
9861, 9863, 9865-9867, 9869, 9870-9874, 9891, 9895-9898, 9910, 9911, 9920, 9930,
9931, 9965, 9966, 9967, 9971

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF380

Modifications:

NAACCR v12.2

- Modified to allow grades 5, 8, and 9 for 9831 instead of just grade 5.

NAACCR v13

- Modified for cases diagnosed 2012 and later:
- grade must = 6 for 9826
- grade must = 9 for 9756

NAACCR v15

- Histology code 9714 added as code that must be coded to grade 5 or 6 for diagnosis year 2010 and later
- Histology codes 9659 and 9761 added to list of codes that must be coded to grade 6 for diagnosis year 2010 and later

- Histology codes 9670, 9728, and 9836 removed from list of codes that must be coded to grade 6 for diagnosis year 2010 and later; these codes are obsolete
- Diagnosis year for which histology code 9826 must be coded to grade 6 changed from '2012 and later' to '2010 and later'
- Diagnosis year for which histology code 9756 must be coded to grade 9 changed from '2012 and later' to '2010 and later'
- Histology code 9805 removed from the list of codes that must be coded to grade 9 for diagnosis year 2010 and later; 9805 is obsolete and will be flagged as an error in another edit
- Added list of histologies for which grade must not be 1-4

Histology, Primary Site, Tumor Size, ICDO2 (COC)

Agency: COC

Last changed: 12/24/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

EOD--Tumor Size [Std# 780]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]
Morph--Type&Behav ICD-O-2 [Std# 419]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among EOD--Tumor Size, Primary Site and Histology (92-00) ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 or EOD--Tumor Size is empty or year of Date of Diagnosis is greater than 2000 or blank..

FORDS states that EOD--Tumor Size is be coded unknown (999) for certain sites and types of cancer. The following Primary Site and Histology (92-00) ICD-O-2 codes require EOD--Tumor Size code 999:

Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms:

Primary Site = C420, C421, C423, or C424
and/or

Histology (92-00) = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989.

Multiple myeloma: 9732

Letterer-Siwe disease: 9722

Unknown or ill-defined primary site (Primary Site codes C760-C765, C767, C768, C809)

Please note that these ICD-O-2 histologies correspond to the ICD-O-3 histologies listed in the FORDS Manual.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Histology, Primary Site, Tumor Size, ICDO3 (COC)

Agency: COC

Last changed: 07/15/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

EOD--Tumor Size [Std# 780]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among EOD--Tumor Size, Primary Site and Histologic Type ICD-O-3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 or EOD--Tumor Size is empty or year of diagnosis is greater than 2003.

FORDS states that EOD--Tumor Size is to be coded unknown (999) for certain sites and types of cancer. The following Primary Site and Histologic Type ICD-O-3 codes require EOD--Tumor Size code 999:

Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 and/or Histologic Type ICD-O-3 = 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Multiple myeloma: 9732

Letterer-Siwe disease: 9754

Unknown or ill-defined primary site (Primary Site codes C760-C765, C767, C768, C809)

Administrative Notes

Modifications:

NAACCR v12.1A

- Modified to skip if year of diagnosis is greater than 2003.

ICD Revision Comorbid (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

ICD Revision Comorbid [Std# 3165]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of ICD Revision Comorbid" is not a valid value for ICD Revision Comorbid

Description

Must be a valid code (0, 1, 9) or blank.

Administrative Notes

Modifications:

NACR110B

Edit updated to allow a value of 0 per FORDS.

ICD Revision Number (NPCR)

Agency: NPCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

ICD Revision Number [Std# 1920]

Default Error Message

[294] ICD Revision Number not valid
ICD Revision Number not valid

Description

Must be a valid ICD Revision Number used for Cause of Death code (0, 1, 7-9).

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

ICD Revision Number (SEER ICDCODE)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

ICD Revision Number [Std# 1920]

Default Error Message

[294] ICD Revision Number not valid

ICD Revision Number not valid

Description

Must be a valid ICD Revision Number used for Cause of Death code (0, 1, 7-9) or blank.

Administrative Notes

This edit differs from the NPCR edit of the same name in that it allows the field to be blank. Another edit (SEER Submission Edit 01 (SEER)) verifies that it is filled in prior to submission to SEER.

ICD Revision Number, Cause of Death (NAACCR)

Agency: NAACCR

Last changed: 09/07/2015

Fields

Cause of Death [Std# 1910]
ICD Revision Number [Std# 1920]

Tables

ICD10COD.DBF
ICD10CON.DBF
ICD7COD.DBF
ICD8COD.DBF
ICD9COD.DBF

Default Error Message

[367] Cod & Icd_code conflict
Cod & Icd_code conflict

Description

This edit is skipped if any of the fields are blank.

ICDA-8 & ICD-9 codes consist of 4 digits while ICD-10 consists of an upper case letter followed by 2 or 3 digits. This version of the edit allows 3-character ICD-10 codes to be coded with either a 9 or a blank in the fourth character.

If Cause of Death = 0000 (alive), then ICD Revision Number for Cause of Death must = 0 (alive); if ICD Revision Number = 0 (alive), then Cause of Death must = 0000 (alive).

Cause of Death codes 7777 (state death certificate not available) and 7797 (state death certificate available, but cause of death is not coded) are valid for all ICD revision numbers.

If the ICD Revision Number for Cause of Death is 7, 8, 9 or 10, the Cause of Death must be a valid code of the 7th, 8th, 9th, or 10th revision of ICD. The valid codes for each revision may be found in the appropriate volume published by the World Health Organization. See the SEER Program Code Manual for special rules for coding Underlying Cause of Death.

Administrative Notes

This edit differs from the SEER edit of the same name in that it is skipped if any of the fields are blank.

Modifications:

NAACCR v11.2

8/2007

Edit was modified to allow Cause of Death Code 9599 for ICD Revision Number of 9.

NAACCR v11.3

1/2008

The following ICD-10 codes were added:

B334,E164,G904,I150,I159,J099,K227,K850,K851,K852,K853,
K858,K859,M317,M797,P916,R296,R502,R508,U049,W469,X590,
X599

- The following ICD-9 code was added: 9599

NAACCR v13

- The following ICD-10 codes were added:

A090, B179 ,D685, D686, D893, E883, G149, G214, H549, I725, J123, J211, K123, K352, K353, K358, K523, L890,
L891, L892, L893, N181, N182, N183, N184, N185, N423, O142, O432, O960, O961, O970, O971, O987, R263,
R636, X340, X341, X348

NAACCR v15A

- Edit logic rewritten to use ICD7COD.DBF, ICD8COD.DBF, ICD9COD.DBF, and ICD10COD.DBF instead of
IF37CODE.BIN, ICD10TBL.BIN, and CD10LTR.DBF, to validate ICD Revision/Cause of Death codes.

ICD Revision Number, Cause of Death (SEER IF37)

Agency: SEER

Last changed: 09/07/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Cause of Death [Std# 1910]
ICD Revision Number [Std# 1920]

Tables

ICD10COD.DBF
ICD10CON.DBF
ICD7COD.DBF
ICD8COD.DBF
ICD9COD.DBF

Default Error Message

[367] Cod & Icd_code conflict
Cod & Icd_code conflict

Description

ICDA-8 & ICD-9 codes consist of 4 digits while ICD-10 consists of an upper case letter followed by 2 or 3 digits. This version of the edit allows 3-character ICD-10 codes to be coded with either a 9 or a blank in the fourth character.

If Cause of Death = 0000 (alive), then ICD Revision Number for Cause of Death must = 0 (alive); if ICD Revision Number = 0 (alive), then Cause of Death must = 0000 (alive).

Cause of Death codes 7777 (state death certificate not available) and 7797 (state death certificate available, but cause of death is not coded) are valid for all ICD revision numbers.

If the ICD Revision Number for Cause of Death is 7, 8, 9 or 10, the Cause of Death must be a valid code of the 7th, 8th, 9th, or 10th revision of ICD. The valid codes for each revision may be found in the appropriate volume published by the World Health Organization. See the SEER Program Code Manual for special rules for coding Underlying Cause of Death.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF37

This edit differs from the NAACCR edit of the same name in that it expects both fields to always be filled in.

Modifications:

NAACCR v11.2

8/2007

Edit was modified to allow Cause of Death Code 9599 for ICD Revision Number of 9.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

- The following ICD-10 codes were added:

B334,E164,G904,I150,I159,J099,K227,K850,K851,K852,K853,
K858,K859,M317,M797,P916,R296,R502,R508,U049,W469,X590,
X599

- The following ICD-9 code was added: 9599

NAACCR v13

- The following ICD-10 codes were added:

A090, B179 ,D685, D686, D893, E883, G149, G214, H549, I725, J123, J211, K123, K352, K353, K358, K523, L890,
L891, L892, L893, N181, N182, N183, N184, N185, N423, O142, O432, O960, O961, O970, O971, O987, R263,
R636, X340, X341, X348

NAACCR v15A

- Edit logic rewritten to use ICD7COD.DBF, ICD8COD.DBF, ICD9COD.DBF, and ICD10COD.DBF instead of IF37CODE.BIN, ICD10TBL.BIN, and CD10LTR.DBF, to validate ICD Revision/Cause of Death codes.

ICD Revision, Vital Stat, Date Last Contact (NPCR)

Agency: NPCR

Last changed: 12/24/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Vital Status [Std# 1760]
Date of Last Contact [Std# 1750]
ICD Revision Number [Std# 1920]
Cause of Death [Std# 1910]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Vital Status, Date of Last Contact, and ICD Revision Number

Additional Messages

ERROR_TEXT("Date of Last Contact: %DC")

Description

This edit is skipped if ICD Revision Number or Date of Last Contact is blank.

If Vital Status equal 0 (dead) or 4 (dead):

If year of Date of Last Contact is greater than 1978
and less than 1999, then ICD Revision Number must not
equal 0 (patient alive at last follow-up) or 1 (ICD-10).

If year of Date of Last Contact is equal 1999, then ICD
Revision Number must equal 9 (ICD-9) or 1 (ICD-10).

If year of Date of Last Contact is greater than 1999,
then ICD Revision Number must equal 1 (ICD-10).

If Vital Status equals 1 (alive), ICD Revision must equal 0 (patient alive at last
follow-up).

Administrative Notes

Modifications:

NAACCR v11.3
1/2008

This edit was modified so that it will force the Cause of Death code to be displayed in the list of fields even though it is not actually used in the edit logic. Displaying the Cause of Death code should make it easier to resolve this edit since this error is often caused by the Cause of Death code being coded to the wrong ICD version.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

ICD Revision, Vital Stat, Date Last Cont (SEER IF113)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Vital Status [Std# 1760]

Date of Last Contact [Std# 1750]

ICD Revision Number [Std# 1920]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3

Conflict among Vital Status, Date of Last Contact, and ICD Revision Number

Additional Messages

ERROR_TEXT("Date of Last Contact: %DC")

Description

This edit is skipped if Date of Last Contact is blank.

If year of Date of Last Contact is greater than 1998 and Vital Status = 0 or 4 (dead), then ICD Revision Number must equal 1 (ICD-10).

If year of Date of Last Contact is 1979-1998 and Vital Status = 0 or 4 (dead), then ICD Revision must equal 9 (ICD-9).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF113

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Edit is no longer skipped if ICD Revision Number is blank.

ICD-O-2 Conversion Flag (SEER ICDOREV)

Agency: SEER

Last changed: 03/31/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

ICD-O-2 Conversion Flag [Std# 1980]

Default Error Message

[319] ICDO-2 Conversion Flag not valid
ICDO-2 Conversion Flag not valid

Description

Must be a valid ICD-O-2 Conversion Flag code 0-6 or blank.

ICD-O-2 Conversion Flag, Hist, Behav (SEER IF70)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

ICD-O-2 Conversion Flag [Std# 1980]

Histology (92-00) ICD-O-2 [Std# 420]

Behavior (92-00) ICD-O-2 [Std# 430]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among ICD-O-2 Conversion Flag, Histology (92-00) ICD-O-2 and Behavior (92-00) ICD-O-2

Description

If Histology (92-00) is blank and Behavior (92-00) ICD-O-2 is blank, then the ICD-O-2 Conversion Flag must be blank.

If Histology (92-00) is not blank and Behavior (92-00) ICD-O-2 is not blank, then the ICD-O-2 Conversion Flag must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF70

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

ICD-O-3 Conversion Flag (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

ICD-O-3 Conversion Flag [Std# 2116]

Default Error Message

[1023] %F1 is not valid
ICD-O-3 Conversion Flag is not valid

Description

Must be a valid ICD-O-3 Conversion Flag code 0, 1, 3, or blank.

Administrative Notes

Modifications:

NACR110C:

08/20/06

Edit was allowing 0-4 and blank based on Volume II, Version 9.1. However, the standard changed as of Volume II, Version 10, to allow only 0, 1, 3, and blank. Edit has now been updated accordingly.

ICD-O-3 Conversion Flag, Histology ICDO3(SEER IF95)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

ICD-O-3 Conversion Flag [Std# 2116]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1016] %F1 and %F2 conflict
ICD-O-3 Conversion Flag and Histologic Type ICD-O-3 conflict

Description

If ICD-O-3 Conversion Flag is not blank (that is, the record was converted from ICD-O-2 to ICD-O-3), then Histologic Type ICD-O-3 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF95

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

IHS Link (NPCR)

Agency: NPCR

Last changed: 06/17/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

IHS - Variables Required for IHS Linkage

SEER: Vs 16 Transmit Edits

Fields

IHS Link [Std# 192]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of IHS Link" is not a valid value for IHS Link

Description

Must be a valid code (0, 1) or blank.

Industry Source (NPCR)

Agency: NPCR

Last changed: 03/29/1997

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Industry Source [Std# 300]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Industry Source" is not a valid value for Industry Source

Description

The one-character field Industry Source must be blank or it must contain 0, 1, 2, 3, 7, 8, or 9.

Inpatient Status (NAACCR)

Agency: NAACCR

Last changed: 10/18/2009

Fields

Inpatient Status [Std# 605]

Default Error Message

[3311] %F1 (%V1) is invalid
Inpatient Status ("value of Inpatient Status") is invalid

Description

Must be a valid Inpatient Status code (0, 1, 9) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Institution Referred From (COC)

Agency: COC

Last changed: 03/10/2003

Fields

Institution Referred From [Std# 2410]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Institution Referred From" is not a valid value for Institution Referred From

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Institution Referred From, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be numeric, right-justified, zero-filled, or all blanks.

Institution Referred From, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Fields

Institution Referred From [Std# 2410]

Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank

If Date of Diagnosis > 2002 Institution Referred From cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Institution Referred From cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Institution Referred To (COC)

Agency: COC

Last changed: 03/10/2003

Fields

Institution Referred To [Std# 2420]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Institution Referred To" is not a valid value for Institution Referred To

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Institution Referred To, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be numeric, right-justified, zero-filled, or all blanks.

Institution Referred To, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Fields

Institution Referred To [Std# 2420]

Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank

If Date of Diagnosis > 2002 Institution Referred To cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Institution Referred To cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Laterality (SEER LATERAL)

Agency: SEER

Last changed: 04/08/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Laterality [Std# 410]

Default Error Message

[272] Laterality not valid
Laterality not valid

Description

Must be a valid Laterality code (0-5, 9).

Administrative Notes

Modifications

NAACCR v12

4/2009

- Code 5 (Paired site: midline tumor) added

Laterality, Primary Site (COC)

Agency: COC

Last changed: 06/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Laterality [Std# 410]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
Laterality ("value of Laterality") and Primary Site ("value of Primary Site") conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

The following paired organ sites must have a code other than zero for laterality:

C079	Parotid gland
C080	Submandibular gland
C081	Sublingual gland
C090	Tonsillar fossa
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear
C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joint
C441	Skin of eyelid
C442	Skin of external ear
C443	Skin of other and unspecified parts of face (midline code `9' for pre-2010, code '5' for 2010+; code '5' may also be used for pre-2010 cases)
C445	Skin of trunk (midline code `9' for pre-2010, code '5' for 2010+; code '5' may also be used for pre-2010 cases)
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower

	limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

If the year of Date of Diagnosis is greater than 2003 and not blank, then the following CNS Primary Sites must have a code other than zero for laterality:

C700	Cerebral meninges, NOS
C710	Cerebrum
C711	Frontal lobe
C712	Temporal lobe
C713	Parietal lobe
C714	Occipital lobe
C722	Olfactory nerve
C723	Optic nerve
C724	Acoustic nerve
C725	Cranial nerve, NOS

Administrative Notes

This edit differs from the SEER edit "Laterality, Primary Site, Date of Diag (SEER IF24)" in that:

1. Except for the CNS sites, it does not use the Date of Diagnosis when requiring a laterality code other than zero for paired organ sites.
2. Laterality code 5 (Paired site: midline tumor) is allowed for all years of diagnosis.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Deleted logic requiring non-paired sites with diagnosis dates 2003+ to be coded with Laterality of 0; that is, non-paired sites may now be coded with laterality. This is true for all years of diagnosis.
- Edit is no longer skipped if Primary Site = C300, C340, C413, or C414.

NAACCR version of this edit will be deleted.

NAACCR v15A

- Description updated to specify use of code '5' (midline) for C443 and C445; logic is correct as is

Laterality, Primary Site, Date of Diag (SEER IF24)

Agency: SEER

Last changed: 02/10/2011

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Laterality [Std# 410]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Laterality and Date of Diagnosis

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

The following paired organ sites must have a code other than zero for Laterality:

C079	Parotid gland
C080	Submandibular gland
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear
C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

For cases diagnosed after 1978 or Date of Diagnosis is blank (unknown), and one of the following sites, Laterality must not be zero:

C081	Sublingual gland
C090	Tonsillar fossa
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints

C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C441	Skin of eyelid
C442	Skin of external ear
C443	Skin of other and unspecified parts of face (midline code `9' for pre-2010, code '5' for 2010+)
C445	Skin of trunk (midline code `9' for pre-2010, code '5' for 2010+)
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip

For cases diagnosed after 2003 or Date of Diagnosis is blank (unknown), and one of the following sites, Laterality must not be zero:

C700	Cerebral meninges, NOS
C710	Cerebrum
C711	Frontal lobe
C712	Temporal lobe
C713	Parietal lobe
C714	Occipital lobe
C722	Olfactory nerve
C723	Optic nerve
C724	Acoustic nerve
C725	Cranial nerve, NOS

Laterality code of 5 (paired site: midline tumor) is allowed only for cases diagnosed 2010 or later and only for these paired brain and CNS sites: C700, C710-C714, C722-C725, and these paired skin sites: C443 and C445.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF24

This edit differs from the COC edit "Laterality, Primary Site, Date of Diag (COC)" in that:

1. The COC version, except for the CNS sites, does not use the Date of Diagnosis when requiring a laterality code other than zero for paired organ sites.
2. The COC version allows Laterality code 5 (Paired site: midline tumor) for all years of diagnosis; the SEER version allows code 5 only for cases diagnosed 2010 and later.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit is skipped if Date of Diagnosis is blank.
- Code 5 (paired site: midline tumor) is allowed only for 2010+ cases.

NAACCR v12.1

- Laterality code of 5 (paired site: midline tumor) is allowed only for cases diagnosed 2010 or later and only for these paired brain and CNS sites: C700, C710-C714, C722-C725, and these paired skin sites: C443 and C445.

Laterality, Primary Site, Morph ICDO3 (SEER IF42)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Laterality [Std# 410]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Over-ride Site/Lat/Morph [Std# 2074]

Tables

PAIRORGN.DBF

Default Error Message

[517] Lateral, Site, Behavior conflict - ICDO3
Lateral, Site, Behavior conflict - ICDO3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following is true:

1. Histologic Type ICD-O-3 is empty
2. Histologic Type ICD-O-3 >= 9590
3. Diagnosis year is greater than 1987 or is blank, and Histologic Type ICD-O-3 = 9140
4. Over-ride Site/Lat/Morph field contains a '1'(review complete)

If the Primary Site is a paired organ (see lists below) and the Behavior Code ICD-O-3 is in situ (`2'), then Laterality must be `1', `2', `3', or `5', meaning right: origin of primary; left: origin of primary; or only one side involved, right or left origin unspecified; paired site: midline tumor.

For all diagnosis years the following are considered paired organ sites for purposes of this edit:

C079	Parotid gland
C080	Submandibular gland
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear

C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

For cases diagnosed after 1978 or if diagnosis date is blank, the following are also considered paired organ sites for purposes of this edit:

C081	Sublingual gland
C090	Tonsillar fossa
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C441	Skin of eyelid
C442	Skin of external ear
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF42_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Modified to include laterality code 5 (paired site: midline tumor).

Lymphoma ICD03, Site, Summ Stg 1977 (NAACCR)

Agency: NAACCR

Last changed: 04/28/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Primary Site [Std# 400]

Histologic Type ICD-O-3 [Std# 522]

SEER Summary Stage 1977 [Std# 760]

Default Error Message

[1060] Lymphoma - invalid SEER Summary Stage 1977

Lymphoma - invalid SEER Summary Stage 1977

Description

The purpose of this edit is to accommodate cases that have been converted from ICD-O-2 to ICD-O-3.

This edit is skipped if SEER Summary Stage 1977 is blank.

If case is a lymphoma (Histologic Type ICD-O-3) = 9590-9699, 9702-9729):

1. If Primary Site = C770-C779 (lymph nodes), then SEER Summary Stage 1977 cannot equal 3 or 4.
2. If Primary Site = C778, then SEER Summary Stage 1977 cannot equal 1 (localized).

Lymphoma, EOD--Ext, Summ Stg 1977, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 12/28/2009

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
EOD--Extension [Std# 790]
SEER Summary Stage 1977 [Std# 760]
Date of Diagnosis [Std# 390]

Default Error Message

[1059] Lymphoma - invalid Extension or Summary Stage
Lymphoma - invalid Extension or Summary Stage

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank or greater than 2000
2. EOD--Extension is blank
3. SEER Summary Stage 1977 is blank

If Primary Site = C770-C779 (lymph nodes) and the case is a lymphoma (Histology (92-00) ICD-O-2) = 9590-9595, 9650-9698, 9702-9717), then the following conditions are checked:

1. If EOD--Extension = 10 or 11, then SEER Summary Stage 1977 must = 1.
2. If EOD--Extension = 20 or 21, then SEER Summary Stage 1977 must = 5.
3. If EOD--Extension = 30-80, then SEER Summary Stage 1977 must = 7.
4. If EOD--Extension = 99, then SEER Summary Stage 1977 must = 9.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Lymphoma, EOD--Ext, Summ Stg 2000, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 04/28/2007

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
EOD--Extension [Std# 790]
SEER Summary Stage 2000 [Std# 759]

Default Error Message

[1127] Lymphoma - invalid Extension or Summary Stage 2000
Lymphoma - invalid Extension or Summary Stage 2000

Description

This edit is skipped if EOD--Extension or SEER Summary Stage 2000 is blank.

If Primary Site = C770-C779 (lymph nodes) and the case is a lymphoma (Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729), then the following conditions are checked:

1. If EOD--Extension = 10 or 11, then SEER Summary Stage 2000 must = 1.
2. If EOD--Extension = 20 or 21, then SEER Summary Stage 2000 must = 5.
3. If EOD--Extension = 30-80, then SEER Summary Stage 2000 must = 7.
4. If EOD--Extension = 99, then SEER Summary Stage 2000 must = 9.

Lymphoma, EOD--Tumor Size, ICD02 (NAACCR)

Agency: NAACCR

Last changed: 12/28/2009

Fields

Histology (92-00) ICD-O-2 [Std# 420]

EOD--Tumor Size [Std# 780]

Date of Diagnosis [Std# 390]

Default Error Message

[1053] Lymphoma - Tumor Size must = 001, 002, or 999

Lymphoma - Tumor Size must = 001, 002, or 999

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank or greater than 2000
2. Histology (92-00) ICD-O-2 is blank
3. EOD--Tumor Size is blank

This edit verifies that lymphomas (Histology (92-00) ICD-O-2 = 9590-9698, 9702-9717) have a EOD--Tumor Size of 001, 002, or 999.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Lymphoma, EOD--Tumor Size, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 07/15/2011

Fields

EOD--Tumor Size [Std# 780]

Histologic Type ICD-O-3 [Std# 522]

Date of Diagnosis [Std# 390]

Default Error Message

[1053] Lymphoma - Tumor Size must = 001, 002, or 999

Lymphoma - Tumor Size must = 001, 002, or 999

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 or EOD--Tumor Size is empty or year of diagnosis is greater than 2003.

This edit verifies that lymphomas (Histologic Type ICD-O-3 = 9590-9699, 9702-9729) have a EOD--Tumor Size of 001, 002, or 999.

Administrative Notes

Modifications:

NAACCR v12.1A

- Modified to skip if year of diagnosis is greater than 2003.

Lymphoma, Prim Site, Summ Stg 1977, ICD02 (NAACCR)

Agency: NAACCR

Last changed: 12/28/2009

Fields

Histology (92-00) ICD-O-2 [Std# 420]
Primary Site [Std# 400]
SEER Summary Stage 1977 [Std# 760]
Date of Diagnosis [Std# 390]

Default Error Message

[1060] Lymphoma - invalid SEER Summary Stage 1977
Lymphoma - invalid SEER Summary Stage 1977

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank or greater than 2000
2. SEER Summary Stage 1977 is blank

This edit is skipped if SEER Summary Stage 1977 is blank or year of Date of Diagnosis is greater than 2000.

If case is a lymphoma (Histology (92-00) ICD-O-2) = 9590-9595, 9650-9698, 9702-9717):

1. If Primary Site = C770-C779 (lymph nodes), then SEER Summary Stage 1977 cannot equal 3 or 4.
2. If Primary Site = C778, then SEER Summary Stage 1977 cannot equal 1 (localized).

Administrative Notes

Modifications:

NAACCR v11.3
6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Lymphoma, TNM, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 12/28/2009

Fields

Histology (92-00) ICD-O-2 [Std# 420]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]

Default Error Message

[1052] Lymphoma - TNM fields T, N, and M must = 88
Lymphoma - TNM fields T, N, and M must = 88

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank or greater than 2000
2. Histology (92-00) ICD-O-2 is blank
3. All of the TNM fields T, N, and M (TNM Clin T, TNM Clin N, TNM Clin M, TNM Path T, TNM Path N, TNM Path M) are blank.

This edit verifies that lymphomas (Histology (92-00) ICD-O-2 = 9590-9698, 9702-9717) have AJCC T, N, and M values of 88.

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Lymphoma, TNM, ICDO3 (COC)

Agency: COC

Last changed: 01/12/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
Primary Site [Std# 400]

Default Error Message

[1052] Lymphoma - TNM fields T, N, and M must = 88
Lymphoma - TNM fields T, N, and M must = 88

Additional Messages

[3239] Lymphoma, all Clin T,N,M fields must = 88, Path T,N,M fields must = 88 or blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is > 2009 and Primary Site = C441, C690, C695, or C696

This edit is skipped if all of the TNM fields T, N, and M (TNM Clin T, TNM Clin N, TNM Clin M, TNM Path T, TNM Path N, TNM Path M) are blank.

This edit verifies that lymphomas (Histologic Type ICD-O-3 = 9590-9699, 9702-9729) have AJCC T, N, and M values of 88.

If year of Date of Diagnosis is less than 2008:

TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88
TNM Path T = 88
TNM Path N = 88
TNM Path M = 88

If year of Date of Diagnosis is greater than 2007:

TNM Clin T = 88
TNM Clin N = 88
TNM Clin M = 88

TNM Path T = 88 or blank
TNM Path N = 88 or blank
TNM Path M = 88 or blank

(TNM path stage information may be left blank for cases diagnosed 2008 and later.)

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

This edit differs from the NAACCR edit of the same name in that it takes into account that TNM Path T, TNM Path N, and TNM Path M may be blank for cases diagnosed 2008 and later.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if year of diagnosis > 2009 and primary site = C441, C690, C695, or C696.

Lymphoma, TNM, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 01/12/2010

Fields

Histologic Type ICD-O-3 [Std# 522]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]

Default Error Message

[1052] Lymphoma - TNM fields T, N, and M must = 88
Lymphoma - TNM fields T, N, and M must = 88

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is > 2009 and Primary Site = C441, C690, C695, or C696

This edit is skipped if all of the TNM fields T, N, and M (TNM Clin T, TNM Clin N, TNM Clin M, TNM Path T, TNM Path N, TNM Path M) are blank.

This edit verifies that lymphomas (Histologic Type ICD-O-3 = 9590-9699, 9702-9729) have AJCC T, N, and M values of 88.

Administrative Notes

This edit differs from the COC edit of the same name in that, for a lymphoma case, if any TNM T, N, or M fields are coded, then all TNM fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Path T, TNM Path N, and TNM Path M) must be coded. The COC version no longer requires the TNM Path items for cases diagnosed 2008 and later.

Modifications:

NAACCR v11.2
11/2007

This edit was updated to document how it differs from the new COC edit of the same name.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Modified to skip if year of diagnosis > 2009 and primary site = C441, C690, C695, or C696.

Lymph-vascular Invasion (CS)

Agency: CS

Last changed: 11/22/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Lymph-vascular Invasion [Std# 1182]

Default Error Message

[3311] %F1 (%V1) is invalid
Lymph-vascular Invasion ("value of Lymph-vascular Invasion") is invalid

Description

Must be a valid Lymph-vascular Invasion code: 0 (lymph-vascular invasion not present/not identified), 1 (lymph-vascular invasion present/identified), 8 (not applicable), 9 (unknown if lymph-vascular invasion present), or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Lymph-vascular Invasion, Date of Dx (SEER)

Agency: SEER

Last changed: 05/22/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Lymph-vascular Invasion [Std# 1182]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]

Default Error Message

[5050] If %F4 is >2009, %F2 must not be blank. %F2 must not = 8 for Penis or Testis
If Date of Diagnosis is >2009, Lymph-vascular Invasion must not be blank. Lymph-vascular Invasion must not = 8 for Penis or Testis

Description

If year of Date of Diagnosis is greater than 2009, then Lymph-vascular Invasion cannot be blank and Lymph-vascular Invasion must not = 8 (not applicable) for Penis and Testis only Lymph-vascular Invasion may be blank for all other schemas)but if filled in it must be a valid value.

Administrative Notes

New Edit for V16.
SEER IF557

Lymph-vascular Invasion, Histology, Behav (COC)

Agency: COC

Last changed: 07/14/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Histologic Type ICD-O-3 [Std# 522]
Lymph-vascular Invasion [Std# 1182]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[4042] If %F1 = 9590-9992, %F2 must = 8
If Histologic Type ICD-O-3 = 9590-9992, Lymph-vascular Invasion must = 8

Additional Messages

[3552] If Histologic Type ICD-O-3 not = 9590-9992, Lymph-vascular Invasion must not = 8
[3553] If Behavior Code ICD-O-3 = "value of Behavior Code ICD-O-3", Lymph-vascular Invasion must not = 1

Description

This edit is skipped if either Lymph-vascular Invasion or Histologic Type ICD-O-3 is blank.

If Histologic Type ICD-O-3 = 9590-9992 (lymphoma and hematopoietic), then Lymph-vascular Invasion must = 8 (not applicable).

If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

For all other Histologic Type ICD-O-3 and Behavior ICD-O-3 codes, Lymph-vascular Invasion must not = 8.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This edit differs from the CS edit of the same name in that it allows a Lymph-vascular Invasion code of 8 (not applicable) only for lymphoma and hematopoietic cases (Histologic Type ICD-O-3 = 9590-9992. Since this field is required by COC, it is not allowed to be 8 for any other cases.

Modifications

NAACCR v14A

- Edit name changed from 'Lymph-vascular Invasion, Histology ICDO3 (COC)' to 'Lymph-vascular Invasion, Histology, Behav (COC)'

- Added logic: If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

Lymph-vascular Invasion, Histology, Behav (CS)

Agency: CS

Last changed: 07/10/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Lymph-vascular Invasion [Std# 1182]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[4042] If %F1 = 9590-9992, %F2 must = 8
If Histologic Type ICD-O-3 = 9590-9992, Lymph-vascular Invasion must = 8

Additional Messages

[3553] If Behavior Code ICD-O-3 = "value of Behavior Code ICD-O-3", Lymph-vascular Invasion must not = 1

Description

This edit is skipped if either Lymph-vascular Invasion or Histologic Type ICD-O-3 is blank.

If Histologic Type ICD-O-3 = 9590-9992 (lymphoma and hematopoietic), then Lymph-vascular Invasion must = 8 (not applicable).

If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

Administrative Notes

New edit - added to NAACCR v12C metafile.

This edit differs from the COC edit of the same name in that it allows a Lymph-vascular Invasion of 8 (not applicable) for cases that are not lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9992)

In the SEER*Edits software, the title of this edit is: IF318

Modifications

NAACCR v13A
Added SEER IF number (IF318)

NAACCR v14

- Information was added to the Administrative Notes explaining how this version of the edit differs from the COC edit of the same name.

Modifications

NAACCR v14A

- Edit name changed from 'Lymph-vascular Invasion, Histology ICDO3 (CS)' to 'Lymph-vascular Invasion, Histology, Behav (CS)'
- Added logic: If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

Lymph-vascular Invasion, Penis and Testis (CS)

Agency: CS

Last changed: 10/07/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Lymph-vascular Invasion [Std# 1182]
CS Site-Specific Factor25 [Std# 2879]

Default Error Message

[4206] Penis/Testis schema: %F4 must not = 8
Penis/Testis schema: Lymph-vascular Invasion must not = 8

Additional Messages

SAVE_TEXT("t_schema_msg")

Description

This edit is skipped if:

1. Lymph-vascular Invasion is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If CS schema is Penis or Testis

THEN

Lymph-vascular Invasion must not = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v13A

In the SEER*Edits software, the title of this edit is: IF459

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

Marital Status at DX (SEER MARITAL)

Agency: SEER

Last changed: 11/09/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Marital Status at DX [Std# 150]

Default Error Message

[266] Marital Status at DX not valid
Marital Status at DX not valid

Description

Must be a valid Marital Status at DX code (1-6,9) or blank.

Codes

- 1 Single (never married)
- 2 Married (including common law)
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered)
- 9 Unknown

Administrative Notes

Modifications:

NAACCR v11.3

01/08

- Edit was updated to allow blank.

NAACCR v12.1

- Code "6" added to the list of allowable codes.

Marital Status at DX, Age at Diagnosis (SEER IF14)

Agency: SEER

Last changed: 12/28/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Marital Status at DX [Std# 150]
Age at Diagnosis [Std# 230]

Default Error Message

[344] Age_dx & Mar_stat conflict
Age_dx & Mar_stat conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Registry ID = 0000001542 (Kentucky) AND [year of Date of Diagnosis < 2000 or blank] AND Marital Status at DX is blank, no further editing is performed.

If Age at Diagnosis < 15, Marital Status at DX must = 1 (single, never married).

Additional Information:

This edit assumes that persons diagnosed with cancer at ages less than 15 are single (never married). Even if a marital status is not specified in the medical record, do not code marital status unknown if the patient is under 15 years of age at diagnosis. Check that the marital status is coded correctly and that the age, date of birth and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF14

Modifications:

NAACCR v11.3
6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Edit modified to skip cases from Kentucky diagnosed before 2000 where Marital Status at DX is blank.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Medical Record Number (COC)

Agency: COC

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Medical Record Number [Std# 2300]

Default Error Message

[1029] %F1 must be right-justified with leading spaces
Medical Record Number must be right-justified with leading spaces

Description

Item may be blank. Must be right-justified with leading blanks.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Medical Record Number, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"b*?+" changed to "{b}*{?}+"

Medical Record Number (NAACCR)

Agency: NAACCR

Last changed: 03/24/2016

Fields

Medical Record Number [Std# 2300]

Default Error Message

[1029] %F1 must be right-justified with leading spaces
Medical Record Number must be right-justified with leading spaces

Description

Must be right-justified with leading blanks.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"b*?+" changed to "{b}*{?}+"

NAACCR v16

Edit was modified to not allow the field to be blank. (Modification to NAACCR v15A inadvertently caused the edit to pass when the field is blank.)

Medical Record Number, Date of Diagnosis (COC)

Agency: COC

Last changed: 12/28/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Medical Record Number [Std# 2300]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Medical Record Number cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 1995, then Medical Record Number cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Mets at DX-BBDLLO, HemeRetic (SEER)

Agency: SEER

Last changed: 06/09/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Mets at DX-Bone [Std# 1112]
Mets at DX-Brain [Std# 1113]
Mets at Dx-Distant LN [Std# 1114]
Mets at DX-Liver [Std# 1115]
Mets at DX-Lung [Std# 1116]
Mets at DX-Other [Std# 1117]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[6000] Mets at DX fields are invalid for site/hist combination.
Mets at DX fields are invalid for site/hist combination.

Description

The purpose of this edit is to verify that the Mets at DX-Bone, Brain, Distant LN, Liver, Lung, and Other fields are coded to 8 (not applicable) for the appropriate site/histology combinations.

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Mets at DX fields are all empty

If site and histology are included in the Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone not = 8
2. If Mets at DX-Brain not = 8
3. If Mets at DX-Distant LN not = 8
4. If Mets at DX-Liver not = 8
5. If Mets at DX-Lung not = 8
6. If Mets at DX-Other not = 8

If site and histology are NOT included in the Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone = 8
2. If Mets at DX-Brain = 8
3. If Mets at DX-Distant LN = 8
4. If Mets at DX-Liver = 8
5. If Mets at DX-Lung = 8
6. If Mets at DX-Other = 8

The Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms are identified as follows within the edit logic as follows:

Heme1 - HemeRetic neoplasms for all sites: Histologic Type ICD-O-3 9740-9809,9840-9992

Heme2 - HemeRetic neoplasms except when occurring in Ocular Adnexal sites: Histologic Type ICD-O-3 9820, 9826, 9831-9834 with Primary Site C000-C440, C442-C689, C691-C694, C698-C809

Heme3 - Neoplasms manifesting as leukemia or lymphoma: Histologic Type ICD-O-3 9811-9818, 9823, 9827, 9837 with Primary Site C420, C421, C424

Plasma - Plasma Cell Disorders: Histologic Type ICD-O-3 9731, 9732, 9734 with Primary Site C000-C440, C442-C689, C691-C694, C698-C809

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER Edit IF619

Mets at DX-Bone (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Bone [Std# 1112]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at DX-Bone must be 0, 1, 8, 9

Description

Must be a valid Mets at DX-Bone code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether bone is involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Bone, Date of Diagnosis

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Bone [Std# 1112]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at DX-Bone and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Bone cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Bone must be blank.

Administrative Notes

Added to the v16 metafile
SEER IF539

Mets at DX-Bone, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Bone [Std# 1112]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Bone, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Bone = "value of Mets at DX-Bone", both TNM Clin M and TNM Path M must not = no metastasis
[6006] if Mets at DX-Bone="value of Mets at DX-Bone" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"
[6007] if Mets at DX-Bone = "value of Mets at DX-Bone" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Bone and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank.
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Bone is blank

1. If Mets at DX-Bone = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Bone = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Bone = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

Mets at DX-Brain (SEER)

Agency: SEER

Last changed: 05/17/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Brain [Std# 1113]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at DX-Brain must be 0, 1, 8, 9

Description

Must be a valid Mets at DX-Brain code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether brain is involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Brain , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Brain [Std# 1113]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at DX-Brain and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Brain cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Brain must be blank.

Administrative Notes

Added to the v16 metafile
SEER IF540

Mets at DX-Brain, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Brain [Std# 1113]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Brain, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Brain = "value of Mets at DX-Brain", both TNM Clin M and TNM Path M must not = no metastasis
[6006] if Mets at DX-Brain="value of Mets at DX-Brain" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"
[6007] if Mets at DX-Brain = "value of Mets at DX-Brain" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Brain and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma).
6. Mets at DX-Brain is blank

1. If Mets at DX-Brain = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Brain = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).

3. if Mets at DX-Brain = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

Mets at DX-Distant LN (SEER)

Agency: SEER

Last changed: 05/17/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at Dx-Distant LN [Std# 1114]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at Dx-Distant LN must be 0, 1, 8, 9

Description

Must be a valid Mets at Dx-Distant LN code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether distant lymph node(s) is/are an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Distant LN , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at Dx-Distant LN [Std# 1114]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at Dx-Distant LN and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Distant LN cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Distant LN must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF541)

Mets at DX-Distant LN, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at Dx-Distant LN [Std# 1114]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at Dx-Distant LN, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at Dx-Distant LN = "value of Mets at Dx-Distant LN", both TNM Clin M and TNM Path M must not = no metastasis
[6006] if Mets at Dx-Distant LN="value of Mets at Dx-Distant LN" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"
[6007] if Mets at Dx-Distant LN = "value of Mets at Dx-Distant LN" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Distant LN and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Distant LN is blank

1. If Mets at DX-Distant LN = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Distant LN = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Distant LN = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

Mets at DX-Liver (SEER)

Agency: SEER

Last changed: 05/17/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Liver [Std# 1115]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at DX-Liver must be 0, 1, 8, 9

Description

Must be a valid Mets at DX-Liver code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether liver is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Liver , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Liver [Std# 1115]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at DX-Liver and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Liver cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Liver must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF542)

Mets at DX-Liver, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Liver [Std# 1115]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Liver, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Liver = "value of Mets at DX-Liver", both TNM Clin M and TNM Path M must not = no metastasis

[6006] if Mets at DX-Liver="value of Mets at DX-Liver" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"

[6007] if Mets at DX-Liver = "value of Mets at DX-Liver" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Liver and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
 2. Type of Reporting Source = 7 (Death Certificate Only)
 3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 3. TNM Clin M and TNM Path M are both blank
 4. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
 1. Mets at DX-Liver is blank
-
1. If Mets at DX-Liver = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
 2. If Mets at DX-Liver = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
 3. if Mets at DX-Liver = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

Mets at DX-Lung (SEER)

Agency: SEER

Last changed: 05/17/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Lung [Std# 1116]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at DX-Lung must be 0, 1, 8, 9

Description

Must be a valid Mets at DX-Lung code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether lung is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Lung , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Lung [Std# 1116]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at DX-Lung and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Lung cannot be blank.

If year of Date of Diagnosis is less, than 2016, then Mets at Dx-Lung must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF543)

Mets at DX-Lung, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Lung [Std# 1116]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Lung, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Lung = "value of Mets at DX-Lung", both TNM Clin M and TNM Path M must not = no metastasis

[6006] if Mets at DX-Lung="value of Mets at DX-Lung" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"

[6007] if Mets at DX-Lung = "value of Mets at DX-Lung" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Lung and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Lung is blank

1. If Mets at DX-Lung = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Lung = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Lung = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

This edit differs from the COC edit of the same name in including code 2, carcinomatosis, in the description.

Mets at DX-Other (COC)

Agency: COC

Last changed: 06/07/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Mets at DX-Other [Std# 1117]

Default Error Message

[1208] %F1 must be 0, 1, 8, 9
Mets at DX-Other must be 0, 1, 8, 9

Description

Must be a valid Mets at DX-Other code: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether "Other" is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

This edit differs from the SEER version of the same name in that it does not include code 2 in the description

Mets at DX-Other (SEER)

Agency: SEER

Last changed: 06/13/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Other [Std# 1117]

Default Error Message

[1209] %F1 must be 0, 1, 2, 8, 9

Mets at DX-Other must be 0, 1, 2, 8, 9

Description

Must be a valid Mets at DX-Other code: 0 (none: no bone metastases), 1 (yes), 2 (generalized metastases such as carcinomatosis) 8 (not applicable), 9 (unknown whether "Other" is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Other , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Other [Std# 1117]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Mets at DX-Other and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Other cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx - Other must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF544)

Mets at DX-Other, TNM Clin M, Path M (COC)

Agency: COC

Last changed: 06/12/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Mets at DX-Other [Std# 1117]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Other, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Other = "value of Mets at DX-Other", both TNM Clin M and TNM Path M must not = no metastasis
[6006] if Mets at DX-Other="value of Mets at DX-Other" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"
[6007] if Mets at DX-Other = "value of Mets at DX-Other" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Other and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Other is blank

1. If Mets at DX-Other = 1 (yes), and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Other = 1 (yes), and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Other = 1 (yes), and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.

(SEER IF567)

This edit differs from the SEER edit of the same name in not including code 2, carcinomatosis, in the description.

Mets at DX-Other, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/12/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Mets at DX-Other [Std# 1117]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Mets at DX-Other, TNM Clin M, and TNM Path M

Additional Messages

[6001] if Mets at DX-Other = "value of Mets at DX-Other", both TNM Clin M and TNM Path M must not = no metastasis
[6006] if Mets at DX-Other="value of Mets at DX-Other" and TNM Path M ="value of TNM Path M", TNM Clin M must not = "value of TNM Clin M"
[6007] if Mets at DX-Other = "value of Mets at DX-Other" and TNM Clin M = "value of TNM Clin M", TNM Path M must not = "value of TNM Path M"

Description

Purpose: This edit verifies that Mets at DX-Other and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
 2. Type of Reporting Source = 7 (Death Certificate Only)
 3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 4. TNM Clin M and TNM Path M are both blank
 5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
 6. Mets at DX-Other is blank
-
1. If Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
 2. If Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
 3. if Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.

(SEER IF567)

This edit differs from the COC edit of the same name in allowing for code 2, carcinomatosis.

Military Record No Suffix (COC)

Agency: COC

Last changed: 03/29/1997

Fields

Military Record No Suffix [Std# 2310]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Military Record No Suffix" is not a valid value for Military Record No Suffix

Description

Must be a valid code for Military Record No Suffix (01-20, 30-69, 98, 99) or blank.

Military Record No Suffix, Primary Payer (COC)

Agency: COC

Last changed: 12/28/2009

Fields

Military Record No Suffix [Std# 2310]

Primary Payer at DX [Std# 630]

Date of Diagnosis [Std# 390]

Default Error Message

[1033] If Primary Payer at DX = 66, Military Record No Suffix cannot be blank

If Primary Payer at DX = 66, Military Record No Suffix cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If Primary Payer at DX equals 66 and year of Date of Diagnosis is greater than 2002, then Military Record No Suffix must not be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Morph (1973-91) ICD-O-1 (SEER OMORPnos)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Over-ride Histology [Std# 2040]
Histology (73-91) ICD-O-1 [Std# 1971]
Behavior (73-91) ICD-O-1 [Std# 1972]
Grade (73-91) ICD-O-1 [Std# 1973]
Registry ID [Std# 40]

Tables

OLDMORPH.DBF
OMORPV86.DBF
OMORPV88.DBF

Default Error Message

[312] Histology (73-91) ICD-O-1 not valid
Histology (73-91) ICD-O-1 not valid

Additional Messages

[313] Benign Histology (73-91) ICD-O-1 - Review
[314] Behavior Code (73-91) ICD-O-1 not valid
[315] Grade (73-91) ICD-O-1 not valid
[316] Oldgrade & Oldhist conflict
[317] Invalid Oldhist for In Situ
[318] Code Deleted from 1986 Field Trial
ERROR_TEXT("Date of Diagnosis: %DC")

Description

Morphology -ICD-O, First Edition

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed 1988-1991 from California excluding SF/SJ&LA (Registry ID[40] = 0000001541).

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID 0000001544).

The morphology field is defined by the ICD-O, First Edition, with some SEER specific additions to the histology codes and grade codes.

The following morphology (histology/behavior) codes are SEER specific additions:

8522/3 Infiltrating duct carcinoma and lobular carcinoma

8523/3	Infiltrating duct carcinoma and lobular carcinoma in situ
8524/3	Intraductal carcinoma and lobular carcinoma
8522/2	Intraductal carcinoma and lobular carcinoma in situ
8543/3	Paget's disease with intraductal carcinoma
9616/3	Lennert's lymphoma
9624/3	Malignant lymphoma,, lymphocytic, poorly differentiated, diffuse
9723/3	True histiocytic lymphoma

The following grade codes are SEER specific additions to ICD-O, First Edition:

5	T-cell
6	B-cell
7	Null cell

SEER accepts only behavior codes of '2' and '3'.

The subfields of morphology, histology, behavior and grade, are also checked for consistency among themselves. Checks are made for combinations which review may be correct, and combinations considered impossible. Review flags are provided to indicate a combination requiring review is indeed correct. The review flags can not be used to indicate an impossible combination is correct. Each of these checks are defined in detail below.

Histology/Grade:

1. The following histology/grade combinations are impossible:
grades 5-7 with histologies not in the range 9590-9940
2. Some terms in ICD-O, First Edition, carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

8020/34	Carcinoma, undifferentiated
8021/34	Carcinoma, anaplastic
8331/31	Follicular adenocarcinoma, well differentiated
8851/31	Liposarcoma, well differentiated
9062/34	Seminoma, anaplastic
9082/34	Malignant teratoma, undifferentiated
9083/32	Malignant teratoma, intermediate type
9390/34	Choroid plexus papilloma, anaplastic
9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retroblastoma, differentiated
9512/34	Retroblastoma, undifferentiated

3. The following lymphomas must carry either the implied grade or the T-cell, B-cell, null cell designation as grade:

9600/34	Malignant lymphoma, undifferentiated, NOS
9621/32	Malignant lymphoma, lymphocytic, intermediate differentiation, NOS
9630/33	Malignant lymphoma, lymphocytic, poorly differentiated, NOS
9693/31	Malignant lymphoma, lymphocytic, well differentiated, nodular
9694/32	Malignant lymphoma, lymphocytic, intermediate differentiation, nodular

9696/33 Malignant lymphoma, lymphocytic, poorly differentiated, nodular

Histology/Behavior:

1. "Benign histologies": In the numeric section of ICD-O, First Edition, are a set of histologies (first four digits) listed only with behavior codes of `1,' benign, and/or `1,' uncertain if benign or malignant. This edit requests review of any case reported with one of these histologies and a behavior of `2,' in situ, or `3,' invasive. Use of the behavior matrix of ICD-O, First Edition, allows for the elevation of the behavior of such histologies. Thus a review flag is provided to indicate that the case has been reviewed and is correct. For example, a report of a malignant psammomatous meningioma would require review.
2. In situ histologies: The following histologies are not accepted with a behavior code `2' in situ:

8000-8004
8020, 8021
8331, 8332
8523, 8524
8543
8800-9054
9062
9082, 9083
9110-9960

=====
The morphology field is defined by the International Classification of Diseases for Oncology, 1986 Field Trial.

Special flag is used to denote those codes deleted from ICD-O First Edition.

SEER accepts only behavior codes of `2' and `3'.

The subfields are also checked for consistency among themselves. Checks are made for combinations which upon review may be correct, and combinations considered impossible. Review flags are provided to indicate a combination requiring review is indeed correct. The review flags can not be used to indicate an impossible combination is correct. Each of these checks are defined in detail below.

Histology/Grade:

1. The following histology/grade combinations are impossible:
grades 5-7 with histologies outside the range 9590-9940
2. Some terms in ICD-O, Field Trial 1986 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

8020/34 Carcinoma, undifferentiated
8021/34 Carcinoma, anaplastic
8331/31 Follicular adenocarcinoma, well differentiated
8851/31 Liposarcoma, well differentiated
9062/34 Seminoma, anaplastic
9082/34 Malignant teratoma, undifferentiated
9083/32 Malignant teratoma, intermediate type
9390/34 Choroid plexus papilloma, anaplastic

9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retinoblastoma, differentiated
9512/34	Retinoblastoma, undifferentiated

3. The following lymphomas must carry either the implied grade or the T-cell, B-cell, null cell designation as grade:

9693/31	Malignant lymphoma, lymphocytic, well differentiated, nodular
9694/32	Malignant lymphoma, lymphocytic, intermediate differentiated, nodular
9696/33	Malignant lymphoma, lymphocytic, poorly differentiated, nodular

Histology/Behavior:

- "Benign histologies": In the numeric section of ICD-O, Field Trial 1986 are a set of histologies (first four digits) listed only with behavior codes of `0' (benign), and/or `1' (uncertain if benign or malignant). Use of the behavior matrix of ICD-O, Field Trial 1986 allows for the elevation of the behavior of such histologies. This edit requests review of any case reported with one of these histologies and a behavior of `2' (in situ) or `3' (invasive). A review flag is provided to indicate that the case has been reviewed and is correct. For example, a report of a malignant psammomatous meningioma requires review.
- In situ histologies: The following histologies are not accepted with a behavior code `2' insitu:

8000-8004	8800-9054
8020, 8021	9062
8331, 8332	9082, 9083
8523, 8524	9110-9989
8543	

NOTE: The subfields of morphology have the following lengths:

VIII12.A Histology - 4 digits
 VIII12.B Behavior - 1 digit
 VIII12.C Grade - 1 digit

=====
 The morphology field is defined by the International Classification of Diseases for Oncology, March 1988 Field Trial.

Special flag is used to denote those codes deleted from ICD-O First Edition.

SEER accepts only behavior codes of `2' and `3'.

The subfields are also checked for consistency among themselves. Checks are made for combinations which upon review may be correct, and combinations considered impossible. Review flags are provided to indicate a combination requiring review is indeed correct. The review flags can not be used to indicate an impossible combination is correct. Each of these checks are defined in detail below.

Histology/Grade:

1. The following histology/grade combinations are impossible:
grades 5-7 with histologies outside the range 9590-9940
2. Some terms in ICD-O, Field Trial 1988 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

8020/34	Carcinoma, undifferentiated
8021/34	Carcinoma, anaplastic
8331/31	Follicular adenocarcinoma, well differentiated
8851/31	Liposarcoma, well differentiated
9062/34	Seminoma, anaplastic
9082/34	Malignant teratoma, undifferentiated
9083/32	Malignant teratoma, intermediate type
9390/34	Choroid plexus papilloma, anaplastic
9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retinoblastoma, differentiated
9512/34	Retinoblastoma, undifferentiated

3. The following lymphomas must carry either the implied grade or the T-cell, B-cell, null cell designation as grade:

9693/31	Malignant lymphoma, lymphocytic, well differentiated, nodular
9694/32	Malignant lymphoma, lymphocytic, intermediate differentiated, nodular
9696/33	Malignant lymphoma, lymphocytic, poorly differentiated, nodular

Histology/Behavior:

1. "Benign histologies": In the numeric section of ICD-O, Field Trial 1988 are a set of histologies (first four digits) listed only with behavior codes of `0' (benign), and/or `1' (uncertain if benign or malignant). Use of the behavior matrix of ICD-O, Field Trial 1988 allows for the elevation of the behavior of such histologies. This edit requests review of any case reported with one of these histologies and a behavior of `2' (in situ) or `3' (invasive). A review flag is provided to indicate that the case has been reviewed and is correct. For example, a report of a malignant psammomatous meningioma requires review.
2. In situ histologies: The following histologies are not accepted with a behavior code `2' insitu:

8000-8004	8800-9054
8020, 8021	9062
8331, 8332	9082, 9083
8523, 8524	9110-9989
8543	

NOTE: The subfields of morphology have the following lengths:

VII.12.A Histology - 4 digits
 VII.12.B Behavior - 1 digit
 VII.12.C Grade - 1 digit

Administrative Notes

In the SEER*Edits software, the title of this edit is: OldMorph

Modifications:

NAACCR v11.2

8/2007

Edit description was updated to match description in SEER*Edits; Edit logic updated to allow ICD-O-1 grade 5, 6, and 7 for ICD-O-1 histology/behavior of 9600/3, 9621/3, 9630/3, 9693/3, 9694/3, and 9696/3.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic rewritten to use OLDMORPH.DBF, OMORPV86.DBF and OMORPV88.DBF tables instead of OLDMORPH.BIN, OMORPV86.BIN and OMORPV88.BIN tables for lookup.

NAAACCR v16A

- Updated edit logic to skip if Registry ID is 0000001541 (California excluding SF/SJ&LA) and Year of Diagnosis 1988-1991, and to skip if Registry ID is 0000001544 (New Jersey) and Year of Diagnosis before 2000.

Morph Coding Sys--Curr, Morph Coding Sys--Orig(COC

Agency: COC

Last changed: 03/20/2006

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Morph Coding Sys--Current [Std# 470]
Morph Coding Sys--Originl [Std# 480]

Default Error Message

[1021] %F1 must be greater than or equal to %F2
Morph Coding Sys--Current must be greater than or equal to Morph Coding Sys--Originl

Description

This edit is skipped if either field is blank or equal to 9 (other).

Morph Coding Sys--Current must be greater than or equal to Morph Coding Sys--Originl.

Morph Coding Sys--Current (NAACCR)

Agency: NAACCR

Last changed: 10/05/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Morph Coding Sys--Current [Std# 470]

Default Error Message

[1119] %F1 must equal 2-8 for this metafile
Morph Coding Sys--Current must equal 2-8 for this metafile

Description

Must be 2-6 (ICD-O-2), 7 (ICD-O-3), or 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Added code 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms)

Morph Coding Sys--Current, Date of DX (NAACCR)

Agency: NAACCR

Last changed: 07/22/2010

Fields

Morph Coding Sys--Current [Std# 470]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2
"value of Morph Coding Sys--Current" is not a valid Morph Coding Sys--Current for a Date of Diagnosis of
"value of Date of Diagnosis"

Additional Messages

[3395] If Histologic Type ICD-O-3 is not blank, Morph Coding Sys--Current must = 7 or 8

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If Histologic Type ICD-O-3 is not blank, then Morph Coding Sys--Current must equal 7 (ICD-O, Third Edition) or 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms).

If year of Date of Diagnosis is 2010 or later, then Morph Coding Sys--Current must equal 7 (ICD-O, Third Edition) or 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms).

If year of Date of Diagnosis is 2001-2009, then Morph Coding Sys--Current must equal 7 (ICD-O, Third Edition).

If year of Date of Diagnosis is 1992-2000, then Morph Coding Sys--Current must equal one of the following:

- 4 (ICD-O, Second Edition)
- 5 (ICD-O, Second Edition, plus REAL lymphoma codes)
- 6 (ICD-O, Second Edition, plus FAB codes)
- 7 (ICD-O, Third Edition)

If year of Date of Diagnosis is 1988-1991, then Morph Coding Sys--Current must equal one of the following:

- 3 (ICD-O, 1988 Field Trial)
- 4 (ICD-O, Second Edition)
- 5 (ICD-O, Second Edition, plus REAL lymphoma codes)
- 6 (ICD-O, Second Edition, plus FAB codes)
- 7 (ICD-O, Third Edition)

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Added code 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms) for cases diagnosed 2010 and later.

NAACCR v12B

- Edit modified: Logic error corrected and error message (3395) added.

Morph Coding Sys--Originl (NAACCR)

Agency: NAACCR

Last changed: 10/05/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Morph Coding Sys--Originl [Std# 480]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Morph Coding Sys--Originl" is not a valid value for Morph Coding Sys--Originl

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Morph Coding Sys--Originl, Date of Diagnosis (COC)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002. Registries should include both edits in their edit set.

Must be a valid code for Morph Coding Sys--Originl (1-8,9) or blank.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Added code 8 (ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms)

Morph Coding Sys--Originl, Date of Diagnosis (COC)

Agency: COC

Last changed: 12/28/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Morph Coding Sys--Originl [Std# 480]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Morph Coding Sys--Originl cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Morph Coding Sys--Originl cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Morphology--Type/Behavior ICDO2 (SEER MORPH)

Agency: SEER

Last changed: 09/03/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]
Grade [Std# 440]
Over-ride Histology [Std# 2040]
Date of Diagnosis [Std# 390]

Tables

HISICDO2.DBF
MORPH.DBF

Default Error Message

[301] Histologic Type not valid - ICDO2
Histologic Type not valid - ICDO2

Additional Messages

[302] Benign Histology - Please Review - ICDO2
[304] Grade not valid - ICDO2
[305] Grade & Histology conflict - ICDO2
[306] Invalid Histology for In Situ - ICDO2
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is greater than 2000 or blank
2. Histology (92-00) ICD-O-2 is empty.

The morphology field is defined by the International Classification of Diseases for Oncology, Second Edition (ICD-O-2) and consists of the following subfields:

Histology (92-00) ICD-O-2 - 4 digits
Behavior (92-00) ICD-O-2 - 1 digit
Grade - 1 digit

I. Single Subfield Checks

Only those histology and grade codes defined by ICD-O-2 are valid.

- A. Histology--must contain a number between 8000-9999. However, not all numbers in this range are valid, so a further check

is performed. Codes are validated at two levels. Histology codes listed with behavior codes of 2 or 3 in ICD-O-2 are considered valid whenever they appear.

Codes listed in ICD-O-2 with behavior codes of only 0 or 1 are also considered valid (i.e., "reportable"), since use of the behavior matrix of ICD-O-2 allows for the elevation of the behavior of such histologies when the neoplasm is in situ or malignant. However, this edit requires review of these cases to verify that they are indeed in situ or malignant. If the histology and behavior are correct on review, then Over-ride-- Histology is to be set to 1 (or 3, if the flag is used for both this edit and SEER IF31). An internal binary table is used to represent the histologies listed in ICD-O-2 according to their listed behaviors.

B. Grade--valid codes are 1-9.

II. Multi-Subfield Checks

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

A. Histology/Grade:

The over-ride cannot be used to indicate that these impossible combinations are correct.

1. The following histology/grade combinations are impossible:
grades 5-8 with histologies not in the range 9590-9941

2. Some terms in ICD-O-2 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

8020/34	Carcinoma, undifferentiated
8021/34	Carcinoma, anaplastic
8331/31	Follicular adenocarcinoma, well differentiated
8851/31	Liposarcoma, well differentiated
9062/34	Seminoma, anaplastic
9082/34	Malignant teratoma, undifferentiated
9083/32	Malignant teratoma, intermediate type
9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retinoblastoma, differentiated
9512/34	Retinoblastoma, undifferentiated

3. The following lymphomas must carry either the implied grade or the T-cell, B-cell, null cell, or NK cell designation as grade:

9693/3	Malignant lymphoma, lymphocytic, well differentiated, nodular cannot be 2,3,4 or 9
9696/3	Malignant lymphoma, lymphocytic, poorly differentiated, nodular cannot be 1,2,4, or 9

B. Histology/Behavior:

In situ histologies: The following histologies are not accepted

with a behavior code `2' insitu:

8000-8004
8020, 8021
8331, 8332
8800-9054
9062
9082, 9083
9110-9491
9501-9989

NOTE:

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

Additional Information:

This edit checks the validity of the histologic type subfields morphology and grade, and then performs several checks of the subfields morphology, behavior, and grade against each other. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

1. The edit requires review of a case in which the 4-digit morphology code is one that appears in ICD-O-2 only with behavior codes of 0 or 1. Verify the coding of morphology, and that the behavior should be coded malignant or in situ. The registrar may need to consult a pathologist or medical advisor in problem cases. If the case is correctly coded, set the Over-ride--Histology flag to 1 (or 3, if the flag is also being set for the edit Diagnostic Confirmation, Behavior Code (SEER IF31).
2. Histology and grade are compared, and certain errors identified (these cannot be over-ridden). These are specified in detail in the "Description" field of the documentation.

- Grade codes 5-8 are T-cell, B-cell, and NK cell indicators used for leukemias and lymphomas only. Therefore, codes 5-8 may only be used with morphologies in the range 9590-9941.

- Some terms in ICD-O-2 carry an implied grade, and the appropriate grade code(s) must be used. These are specified in detail in the "Description" section of the documentation.

3. Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

EXAMPLE

HISTOLOGIC TYPE 9650/3, HODGKIN'S DISEASE, NOS
BEHAVIOR CODE 2, IN SITU
GRADE 9, UNKNOWN

A behavior code of 2, in situ, is not correct for Hodgkin's disease. Change the behavior to 3, malignant.

Administrative Notes

In the SEER*Edits software, the title of this edit is: MORPH

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v15.0

9/2014

Edit logic rewritten to use DBF table instead of BIN table for lookup.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic rewritten to use HISICDO2.DBF to validate ICD-O-2 histologies (instead of hard-coded list) and MORPH.DBF instead of MORPH.BIN.

Morphology--Type/Behavior ICDO3 (COC)

Agency: COC

Last changed: 09/06/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Grade [Std# 440]
Over-ride Histology [Std# 2040]
Date of Diagnosis [Std# 390]
Grade Path System [Std# 449]
Grade Path Value [Std# 441]
Primary Site [Std# 400]

Tables

HISICDO3.DBF
MORP2010.DBF
MORPH01.DBF

Default Error Message

[501] Histologic Type not valid - ICDO3
Histologic Type not valid - ICDO3

Additional Messages

[502] Benign Histology - Please Review - ICDO3
[504] Grade not valid - ICDO3
[506] Invalid Histology for In Situ - ICDO3
[542] Behavior must be 3 for this histology
[543] Behavior must be 2 for this histology
[544] Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3") is not allowed if DX year < 2010
[545] If DX year < 2010, Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3") is not allowed for Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3")
[4626] This histology ("value of Histologic Type ICD-O-3") carries an implied grade; check Grade, Grade Path System and Grade Path Value
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Histologic Type ICD-O-3 is blank
2. Date of Diagnosis is blank

The morphology field is defined by the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and consists of the following subfields:

Histologic Type ICD-O-3 - 4 digits
Behavior Code ICD-O-3 - 1 digit
Grade - 1 digit

I. Single Subfield Checks

Only those histology and grade codes defined by ICD-O-3 are valid.

- A. Histology (Histologic Type ICD-O-3)--must contain a number between 8000-9999. However, not all numbers in this range are valid, so a further check is performed. Codes are validated at two levels. Histology codes listed with behavior codes of 2 or 3 in ICD-O-3 are considered valid whenever they appear.

Codes listed in ICD-O-3 with behavior codes (Behavior Code ICD-O-3) of only 0 or 1 are also considered valid (i.e., "reportable"), since use of the behavior matrix of ICD-O-3 allows for the elevation of the behavior of such histologies when the neoplasm is in situ or malignant. However, this edit requires review of these cases to verify that they are indeed in situ or malignant. If the histology and behavior are correct on review, then Over-ride--Histology is to be set to 1 (or 3, if the flag is used for both this edit and SEER IF31). An internal binary table is used to represent the histologies listed in ICD-O-3 according to their listed behaviors.

Exceptions to the above rule are 8442, 8451, 8462, 8472, and 8473. These codes may have been entered in ICD-O-2 as malignant or in situ and correctly converted to ICD-O-3 as borderline (Behavior Code ICD-O-3 = 1). Such cases do not require review (that is, the Over-ride--Histology flag does not have to be set to 1 or 3).

Additional exceptions were added for all benign histologies for brain and other CNS (Primary Site = C700-C729) and intracranial glands (Primary Site = C751-C753). Another edit, "Primary Site, Morphology-Type, Beh ICDO3(SEER IF25)," verifies that site/histology/benign behavior combination are correctly coded for these particular sites.

The code 9421 (juvenile astrocytoma), although moving from behavior code code 3 in ICD-O-2 to 1 in ICD-O-3, will CONTINUE to be collected with a behavior code of 3. This edit requires that 9421 be coded with a behavior of 3 and it cannot be over-ridden.

Additional exceptions were added to accommodate the collection of benign brain tumors diagnosed on or after 01/01/2004. The following benign histologies will pass without review:

8146, 8271, 8861, 8897, 9121, 9122, 9131, 9161, 9350,
9351, 9352, 9360, 9361, 9383, 9384, 9394, 9412, 9413,
9444, 9492, 9493, 9506, 9531, 9532, 9533, 9534, 9537,
9541, 9550, 9562, 9570.

To accommodate the new Hematopoietic and Lymphoid Neoplasm Rules effective for cases diagnosed 1/1/2010 and later:

1. The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:
9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, 9759,

9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817,
9818, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, 9991,
9992

2. The following Histologic Type ICD-O-3 codes were considered benign and/or borderline prior to 2010 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride should not be used:

9751
9831
9975

B. Grade--valid codes are 1-9.

II. Multi-Subfield Checks

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

A. Histology/Grade:

The over-ride cannot be used to indicate that these impossible combinations are correct.

1. The following histology/grade combinations are impossible:
grades 5-8 with histologies not in the range 9590-9992
2. Some terms in ICD-O-3 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

8331/31 Follicular adenocarcinoma, well differentiated
9511/31 Retinoblastoma, differentiated
Grade/Differentiation [440] must = 1
OR
(Grade [440] must = 9 and
Grade Path System [449] must = 4 and
Grade Path Value [441] must = 1)

9083/32 Malignant teratoma, intermediate type
Grade/Differentiation [440] must = 2
OR
(Grade [440] must = 9 and
Grade Path System [449] must = 4 and
Grade Path Value [441] must = 2)

8020/34 Carcinoma, undifferentiated
8021/34 Carcinoma, anaplastic
9082/34 Malignant teratoma, undifferentiated
9401/34 Astrocytoma, anaplastic
9451/34 Oligodendroglioma, anaplastic
9512/34 Retinoblastoma, undifferentiated
Grade/Differentiation [440] must = 4
OR
(Grade [440] must = 9 and
Grade Path System [449] must = 4 and
Grade Path Value [441] must = 4)

B. Histology/Behavior:

In situ histologies: The following histologies are not accepted with a behavior code `2' (in situ):

8000-8005
8020, 8021
8331, 8332
8800-9055
9062
9082, 9083
9110-9493
9501-9992

Malignant histologies: The following histology is not accepted with a behavior code `3' (malignant):
8077

NOTE:

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

Additional Information:

This edit checks the validity of the ICD-O-3 histologic type subfields morphology and grade, and then performs several checks of the subfields morphology, behavior, and grade against each other. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

1. The edit requires review of a case in which the 4-digit morphology code is one that appears in ICD-O-3 only with behavior codes of 0 or 1. Verify the coding of morphology, and that the behavior should be coded malignant or in situ. The registrar may need to consult a pathologist or medical advisor in problem cases. If the case is correctly coded, set the Over-ride--Histology flag to 1 (or 3, if the flag is also being set for the edit Diagnostic Confirmation, Behavior Code ICDO3 (SEER IF31).

2. Histology and grade are compared, and certain errors identified (these cannot be over-ridden). These are specified in detail in the "Description" field of the documentation.

- Grade codes 5-8 are T-cell, B-cell, and NK cell indicators used for leukemias and lymphomas only. Therefore, codes 5-8 may only be used with morphologies in the range 9590-9992.

- Some terms in ICD-O-3 carry an implied grade, and the appropriate grade code(s) must be used. These are specified in detail in the "Description" section of the documentation.

3. Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

EXAMPLE

HISTOLOGIC TYPE	9650/3, HODGKIN LYMPHOMA
BEHAVIOR CODE	2, IN SITU
GRADE	9, UNKNOWN

A behavior code of 2, in situ, is not correct for Hodgkin lymphoma. Change the behavior to 3, malignant.

Administrative Notes

This edit differs from the SEER edit of the same name in that, when checking implied grade, it then checks Grade [440] for code 9, Grade Path System [449] for a code of 4 and Grade Path Value [441] for the implied grade.

New edit - added to NAACCR v12.2C metafile.

Modifications:

NAACCR v15

- Updated edit to allow all benign histologies for C700-C729 and C751-C753. Another edit, "Primary Site,Morphology-Type,Beh ICDO3(COC)," verifies that site/histology/behavior combinations are correctly coded for these particular sites.

NAACCR v15A

- Edit logic rewritten to use HISICDO3.DBF to validate ICD-O-3 histologies (instead of hard-coded list) and MORPH01.DBF instead of MORPH01.BIN. Additionally, the hard-coded histologies that became reportable in 2010 have been moved into lookup table MORP2010.DBF.

Morphology--Type/Behavior ICDO3 (SEER MORPH)

Agency: SEER

Last changed: 09/03/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Over-ride Histology [Std# 2040]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]

Tables

HISICDO3.DBF
MORPH01.DBF

Default Error Message

[501] Histologic Type not valid - ICDO3
Histologic Type not valid - ICDO3

Additional Messages

[502] Benign Histology - Please Review - ICDO3
[506] Invalid Histology for In Situ - ICDO3
[542] Behavior must be 3 for this histology
[543] Behavior must be 2 for this histology
[544] Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3") is not allowed if DX year < 2010
[545] If DX year < 2010, Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3") is not allowed for
Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3")
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 is blank
2. Date of Diagnosis is blank

The morphology field is defined by the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and consists of the following subfields:

Histologic Type ICD-O-3 - 4 digits
Behavior Code ICD-O-3 - 1 digit

I. Single Subfield Checks

Only those histology/behavior codes defined by ICD-O-3 are valid.

- A. Histology (Histologic Type ICD-O-3)-- must contain a valid ICD-O-3

code. Codes are validated at two levels. Histology codes listed with behavior codes of 2 or 3 in ICD-O-3 are considered valid whenever they appear.

Codes listed in ICD-O-3 with behavior codes (Behavior Code ICD-O-3) of only 0 or 1 are also considered valid (i.e., "reportable"), since use of the behavior matrix of ICD-O-3 allows for the elevation of the behavior of such histologies when the neoplasm is in situ or malignant. However, this edit requires review of these cases to verify that they are indeed in situ or malignant. If the histology and behavior are correct on review, then Over-ride--Histology is to be set to 1 (or 3, if the flag is used for both this edit and SEER IF31). An internal binary table is used to represent the histologies listed in ICD-O-3 according to their listed behaviors.

Exceptions to the above rule are 8442, 8451, 8462, 8472, and 8473. These codes may have been entered in ICD-O-2 as malignant or in situ and correctly converted to ICD-O-3 as borderline (Behavior Code ICD-O-3 = 1). Such cases do not require review (that is, the Over-ride--Histology flag does not have to be set to 1 or 3).

Additional exceptions were added for all benign histologies for brain and other CNS (Primary Site = C700-C729) and intracranial glands (Primary Site = C751-C753). Another edit, "Primary Site, Morphology-Type, Beh ICDO3(SEER IF25)," verifies that site/histology/benign behavior combination are correctly coded for these particular sites.

The code 9421 (juvenile astrocytoma), although moving from behavior code code 3 in ICD-O-2 to 1 in ICD-O-3, will CONTINUE to be collected with a behavior code of 3. This edit requires that 9421 be coded with a behavior of 3 and it cannot be over-ridden.

Additional exceptions were added to accommodate the collection of benign brain tumors diagnosed on or after 01/01/2004. The following benign histologies will pass without review:

8146, 8271, 8861, 8897, 9121, 9122, 9131, 9161, 9350,
9351, 9352, 9360, 9361, 9383, 9384, 9394, 9412, 9413,
9444, 9492, 9493, 9506, 9531, 9532, 9533, 9534, 9537,
9541, 9550, 9562, 9570.

To accommodate the new Hematopoietic and Lymphoid Neoplasm Rules effective for cases diagnosed 1/1/2010 and later:

1. The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, 9759,
9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817,
9818, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, 9991,
9992

2. The following Histologic Type ICD-O-3 codes were considered benign and/or borderline prior to 2010 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride should not be used:

9751
9831

II. Multi-Subfield Checks

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

Histology/Behavior:

In situ histologies: The following histologies are not accepted with a behavior code `2' (in situ):

8000-8005
8020, 8021
8331, 8332
8800-9055
9062
9082, 9083
9110-9493
9501-9992

Malignant histologies: The following histology is not accepted with a behavior code `3' (malignant):

8077

NOTE:

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

Additional Information:

This edit checks the validity of the ICD-O-3 histologic type subfields histology and behavior. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

1. The edit requires review of a case in which the 4-digit morphology code is one that appears in ICD-O-3 only with behavior codes of 0 or 1. Verify the coding of morphology, and that the behavior should be coded malignant or in situ. The registrar may need to consult a pathologist or medical advisor in problem cases. If the case is correctly coded, set the Over-ride--Histology flag to 1 (or 3, if the flag is also being set for the edit Diagnostic Confirmation, Behavior Code ICDO3 (SEER IF31)).

2. Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

EXAMPLE

HISTOLOGIC TYPE 9650/3, HODGKIN LYMPHOMA
BEHAVIOR CODE 2, IN SITU

A behavior code of 2, in situ, is not correct for Hodgkin lymphoma. Change the behavior to 3, malignant.

Administrative Notes

In the SEER*Edits software, the title of this edit is: Morph_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NACR110C

08/08

Updated edit to require that Histologic Type ICD-O-3 of 9421 (juvenile astrocytoma) be coded with a Behavior ICD-O-3 code of 3 (invasive) per the ICD-O-3 Implementation Guidelines. It cannot be over-ridden.

NACR111

12/14/06

Updated edit to not allow a Behavior ICD-O-3 code of 3 (malignant) with Histologic Type ICD-O-3 of 8077 (squamous intraepithelial neoplasia, grade III). This logic cannot be over-ridden.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

-- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules. Edit will be skipped if Date of Diagnosis is blank.

- The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, 9759, 9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817, 9818, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, 9991, 9992

- The following Histologic Type ICD-O-3 codes were considered benign and/or borderline prior to 2010 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride should not be used:

9751

9831

9975

- When checking histologies that are not accepted with behavior code `2' (in situ), the range "9501-9989" is now "9501-9992".

NAACCR v12C

- Changed range of histologies allowed for grades 5-8 from "9590-9948" to "9590-9992".

NAACCR v13A

- Grade checking moved from this edit into new edit: "Histologic Type ICD-O-3, Behavior, Grade (SEER)"
- Removed USR2 processing from logic and replaced with "return ERROR_MSG" processing

NAACCR v15

- Updated edit to allow all benign histologies for C700-C729 and C751-C753. Another edit, "Primary Site,Morphology-Type,Beh ICDO3(SEER IF25)," verifies that site/histology/behavior combinations are correctly coded for these particular sites.

NAACCR v15A

- Edit logic rewritten to use HISICDO3.DBF to validate ICD-O-3 histologies (instead of hard-coded list) and MORPH01.DBF instead of MORPH01.BIN.

Mult Tum Rpt As One Prim (SEER)

Agency: SEER

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mult Tum Rpt as One Prim [Std# 444]

Default Error Message

[1023] %F1 is not valid
Mult Tum Rpt as One Prim is not valid

Description

This field is allowed to be blank because the item is not required for all years of diagnosis. Two other edits support the various standard setter requirements based on year of diagnosis:

1. Mult Tum Rpt As One Prim, Date of DX (SEER IF155)
 - SEER and COC: Verifies that Mult Tum Rpt As One Prim is not blank if the year of Date of Diagnosis is 2007-2012.
2. Mult Tum Rpt As One Prim, Date of DX (CCR)
 - CCCR: Verifies that Mult Tum Rpt As One Prim is not blank if the year of Date of Diagnosis is 2008-2012.

Mult Tum Rpt As One Prim must be a valid code (00, 10-12, 20, 30-32, 40, 80, 88, 99) or blank.

Codes

00 Single tumor
10 Multiple benign
11 Multiple borderline
12 Benign and borderline
20 Multiple in situ
30 In situ and invasive
31 Polyp and adenocarcinoma
32 FAP with carcinoma
40 Multiple invasive
80 Unknown in situ or invasive
88 NA
99 Unknown

Administrative Notes

Modifications:

NACR111

09/2006

The edit was changed from requiring the field to be blank to requiring the field to equal 00, 10-12, 20, 30-32, 40, 80, 88, 99, or blank.

NAACCR v12.0

- Deleted "and not equal to 9999" from description.

NAACCR v12.1

- Description updated to include differences in standard setter requirements.

NAACCR v13

- Reference in description to standard setter requirements was updated.

Mult Tum Rpt As One Prim, Date of DX (CCCR)

Agency: CCCR

Last changed: 11/28/2012

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]

Mult Tum Rpt as One Prim [Std# 444]

Default Error Message

[3396] If year of %F1 = 2008-2012, then %F2 cannot be blank

If year of Date of Diagnosis = 2008-2012, then Mult Tum Rpt as One Prim cannot be blank

Additional Messages

[3397] If year of Date of Diagnosis < 2008, then Mult Tum Rpt as One Prim must be blank

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the Date of Diagnosis is blank.

If year of Date of Diagnosis is 2013 or later, then Mult Tum Rpt As One Prim is optional and can be left blank.

If year of Date of Diagnosis is 2008-2012, then Mult Tum Rpt As One Prim cannot be blank.

If year of Date of Diagnosis is less than 2008, then Mult Tum Rpt As One Prim must be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the SEER edit of the same name in that the CCCR version of the edit requires Mult Tum Rpt As One Prim for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Mult Tum Rpt As One Prim for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2008-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Mult Tum Rpt As One Prim, Date of DX (SEER IF155)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Mult Tum Rpt as One Prim [Std# 444]

Default Error Message

[4990] If year of %F1 = 2007-2012, then %F2 cannot be blank
If year of Date of Diagnosis = 2007-2012, then Mult Tum Rpt as One Prim cannot be blank

Additional Messages

[2001] If year of Date of Diagnosis < 2007, then Mult Tum Rpt as One Prim must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the Date of Diagnosis is blank.

If year of Date of Diagnosis is 2013 or later, then Mult Tum Rpt As One Prim is optional and can be left blank.

If year of Date of Diagnosis is 2007-2012, then Mult Tum Rpt As One Prim cannot be blank.

If year of Date of Diagnosis is less than 2007, then Mult Tum Rpt As One Prim must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF155

This edit differs from the CCCR edit of the same name in that the CCCR version of the edit requires Mult Tum Rpt As One Prim for cases diagnosed 2008 and later and does not allow it for cases diagnosed prior to 2008. The SEER version requires Mult Tum Rpt As One Prim for cases diagnosed 2007 and later and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.1

- Administrative Notes updated to describe how the SEER and CCCR edits of the same name differ.

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2007-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Mult Tum Rpt as One Prim, Date of Mult Tum(NAACCR)

Agency: NAACCR

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mult Tum Rpt as One Prim [Std# 444]
Date of Mult Tumors [Std# 445]
Date of Mult Tumors Flag [Std# 439]

Default Error Message

[3268] %F1 (%V1), %F2 (%V2), %F3 (%V3) conflict
Mult Tum Rpt as One Prim ("value of Mult Tum Rpt as One Prim"), Date of Mult Tumors ("value of Date of Mult Tumors"), Date of Mult Tumors Flag ("value of Date of Mult Tumors Flag") conflict

Description

This edit is skipped if any of the following conditions are true:

1. Mult Tum Rpt as One Prim is blank
2. Both Date of Mult Tumors and Date of Mult Tumors Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "Date Mult Tumors, Date Flag (NAACCR)", verifies that the date and flag fields are in agreement.

If Mult Tum Rpt as One Prim = 00 (single tumor), then Date of Mult Tumors Flag must = 15 (single tumor); if Date of Mult Tumors Flag = 15, then Mult Tum Rpt as One Prim must = 00.

If Mult Tum Rpt as One Prim = 10-80 (multiple tumors), then Date of Mult Tumors Flag must not = 11 (information on multiple tumors not collected/not applicable for this site) or 15 (single tumor).

If Mult Tum Rpt as One Prim = 88 (information on multiple tumors not collected/not applicable for this site), then Date of Mult Tumors Flag must = 11 (information on multiple tumors not collected/not applicable for this site); if Date of Mult Tumors Flag = 11, then Mult Tum Rpt as One Prim must = 88.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF186

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to check date flag as specified in new interoperability date rules.

NAACCR v13

- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

Mult Tum Rpt As One Prim, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 10/20/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mult Tum Rpt as One Prim [Std# 444]
Primary Site [Std# 400]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Mult Tum Rpt as One Prim, Primary Site and Behavior Code ICD-O-3

Description

This edit is skipped if Mult Tum Rpt As One Prim is blank.

If Mult Tum Rpt As One Prim is equal to 10-12, then Behavior Code ICD-O-3 code must = 0 (benign) or 1 (borderline)

If Mult Tum Rpt As One Prim is equal to 31-32, then Primary Site must equal C180-C189 (Colon) or C199 (Rectosigmoid Junction) or C209 (Rectum)).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF185

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

9/2008

Updated to allow Mult Tum Rpt As One Prim codes 10-12 for all benign and borderline cases (Behavior Code ICD-O-3 = 0 or 1).(MP/H Manual specifies that codes 10-12 may be used for reportable by agreement cases.)

Mult Tum Rpt, Lymphoma/Leukemia/Unk Site (NAACCR)

Agency: NAACCR

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Mult Tum Rpt as One Prim [Std# 444]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[4890] For %F5 of %V5, %F2 of %V2, %F3 of %V3, %F1 must = 88
For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Mult Tum Rpt as One Prim must = 88

Additional Messages

[4891] For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Mult Tum Rpt as One Prim must not = 88

Description

This edit is skipped if Mult Tum Rpt as One Prim is blank or if Type of Reporting Source is 7 (death certificate only) or Date of Diagnosis is blank.

- A. If year of Date of Diagnosis is less than 2010:
 1. If Primary Site is C809 (unknown primary) or Histologic Type ICD-O-3 is 9590-9992 (lymphoma, leukemia, and immunoproliferative disease), then Mult Tum Rpt as One Prim must equal 88 (not collected/not applicable for this site).
 2. For all other cases, Mult Tum Rpt as One Prim must not equal 88.
- B. If year of Date of Diagnosis is 2010 or later:
 1. If Histologic Type ICD-O-3 is 9751-9758, 9765-9769, and 9970, the remaining logic is skipped.
 2. If year of Date of Diagnosis is 2010:
 - a. For the following sites and histologies, Mult Tum Rpt as One Prim must equal 88:
Primary Site is C809 (unknown primary)
OR
Histologic Type ICD-O-3 is 9590-9729, 9732-9733, 9735-9738, 9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992
(lymphoma, leukemia, and immunoproliferative disease)
 - b. For all other cases, Mult Tum Rpt as One Prim must not equal 88.
 3. If year of Date of Diagnosis is 2011 or later:

- a. For the following sites and histologies, Mult Tum Rpt as One Prim must equal 88:
Primary Site is C809 (unknown primary)
OR
[Primary Site is C770-C779 (lymph nodes) or C421 (bone marrow)
AND Histologic Type ICD-O-3 is 9590-9729, 9735-9738(lymphoma)]
OR
Histologic Type ICD-O-3 is 9732-9733, 9741-9742, 9759-9764,
9800-9920, 9931-9967, 9971-9992 (leukemia and
immunoproliferative disease)
- b. For all other cases, Mult Tum Rpt as One Prim must not equal 88.
- There is one exception: if the year of diagnosis is 2011 and
case is lymphoma not coded to lymph nodes or bone marrow
the case may be coded according to either 2010 or 2011 rules;
that is, if Histologic Type ICD-O-3 = 9590-9729, 9735-9738 and
Primary Site is not C770-C779 or C421, codes 00-99 are valid.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF206

Modifications

NAACCR v11.3A

11/2008

- Added:

If Primary Site is not C809 (unknown primary) and Histologic Type ICD-O-3 is not 9590-9989 (lymphoma, leukemia, and immunoproliferative disease), then Mult Tum Rpt as One Prim must not equal 88.

NAACCR v12.0:

- Hematopoietic histology checking changed to be consistent with new rules and is based on year of Date of Diagnosis.

NAACCR v12D

- For cases diagnosed 2010+:

-- Histology codes 9751-9758, 9765-9769, and 9970 are skipped

-- The list of histology codes requiring that Mult Tum Rpt as One Prim = 88 changed from:

9590-9730, 9732-9733, 9741-9742, 9751-9754, 9760-9910, 9930-9992

to:

9590-9729, 9732-9733, 9735-9738, 9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992

-- If histology not equal to the above revised list of histologies, Mult Tum Rpt as One Prim must not = 88

NAACCR v12.2A

- For lymphoma cases NOT coded to lymph nodes or bone marrow: for diagnosis year 2011, code 88 (not collected/not applicable) is allowed, but not required; for cases diagnosed 2012 and later, 88 is no longer allowed.

- Error messages were updated.

Multiplicity Cntr, Date of Mult Tum (SEER IF163)

Agency: SEER

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Multiplicity Counter [Std# 446]
Date of Mult Tumors [Std# 445]
Date of Mult Tumors Flag [Std# 439]

Default Error Message

[3268] %F1 (%V1), %F2 (%V2), %F3 (%V3) conflict
Multiplicity Counter ("value of Multiplicity Counter"), Date of Mult Tumors ("value of Date of Mult Tumors"), Date of Mult Tumors Flag ("value of Date of Mult Tumors Flag") conflict

Description

This edit is skipped if any of the following conditions are true:

1. Multiplicity Counter is blank
2. Both Date of Mult Tumors and Date of Mult Tumors Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "Date of Mult Tumors, Date Flag (NAACCR)", verifies that the date and flag fields are in agreement.

If Multiplicity Counter = 01 (one tumor only), then Date of Mult Tumors Flag must = 15 (single tumor); if Date of Mult Tumors Flag = 15, then Multiplicity Counter must = 01.

If Multiplicity Counter = 88 (information on multiple tumors not collected/not applicable for this site), then Date of Mult Tumors Flag must = 11 (information on multiple tumors not collected/not applicable for this site); if Date of Mult Tumors Flag = 11, then Multiplicity Counter must = 88.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF163

Modifications:

NAACCR v11.1A
4/07

Modified to use the function "DATE-YEAR" instead of "INLIST" when evaluating date fields

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to check date flag as specified in new interoperability date rules.

NAACCR v13

- Data item name changed from 'Date of Multiple Tumors' to 'Date of Mult Tumors'.

Multiplicity Cntr, Mult Tum Rpt as One Prim(NAACCR

Agency: NAACCR

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Multiplicity Counter [Std# 446]
Mult Tum Rpt as One Prim [Std# 444]

Default Error Message

[1016] %F1 and %F2 conflict
Multiplicity Counter and Mult Tum Rpt as One Prim conflict

Description

This edit is skipped if either Multiplicity Counter or Mult Tum Rpt as One Prim is blank.

If Multiplicity Counter = 01 (one tumor only), then Mult Tum Rpt as One Prim must = 00(single tumor); if Mult Tum Rpt as One Prim = 00, then Multiplicity Counter must = 01.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF184

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Multiplicity Counter (SEER)

Agency: SEER

Last changed: 11/20/2012

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Multiplicity Counter [Std# 446]

Default Error Message

[1023] %F1 is not valid
Multiplicity Counter is not valid

Description

This field is allowed to be blank because the item is not required for all years of diagnosis. Two other edits support the various standard setter requirements based on year of diagnosis:

1. Multiplicity Counter, Date of DX (SEER IF156)
 - SEER and COC: Verifies that Multiplicity Counter is not blank if the year of Date of Diagnosis is 2007-2013
2. Multiplicity Counter, Date of DX (CCCR)
 - CCCR: Verifies that Multiplicity Counter is not blank if the year of Date of Diagnosis is greater than 2008-2012.

Must be a valid Multiplicity Counter code (00-89, 99) or blank.

Codes

00 No primary tumor identified
01 One tumor only
02 Two tumors present; bilateral ovaries involved with cystic carcinoma
03 Three tumors present
..
..
88 Information on multiple tumors not collected/not applicable for this site
89 Multicentric, multifocal, number unknown
99 Unknown if multiple tumors; not documented
Blank information not collected for this diagnosis date (e.g., all cases diagnosed prior to 2007)

Administrative Notes

Modifications:

NACR111
09/2006

The edit was changed from requiring the field to be blank to requiring the field to equal 01-88, 99, or blank.

NAACCR v12.1

- "00" and "89" were added to the list of allowable codes.

- Description updated to include differences in standard setter requirements.

NAACCR v13

- Reference in description to standard setter requirements was updated.

Multiplicity Counter, Date of DX (CCCR)

Agency: CCCR

Last changed: 11/28/2012

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Date of Diagnosis [Std# 390]
Multiplicity Counter [Std# 446]

Default Error Message

[3396] If year of %F1 = 2008-2012, then %F2 cannot be blank
If year of Date of Diagnosis = 2008-2012, then Multiplicity Counter cannot be blank

Additional Messages

[3397] If year of Date of Diagnosis < 2008, then Multiplicity Counter must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the Date of Diagnosis is blank.

If year of Date of Diagnosis is 2013 or later, then Multiplicity Counter is optional and can be left blank.

If year of Date of Diagnosis is 2008-2012, then Multiplicity Counter cannot be blank.

If year of Date of Diagnosis is less than 2008, then Multiplicity Counter must be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the SEER edit of the same name in that the CCCR version of the edit requires Multiplicity Counter for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Multiplicity Counter for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2008-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Multiplicity Counter, Date of DX (SEER IF156)

Agency: SEER

Last changed: 11/28/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Multiplicity Counter [Std# 446]

Default Error Message

[4990] If year of %F1 = 2007-2012, then %F2 cannot be blank
If year of Date of Diagnosis = 2007-2012, then Multiplicity Counter cannot be blank

Additional Messages

[2001] If year of Date of Diagnosis < 2007, then Multiplicity Counter must be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the Date of Diagnosis is blank.

If year of Date of Diagnosis is 2013 or later, then Multiplicity Counter is optional and can be left blank.

If year of Date of Diagnosis is 2007-2012, then Multiplicity Counter cannot be blank.

If year of Date of Diagnosis is less than 2007, then Multiplicity Counter must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF156

This edit differs from the CCCR edit of the same name in that the CCCR version of the edit requires Multiplicity Counter for cases diagnosed 2008-2012 and does not allow it for cases diagnosed prior to 2008. The SEER version requires Multiplicity Counter for cases diagnosed 2007-2012 and does not allow it for cases diagnosed prior to 2007.

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.1

- Administrative Notes updated to describe how the SEER and CCCR edits of the same name differ.

NAACCR v13

- Edit updated to require field only for cases diagnosed 1/1/2007-12/31/2012. For cases diagnosed 1/1/2013 and later, the data item is optional.

Multiplicity Ctr, Lymphoma/Leukem/Unk Site(NAACCR)

Agency: NAACCR

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Multiplicity Counter [Std# 446]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[4890] For %F5 of %V5, %F2 of %V2, %F3 of %V3, %F1 must = 88
For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Multiplicity Counter must = 88

Additional Messages

[4891] For Date of Diagnosis of "value of Date of Diagnosis", Primary Site of "value of Primary Site", Histologic Type ICD-O-3 of "value of Histologic Type ICD-O-3", Multiplicity Counter must not = 88

Description

This edit is skipped if Multiplicity Counter is blank or if Type of Reporting Source is 7 (death certificate only) or Date of Diagnosis is blank.

- A. If year of Date of Diagnosis is less than 2010:
 1. If Primary Site is C809 (unknown primary) or Histologic Type ICD-O-3 is 9590-9992 (lymphoma, leukemia, and immunoproliferative disease), then Multiplicity Counter must equal 88 (not collected/not applicable for this site).
 2. For all other cases, Multiplicity Counter must not equal 88.
- B. If year of Date of Diagnosis is 2010 or later:
 1. If Histologic Type ICD-O-3 is 9751-9758, 9765-9769, and 9970, the remaining logic is skipped.
 2. If year of Date of Diagnosis is 2010:
 - a. For the following sites and histologies, Multiplicity Counter must equal 88:
Primary Site is C809 (unknown primary)
OR
Histologic Type ICD-O-3 is 9590-9729, 9732-9733, 9735-9738, 9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992
(lymphoma, leukemia, and immunoproliferative disease)
 - b. For all other cases, Multiplicity Counter must not equal 88.
 3. If year of Date of Diagnosis is 2011 or later:

- a. For the following sites and histologies, Multiplicity Counter must equal 88:
 Primary Site is C809 (unknown primary)
 OR
 [Primary Site is C770-C779 (lymph nodes) or C421 (bone marrow)
 AND Histologic Type ICD-O-3 is 9590-9729, 9735-9738(lymphoma)]
 OR
 Histologic Type ICD-O-3 is 9732-9733, 9741-9742, 9759-9764,
 9800-9920, 9931-9967, 9971-9992 (leukemia and
 immunoproliferative disease)
- b. For all other cases, Multiplicity Counter must not equal 88.
 - There is one exception: if the year of diagnosis is 2011 and case is lymphoma not coded to lymph nodes or bone marrow, the case may be coded according to either 2010 or 2011 rules; that is, if Histologic Type ICD-O-3 = 9590-9729, 9735-9738 and Primary Site is not C770-C779 or C421, all valid Multiplicity Counter codes are allowed, including 88.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF205

Modifications

NAACCR v11.3A

11/2008

- Added:

If Primary Site is not C809 (unknown primary) and Histologic Type ICD-O-3 is not 9590-9989 (lymphoma, leukemia, and immunoproliferative disease), then Multiplicity Counter must not equal 88.

NAACCR v12.0:

- Hematopoietic histology checking changed to be consistent with new rules and is based on year of Date of Diagnosis.

NAACCR v12D

- For cases diagnosed 2010+:

-- Histology codes 9751-9758, 9765-9769, and 9970 are skipped

-- The list of histology codes requiring that Multiplicity Counter = 88 changed from:

9590-9730, 9732-9733, 9741-9742, 9751-9754, 9760-9910, 9930-9992

to:

9590-9729, 9732-9733, 9735-9738, 9741-9742, 9759-9764, 9800-9920, 9931-9967, 9971-9992

-- If histology not equal to the above revised list of histologies, Multiplicity Counter must not = 88

NAACCR v12.2A

- Edit logic corrected so that edit will be skipped for cases diagnosed 2010+ with histologies 9751-9758, 9765-9769, 9970. (Description was correct, logic was wrong.)

- For lymphoma cases NOT coded to lymph nodes or bone marrow: for diagnosis year 2011, code 88 (not collected/not applicable) is allowed, but not required; for cases diagnosed 2012 and later, 88 is no longer allowed.

- Error messages were updated.

NAACCR Record Version (NAACCR)

Agency: NAACCR

Last changed: 06/08/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

NAACCR Record Version [Std# 50]

Default Error Message

[1116] %F1 must equal "160" for this metafile
NAACCR Record Version must equal "160" for this metafile

Description

Must be "160" to indicate the current NAACCR standard for NAACCR Record Version 16.

Administrative Notes

Modifications

NAACCR v12

4/2009

- Changed the length of the field from 1 to 3 characters so that the full 3-character record version can be specified beginning with Version 12.
- Changed allowable code from "B", used to indicate version 11, 11.1, 11.2, and 11.3, to "120", to indicate version 12.0.

NAACCR v12.1

- Changed allowable code from "120" (version 12.0) to "121" (version 12.1).

NAACCR v12.2

- Changed allowable code from "121" (version 12.1) to "122" (version 12.2).

NAACCR v13

- Changed allowable code from "122" (version 12.2) to "130" (version 13).

NAACCR v14

- Changed allowable code from "130" (version 13) to "140" (version 14).

NAACCR v15

- Changed allowable code from "140" (version 14) to "150" (version 15).

NAACCR v16

- Changed allowable code from "150" (version 15) to "160" (version 16).

Name--Alias (SEER)

Agency: SEER

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Name--Alias [Std# 2280]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--Alias" is not a valid value for Name--Alias

Description

Note: This edit is not supported by the COC as of 1/1/2003; however, SEER has agreed to support this data item and edit.

Name--Alias may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--First (COC)

Agency: COC

Last changed: 08/21/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Name--First [Std# 2240]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--First" is not a valid value for Name--First

Description

Name--First may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard in that embedded spaces are allowed.

This edit differs from the NPCR edit of the same name in that it allows the field to be empty.

Modifications:

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--First (NPCR)

Agency: NPCR

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
IHS - Variables Required for IHS Linkage

Fields

Name--First [Std# 2240]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--First" is not a valid value for Name--First

Description

Name--First may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC edit of the same name in that the field cannot be empty.

Modifications:

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--Last (COC)

Agency: COC

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
IHS - Variables Required for IHS Linkage

Fields

Name--Last [Std# 2230]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--Last" is not a valid value for Name--Last

Description

Name--Last may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--Maiden (SEER)

Agency: SEER

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Name--Maiden [Std# 2390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--Maiden" is not a valid value for Name--Maiden

Description

Name--Maiden may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: This edit is not supported by the COC as of 1/1/2003; however, SEER has agreed to support this data item and edit.

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--Maiden, Check for Unknown (NAACCR)

Agency: NAACCR

Last changed: 07/08/2005

Edit Sets

Name--Maiden, Check for Unknown

Fields

Name--Maiden [Std# 2390]

Tables

MAID_UNK.DBF

Default Error Message

[3201] If Name--Maiden is unknown, field should be blank
If Name--Maiden is unknown, field should be blank

Description

This edit is skipped if Name--Maiden is blank. If entered, a table lookup is done to determine if the entered data indicates an unknown maiden name. If the name is found in the table, a warning is generated. Unknown maiden names should be left blank.

The edit will convert any lower case characters to upper case characters prior to the table lookup.

Name--Middle (COC)

Agency: COC

Last changed: 08/21/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
IHS - Variables Required for IHS Linkage

Fields

Name--Middle [Std# 2250]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Name--Middle" is not a valid value for Name--Middle

Description

Name--Middle may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard in that embedded spaces are allowed.

Modifications:

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Next Follow-Up Source (COC)

Agency: COC

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Next Follow-Up Source [Std# 1800]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Next Follow-Up Source" is not a valid value for Next Follow-Up Source

Description

This edit allows the field to be blank because the item was not required by the COC until 2003. Another edit (Next Follow-Up Source, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid code for Next Follow-Up Source (0-5,8,9) or blank.

Next Follow-Up Source, Date of Diagnosis (COC)

Agency: COC

Last changed: 12/29/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Next Follow-Up Source [Std# 1800]
Date of Diagnosis [Std# 390]

Default Error Message

[1157] If %F2 > 2002 %F1 cannot be blank
If Date of Diagnosis > 2002 Next Follow-Up Source cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Next Follow-Up Source cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NHIA Derived Hisp Origin (NAACCR)

Agency: NAACCR

Last changed: 11/18/2004

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

SEER: Vs 16 Transmit Edits

Fields

NHIA Derived Hisp Origin [Std# 191]

Default Error Message

[1023] %F1 is not valid

NHIA Derived Hisp Origin is not valid

Description

Must be a valid NHIA Derived Hisp Origin code (0-8) or blank (if algorithm has not been run).

Non-Reportable Skin ICDO2 (SEER IF116)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[3152] Non-Reportable Skin ICD-O-2
Non-Reportable Skin ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is blank or year of Date of Diagnosis is greater than 2000 or is blank.

If Primary Site = C440-C449 (skin) and Histology (92-00) ICD-O-2 = 8000-8110, then an error is generated.

These cases are non reportable to SEER.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF116

Modifications:

NAACCR v11.3
6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Non-Reportable Skin ICDO3 (SEER IF117)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[3153] Non-Reportable Skin ICD-O-3
Non-Reportable Skin ICD-O-3

Description

This edit is skipped if Histologic Type ICD-O-3 is blank.

If Primary Site = C440-C449 (skin) and Histologic Type ICD-O-3 = 8000-8110, then an error is generated.

These cases are non reportable to SEER.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF117

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NPCR Derived C Stg Grp , Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 05/03/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

NPCR Derived Clin Stg Grp [Std# 3650]

Date of Diagnosis [Std# 390]

Type of Reporting Source [Std# 500]

Default Error Message

[1300] If year of %F2 > 2015, then %F1 cannot be blank

If year of Date of Diagnosis > 2015, then NPCR Derived Clin Stg Grp cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped

1. Date of Diagnosis is blank
2. Type of Reporting Source is 7 (Death Clearance Only) or 6 (Autopsy Only)

If year of Date of Diagnosis is greater than 2015, then NPCR Derived Clin Stg Grp cannot be blank.

Administrative Notes

Added to the v16 metafile

NPCR Derived Clin Stg Grp (NPCR)

Agency: NPCR

Last changed: 03/21/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

NPCR Derived Clin Stg Grp [Std# 3650]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of NPCR Derived Clin Stg Grp" is not a valid value for NPCR Derived Clin Stg Grp

Description

Must be a valid code for NPCR Derived Clin Stg Grp and must be left-justified. Letters must be uppercase. May be blank.

The following codes are valid for at least one TNM edition:

0
0A
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
OC
88
99

Administrative Notes

New Edit for NAACCR v16

NPCR Derived P Stg Grp , Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 06/17/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

NPCR Derived Path Stg Grp [Std# 3655]

Date of Diagnosis [Std# 390]

Type of Reporting Source [Std# 500]

Default Error Message

[1300] If year of %F2 > 2015, then %F1 cannot be blank

If year of Date of Diagnosis > 2015, then NPCR Derived Path Stg Grp cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped

1. Date of Diagnosis is blank
2. Type of Reporting Source is 7 (Death Clearance Only) or 6 (Autopsy Only)

If year of Date of Diagnosis is greater than 2015, then NPCR Derived Path Stg Grp cannot be blank.

Administrative Notes

Added to the v16 metafile

NPCR Derived Path Stg Grp (NPCR)

Agency: NPCR

Last changed: 03/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

NPCR Derived Path Stg Grp [Std# 3655]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of NPCR Derived Path Stg Grp" is not a valid value for NPCR Derived Path Stg Grp

Description

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase. May be blank.

The following codes are valid for at least one TNM edition:

0
0A
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
88
99
OC

Administrative Notes

New Edit for NAACCR v16

NPCR-CER Height

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Height [Std# 9960]

Default Error Message

[7006] %F1 must = 00-99 or blank

Height must = 00-99 or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Height (in inches) must be a 2-digit number in the range of 00-99 or blank.

Note:

98 = 98 inches or greater

99 = unknown

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Height, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Height [Std# 9960]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Height cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Height cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Source Comorbidity

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Source Comorbidity [Std# 9970]

Default Error Message

[7089] %F1 must = 0-5, 9, or blank

Source Comorbidity must = 0-5, 9, or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Must be a valid code for Source Comorbidity: 0-5, 9, or blank.

Codes

- 0 No comorbid condition or complication identified/Not Applicable
- 1 Collected from facility face sheet
- 2 Linkage to facility/hospital discharge data set
- 3 Linkage to Medicare/Medicaid data set
- 4 Linkage with another claims data set
- 5 Combination of two or more sources above
- 9 Other source

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Source Comorbidity, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Source Comorbidity [Std# 9970]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Source Comorbidity cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Source Comorbidity cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Cigarettes

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Cigarettes [Std# 9965]

Default Error Message

[7003] %F1 must = 0-4, 9, or blank

Tobacco Use Cigarettes must = 0-4, 9, or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Must be a valid code for Tobacco Use Cigarettes: 0-4, 9, or blank.

Codes

- 0 Never used
- 1 Current user
- 2 Former user, quit within one year of the date of diagnosis
- 3 Former user, quit more than one year prior to the date of diagnosis
- 4 Former user, unknown when quit
- 9 Unknown/not stated/no smoking specifics provided

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Cigarettes, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Cigarettes [Std# 9965]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Tobacco Use Cigarettes cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Tobacco Use Cigarettes cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use NOS

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use NOS [Std# 9968]

Default Error Message

[7003] %F1 must = 0-4, 9, or blank

Tobacco Use NOS must = 0-4, 9, or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Must be a valid code for Tobacco Use NOS: 0-4, 9, or blank.

Codes

- 0 Never used
- 1 Current user
- 2 Former user, quit within one year of the date of diagnosis
- 3 Former user, quit more than one year prior to the date of diagnosis
- 4 Former user, unknown when quit
- 9 Unknown/not stated/no smoking specifics provided

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use NOS, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use NOS [Std# 9968]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Tobacco Use NOS cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Tobacco Use NOS cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Other Smoke

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Other Smoke [Std# 9966]

Default Error Message

[7003] %F1 must = 0-4, 9, or blank

Tobacco Use Other Smoke must = 0-4, 9, or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Must be a valid code for Tobacco Use Other Smoke: 0-4, 9, or blank.

Codes

- 0 Never used
- 1 Current user
- 2 Former user, quit within one year of the date of diagnosis
- 3 Former user, quit more than one year prior to the date of diagnosis
- 4 Former user, unknown when quit
- 9 Unknown/not stated/no smoking specifics provided

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Other Smoke, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Other Smoke [Std# 9966]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Tobacco Use Other Smoke cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Tobacco Use Other Smoke cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Smokeless

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Smokeless [Std# 9967]

Default Error Message

[7003] %F1 must = 0-4, 9, or blank

Tobacco Use Smokeless must = 0-4, 9, or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Must be a valid code for Tobacco Use Smokeless: 0-4, 9, or blank.

Codes

- 0 Never used
- 1 Current user
- 2 Former user, quit within one year of the date of diagnosis
- 3 Former user, quit more than one year prior to the date of diagnosis
- 4 Former user, unknown when quit
- 9 Unknown/not stated/no smoking specifics provided

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Tobacco Use Smokeless, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Tobacco Use Smokeless [Std# 9967]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Tobacco Use Smokeless cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Tobacco Use Smokeless cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Weight

Agency: NPCR

Last changed: 11/13/2013

Edit Sets

NPCR-CER Edit Set

Fields

Weight [Std# 9961]

Default Error Message

[7002] %F1 must = 000-999 or blank

Weight must = 000-999 or blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

Weight (in pounds) must be a 3-digit number in the range of 000-999 (unknown) or blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPCR-CER Weight, Date of DX

Agency: NPCR

Last changed: 11/20/2013

Edit Sets

NPCR-CER Edit Set

Fields

Weight [Std# 9961]

Date of Diagnosis [Std# 390]

Addr at DX--State [Std# 80]

Default Error Message

[7123] If year of %F2 is 2011 or later, %F1 cannot be blank

If year of Date of Diagnosis is 2011 or later, Weight cannot be blank

Description

This edit belongs to the set of edits used by NPCR to edit the "forever seven" CER fields.

This edit applies only to the CER Core states and only for cases diagnosed 2011 and later. The CER Core states are identified by Addr at DX--State:

- Addr at DX--State = AK, CA, CO, FL, ID, LA, NH, NC, RI, TX

If year of Diagnosis is 2011 or later, then Weight cannot be blank.

Administrative Notes

New edit - added to NAACCR v14 metafile

NPI--Archive FIN (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Archive FIN [Std# 3105]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Archive FIN" is not a valid value for NPI--Archive FIN

Additional Messages

[3224] NPI--Archive FIN must be a ten-digit number
[3225] NPI--Archive FIN cannot = 0000000000 or 9999999999
[3226] NPI--Archive FIN failed the NPI check digit validation

Description

NPI--Archive FIN must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Following Registry (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

NPI--Following Registry [Std# 2445]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Following Registry" is not a valid value for NPI--Following Registry

Additional Messages

[3224] NPI--Following Registry must be a ten-digit number
[3225] NPI--Following Registry cannot = 0000000000 or 9999999999
[3226] NPI--Following Registry failed the NPI check digit validation

Description

NPI--Following Registry must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Inst Referred From (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

NPI--Inst Referred From [Std# 2415]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Inst Referred From" is not a valid value for NPI--Inst Referred From

Additional Messages

[3224] NPI--Inst Referred From must be a ten-digit number
[3225] NPI--Inst Referred From cannot = 0000000000 or 9999999999
[3226] NPI--Inst Referred From failed the NPI check digit validation

Description

NPI--Inst Referred From must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Inst Referred To (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

NPI--Inst Referred To [Std# 2425]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Inst Referred To" is not a valid value for NPI--Inst Referred To

Additional Messages

[3224] NPI--Inst Referred To must be a ten-digit number
[3225] NPI--Inst Referred To cannot = 0000000000 or 9999999999
[3226] NPI--Inst Referred To failed the NPI check digit validation

Description

NPI--Inst Referred To must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Physician 3 (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Physician 3 [Std# 2495]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Physician 3" is not a valid value for NPI--Physician 3

Additional Messages

[3224] NPI--Physician 3 must be a ten-digit number
[3225] NPI--Physician 3 cannot = 0000000000 or 9999999999
[3226] NPI--Physician 3 failed the NPI check digit validation

Description

NPI--Physician 3 must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician 4 (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Physician 4 [Std# 2505]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Physician 4" is not a valid value for NPI--Physician 4

Additional Messages

[3224] NPI--Physician 4 must be a ten-digit number
[3225] NPI--Physician 4 cannot = 0000000000 or 9999999999
[3226] NPI--Physician 4 failed the NPI check digit validation

Description

NPI--Physician 4 must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician--Follow-Up (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Physician--Follow-Up [Std# 2475]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Physician--Follow-Up" is not a valid value for NPI--Physician--Follow-Up

Additional Messages

[3224] NPI--Physician--Follow-Up must be a ten-digit number
[3225] NPI--Physician--Follow-Up cannot = 0000000000 or 9999999999
[3226] NPI--Physician--Follow-Up failed the NPI check digit validation

Description

NPI--Physician Follow_up must be a 10-digit number or blank.
0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician--Managing (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

NPI--Physician--Managing [Std# 2465]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Physician--Managing" is not a valid value for NPI--Physician--Managing

Additional Messages

[3224] NPI--Physician--Managing must be a ten-digit number
[3225] NPI--Physician--Managing cannot = 0000000000 or 9999999999
[3226] NPI--Physician--Managing failed the NPI check digit validation

Description

NPI--Physician--Managing must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician--Prim Surg (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Physician--Prim Surg [Std# 2485]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Physician--Prim Surg" is not a valid value for NPI--Physician--Prim Surg

Additional Messages

[3224] NPI--Physician--Prim Surg must be a ten-digit number
[3225] NPI--Physician--Prim Surg cannot = 0000000000 or 9999999999
[3226] NPI--Physician--Prim Surg failed the NPI check digit validation

Description

NPI--Physician--Prim Surg must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Registry ID (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Fields

NPI--Registry ID [Std# 45]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of NPI--Registry ID" is not a valid value for NPI--Registry ID

Additional Messages

[3224] NPI--Registry ID must be a ten-digit number

[3225] NPI--Registry ID cannot = 0000000000 or 9999999999

[3226] NPI--Registry ID failed the NPI check digit validation

Description

NPI--Registry ID must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 though 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Reporting Facility (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

NPI--Reporting Facility [Std# 545]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of NPI--Reporting Facility" is not a valid value for NPI--Reporting Facility

Additional Messages

[3224] NPI--Reporting Facility must be a ten-digit number
[3225] NPI--Reporting Facility cannot = 0000000000 or 9999999999
[3226] NPI--Reporting Facility failed the NPI check digit validation

Description

NPI--Reporting Facility must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

Obsolete Codes - CS Extension (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Extension [Std# 2810]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Extension ["value of CS Extension"] is obsolete

Additional Messages

[3359] CS Extension=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Extension=OBSOLETE DATA CONVERTED V0102
[3364] CS Extension=OBSOLETE DATA CONVERTED V0104
[3365] CS Extension=OBSOLETE DATA CONVERTED V0200
[3366] CS Extension=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Extension=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Extension=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Extension=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Extension=OBSOLETE DATA CONVERTED V0203
[3399] CS Extension=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Extension=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Extension=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Extension=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Extension=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300
[3498] CS Extension=OBSOLETE DATA CONVERTED V0204

[3499] CS Extension=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Extension=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Extension=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Extension=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Extension=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Extension=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Extension codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Extension is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Extension is table number 2), and CS Extension code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204

20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Extension]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: Schema = Breast, CS Extension = 720]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: Schema = MelanomaHypopharynx, CS Extension = 510]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = MelanomaHypopharynx, CS Extension = 150]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Extension]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Extension]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = MelanomaHypopharynx, CS Extension = 800]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: Schema = Prostate, CS Extension = 330]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Extension]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: Schema = MelanomaConjunctiva, CS Extension = 400]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = SmallIntestine, CS Extension = 095]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = CarcinoidAppendix, CS Extension = 400]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = BileDuctsDistal, CS Extension = 605]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = Appendix, CS Extension = 460]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = CarcinoidAppendix, CS Extension = 501]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

[Example: none for CS Extension]

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

[Example: Schema = Breast, CS Extension = 715]

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Extension]

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

[Example: none for CS Extension]

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

[Example: none for CS Extension]

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

[Example: Schema = BileDuctsIntraHepat, CS Extension = 750]

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
[Example: Schema = Ovary, CS Extension = 300]

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF270

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Lymph Nodes (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Lymph Nodes [Std# 2830]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Lymph Nodes ["value of CS Lymph Nodes"] is obsolete

Additional Messages

[3359] CS Lymph Nodes=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Lymph Nodes=OBSOLETE DATA CONVERTED V0102
[3364] CS Lymph Nodes=OBSOLETE DATA CONVERTED V0104
[3365] CS Lymph Nodes=OBSOLETE DATA CONVERTED V0200
[3366] CS Lymph Nodes=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Lymph Nodes=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Lymph Nodes=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Lymph Nodes=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Lymph Nodes=OBSOLETE DATA CONVERTED V0203
[3399] CS Lymph Nodes=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Lymph Nodes=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Lymph Nodes=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Lymph Nodes=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Lymph Nodes=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Lymph Nodes=OBSOLETE DATA CONVERTED V0204
 [3499] CS Lymph Nodes=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Lymph Nodes=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Lymph Nodes=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Lymph Nodes=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Lymph Nodes=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Lymph Nodes=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Lymph Nodes codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes is table number 4), and CS Lymph Nodes code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200

19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Lymph Nodes]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Lymph Nodes]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Lymph Nodes]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = Thyroid, CS Lymph Nodes = 140]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Lymph Nodes]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Lymph Nodes]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: Schema = Bladder, CS Lymph Nodes = 100]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: Schema = Thyroid, CS Lymph Nodes = 200]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: Schema = Thyroid, CS Lymph Nodes = 100]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: Schema = Vagina, CS Lymph Nodes = 100]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Lymph Nodes = 290]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Thyroid, CS Lymph Nodes = 130]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = BileDuctsIntrahepat, CS Lymph Nodes = 300]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = Rectum, CS Lymph Nodes = 100]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF272

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Lymph Nodes Eval (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Lymph Nodes Eval [Std# 2840]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Lymph Nodes Eval ["value of CS Lymph Nodes Eval"] is obsolete

Additional Messages

[3359] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Lymph Nodes Eval=OBSOLETE DATA CONVERTED V0102
[3364] CS Lymph Nodes Eval=OBSOLETE DATA CONVERTED V0104
[3365] CS Lymph Nodes Eval=OBSOLETE DATA CONVERTED V0200
[3366] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Lymph Nodes Eval=OBSOLETE DATA CONVERTED V0203
[3399] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Lymph Nodes Eval=OBSOLETE DATA CONVERTED V0204

[3499] CS Lymph Nodes Eval=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Lymph Nodes Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Lymph Nodes Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Lymph Nodes Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes Eval is table number 5, and CS Lymph Nodes Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203

14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Lymph Nodes Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Lymph Nodes Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Lymph Nodes Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = MelanomaEyeOther, CS Lymph Nodes Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Lymph Nodes Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Lymph Nodes Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Lymph Nodes Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Lymph Nodes Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Lymph Nodes Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF273

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v13

- Deleted duplicate error logic

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Mets at DX (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Mets at DX [Std# 2850]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Mets at DX ["value of CS Mets at DX"] is obsolete

Additional Messages

[3359] CS Mets at DX=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Mets at DX=OBSOLETE DATA CONVERTED V0102
[3364] CS Mets at DX=OBSOLETE DATA CONVERTED V0104
[3365] CS Mets at DX=OBSOLETE DATA CONVERTED V0200
[3366] CS Mets at DX=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Mets at DX=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Mets at DX=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Mets at DX=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Mets at DX=OBSOLETE DATA CONVERTED V0203
[3399] CS Mets at DX=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Mets at DX=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Mets at DX=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Mets at DX=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Mets at DX=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Mets at DX=OBSOLETE DATA CONVERTED V0204
 [3499] CS Mets at DX=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Mets at DX=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Mets at DX=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Mets at DX=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Mets at DX=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Mets at DX=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Mets at DX codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Mets at DX is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Mets at DX is table number 8), and CS Mets at DX code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202

18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets at DX]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Mets at DX]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Mets at DX]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Lung, CS Mets at DX = 10]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets at DX]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets at DX]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: Schema = Bladder, CS Mets at DX = 10]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Mets at DX]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: Schema = Thyroid, CS Mets at DX = 10]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: Schema = Esophagus, CS Mets at DX = 12]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = Appendix, CS Mets at DX = 07]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: Schema = GISTEsophagus, CS Mets at DX = 50]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: Schema = Ovary, CS Mets at DX = 60]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: Schema = Brain, CS Mets at DX = 10]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: none for CS Mets at DX]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
 - A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
 - A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF274

Modifications:

NAACCR v12C

- Replaced reference to "CS Lymph Nodes" in description with "CS Mets at DX".

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Mets Eval (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Mets Eval [Std# 2860]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Mets Eval ["value of CS Mets Eval"] is obsolete

Additional Messages

[3359] CS Mets Eval=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Mets Eval=OBSOLETE DATA CONVERTED V0102
[3364] CS Mets Eval=OBSOLETE DATA CONVERTED V0104
[3365] CS Mets Eval=OBSOLETE DATA CONVERTED V0200
[3366] CS Mets Eval=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Mets Eval=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Mets Eval=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Mets Eval=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Mets Eval=OBSOLETE DATA CONVERTED V0203
[3399] CS Mets Eval=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Mets Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Mets Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Mets Eval=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Mets Eval=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300
[3498] CS Mets Eval=OBSOLETE DATA CONVERTED V0204

[3499] CS Mets Eval=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Mets Eval=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Mets Eval=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Mets Eval=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Mets Eval=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Mets Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Mets Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Mets Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Mets Eval is table number 9, and CS Mets Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204

- 20. OBSOLETE DATA REVIEWED AND CHANGED V0204
- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Mets Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Mets Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Mets Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Mets Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: Schema = MelanomaEyeOther, CS Mets Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Mets Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Mets Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Mets Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Mets Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Mets Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF275

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 1 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 1 [Std# 2880]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 1 ["value of CS Site-Specific Factor 1"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 1=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 1=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 1=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 1=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 1=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 1=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 1=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 1 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 1 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 1 is table number 10), and CS Site-Specific Factor 1 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 1]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: Schema = MelanomaSkin, CS Site-Specific Factor 1 = 990]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 1]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 1 = 000]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 1]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 1]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = CarcinoidAppendix, CS Site-Specific Factor 1 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 1]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 1]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 1]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Appendix, CS Site-Specific Factor 1 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 1]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 1]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 1]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = MyelomaPlasmaCellDisorder, CS Site-Specific Factor 1 = 000]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF276

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 2 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 2 [Std# 2890]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 2 ["value of CS Site-Specific Factor 2"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 2=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 2=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 2=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 2=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 2=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 2=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 2=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 2 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 2 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit is also skipped if schema is MelanomaIris.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 2 is table number 11), and CS Site-Specific Factor 2 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200

11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 987]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor 2]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor 2]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = Prostate, CS Site-Specific Factor 2 = 000]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 2]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 2]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 2]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 2]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor 2]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = Breast, CS Site-Specific Factor 2 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: Schema = Esophagus, CS Site-Specific Factor 2 = 100]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 2]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 2]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 2]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF277

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 3 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 3 [Std# 2900]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 3 ["value of CS Site-Specific Factor 3"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 3=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 3=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 3=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 3=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 3=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 3=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 3=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 3 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 3 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 3 is table number 12), and CS Site-Specific Factor 3 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 3]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 3]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 3]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 3 = 020]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 3]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 3]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Testis, CS Site-Specific Factor 3 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: Schema = Prostate, CS Site-Specific Factor 3 = 031]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 3]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 3]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 3 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 3]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 3 = 410]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 3]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 3]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF278

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 4 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 4 [Std# 2910]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 4 ["value of CS Site-Specific Factor 4"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 4=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 4=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 4=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 4=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 4=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 4=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 4=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 4 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 4 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 4 is table number 13), and CS Site-Specific Factor 4 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 4]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor 4]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor 4]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = Appendix, CS Site-Specific Factor 4 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 4]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
[Example: Schema = Prostate, CS Site-Specific Factor 4 = 000]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 4]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 4]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 4]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 4]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 990]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

[Example: none for CS Extension]

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF279

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- Description corrected: conditions 17-22 were included twice; first set removed.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 5 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 5 [Std# 2920]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 5 ["value of CS Site-Specific Factor 5"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 5=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 5=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 5=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 5=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300
[3498] CS Site-Specific Factor 5=OBSOLETE DATA CONVERTED V0204
[3499] CS Site-Specific Factor 5=OBSOLETE DATA REVIEWED AND CHANGED V0204
[3500] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
[3501] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
[3502] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
[3503] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
[3504] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
[3505] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
[3506] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
[3507] CS Site-Specific Factor 5=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Invalid site or histology")
ERROR_TEXT("Schema discriminator missing or invalid")
SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 5 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 5 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 5 is table number 14), and CS Site-Specific Factor 5 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 5]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 5]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 5]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Testis, CS Site-Specific Factor 5 = 001]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 5 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 5]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 5 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 5 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF280

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

Obsolete Codes - CS Site-Specific Factor 6 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 6 [Std# 2930]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 6 ["value of CS Site-Specific Factor 6"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 6=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 6=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 6=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 6=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 6=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 6=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 6=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 6 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 6 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 6 is table number 15), and CS Site-Specific Factor 6 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 6]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 6]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 6]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Appendix, CS Site-Specific Factor 6 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 6 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 6]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 6]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 6]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = GISTEsophagus, CS Site-Specific Factor 6 = 995]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 6]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF281

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 7 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 7 [Std# 2861]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 7 ["value of CS Site-Specific Factor 7"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 7=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 7=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 7=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 7=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 7=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 7=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 7=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 7 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 7 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 7 is table number 16), and CS Site-Specific Factor 7 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 7]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 7]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 7]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = GISTEsophagus, CS Site-Specific Factor 7 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 7]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 7 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Brain, CS Site-Specific Factor 7 = 022]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF324

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 8 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 8 [Std# 2862]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 8 ["value of CS Site-Specific Factor 8"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 8=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 8=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 8=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 8=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 8=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 8=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 8=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 8 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 8 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 8 is table number 17), and CS Site-Specific Factor 8 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 8]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor 8]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor 8]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor 8]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 8]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 8]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 8]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 8]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 8]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 8]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor 8 = 001]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 8]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF325

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 9 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor 9 [Std# 2863]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor 9 ["value of CS Site-Specific Factor 9"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor 9=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor 9=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor 9=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor 9=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor 9=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor 9=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor 9=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor 9 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor 9 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 9 is table number 18), and CS Site-Specific Factor 9 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor 9]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 9]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 9]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 9]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 9 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 9]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 9]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 9]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 9]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF326

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor10 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor10 [Std# 2864]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor10 ["value of CS Site-Specific Factor10"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor10=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor10=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor10=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor10=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor10=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor10=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor10=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor10=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor10=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor10=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor10 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor10 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor10 is table number 19), and CS Site-Specific Factor10 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor10]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor10]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor10]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor10]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor10]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor10]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor10 = 981-986]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor10]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor10]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor10]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor10]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF327

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor11 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor11 [Std# 2865]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor11 ["value of CS Site-Specific Factor11"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor11=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor11=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor11=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor11=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor11=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor11=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor11=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor11=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor11=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor11=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor11 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor11 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor11 is table number 20), and CS Site-Specific Factor11 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor11]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor11]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor11]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = NETColon, CS Site-Specific Factor11 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor11]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = GISTAppendix, CS Site-Specific Factor11 = 995]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor11]

Note: Although for Testis schema, CS Site-Specific Factor11 of 000, 010, and 999 are listed in CSV0203 as OBSOLETE DATA REVIEWED AND CHANGED V0203, it is a mistake and will be changed to OBSOLETE DATA RETAINED in the next release of CS. These three codes should not generate errors.

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF328

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor12 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor12 [Std# 2866]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor12 ["value of CS Site-Specific Factor12"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor12=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor12=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor12=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor12=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor12=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor12=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor12=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor12=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor12=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor12=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor12 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor12 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor12 is table number 21), and CS Site-Specific Factor12 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor12]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor12]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor12]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor12]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor12]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor12 = 981-986]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor12]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF329

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor13 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor13 [Std# 2867]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor13 ["value of CS Site-Specific Factor13"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor13=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor13=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor13=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor13=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor13=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor13=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor13=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor13=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor13=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor13=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor13 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor13 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor13 is table number 22), and CS Site-Specific Factor13 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor13]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor13]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor13]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor13]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor13]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor13]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = BileDuctsDistal, CS Site-Specific Factor13 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor13]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor13]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor13]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor13]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF330

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor15 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor15 [Std# 2869]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor15 ["value of CS Site-Specific Factor15"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor15=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor15=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor15=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor15=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor15=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor15=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor15=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor15=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor15=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor15=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor15 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor15 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor15 is table number 24), and CS Site-Specific Factor15 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor15]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor15]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor15]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor15]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor15]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor15]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor15]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor15]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor15]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor15]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Vulva, CS Site-Specific Factor15 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor15]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor15]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor15]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor15]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF332

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor19 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor19 [Std# 2873]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor19 ["value of CS Site-Specific Factor19"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor19=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor19=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor19=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor19=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor19=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor19=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor19=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor19=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor19=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor19=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor19 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor19 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor19 is table number 28), and CS Site-Specific Factor19 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor19]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor19]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor19]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor19]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor19]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor19]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor19]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor19]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor19]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor19]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor19 = 998]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor19]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF336

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor21 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor21 [Std# 2875]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor21 ["value of CS Site-Specific Factor21"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor21=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor21=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor21=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor21=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor21=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor21=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor21=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor21=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor21=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor21=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor21 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor21 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor21 is table number 30), and CS Site-Specific Factor21 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor21]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor21]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor21]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor21]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor21]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor21]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor21]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor21]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor21 = 998]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor21]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF338

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IF339 to IF338.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor22 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor22 [Std# 2876]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor22 ["value of CS Site-Specific Factor22"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor22=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor22=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor22=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor22=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor22=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor22=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor22=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor22=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor22=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor22=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor22 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor22 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor22 is table number 31), and CS Site-Specific Factor22 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor22]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor22]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor22]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor22]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor22]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor22]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor22]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor22]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor22]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor22]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor22 = 997]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor22]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF339

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IF340 to IF339.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor23 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor23 [Std# 2877]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor23 ["value of CS Site-Specific Factor23"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor23=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor23=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor23=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor23=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor23=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor23=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor23=OBSOLETE DATA CONVERTED V0204

[3499] CS Site-Specific Factor23=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Site-Specific Factor23=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Site-Specific Factor23=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor23 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor23 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor23 is table number 32), and CS Site-Specific Factor23 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor23]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor23]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor23]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor23]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor23]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor23]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor23]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor23]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor23]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor23]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor23 = 205]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor23]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF340

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IFxxx to IF340.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor25 (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
CS Version Input Original [Std# 2935]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Site-Specific Factor25 ["value of CS Site-Specific Factor25"] is obsolete

Additional Messages

[3359] CS Site-Specific Factor25=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Site-Specific Factor25=OBSOLETE DATA CONVERTED V0102
[3364] CS Site-Specific Factor25=OBSOLETE DATA CONVERTED V0104
[3365] CS Site-Specific Factor25=OBSOLETE DATA CONVERTED V0200
[3366] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Site-Specific Factor25=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Site-Specific Factor25=OBSOLETE DATA CONVERTED V0203
[3399] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Site-Specific Factor25=OBSOLETE DATA CONVERTED V0204
 [3499] CS Site-Specific Factor25=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Site-Specific Factor25=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Site-Specific Factor25=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Site-Specific Factor25 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions are true:

1. CS Site-Specific Factor25 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor25 is table number 34), and CS Site-Specific Factor25 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203

15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor25]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor25]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor25]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor25]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor25]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor25]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = BileDuctsDistal, CS Site-Specific Factor25 = 100]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor25]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor25]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor25]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 020]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 010]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
- A. If year of Diagnosis is 2012 or higher, an error is generated.
 - B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF282

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Tumor Size (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Tumor Size [Std# 2800]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Tumor Size ["value of CS Tumor Size"] is obsolete

Additional Messages

[3359] CS Tumor Size=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Tumor Size=OBSOLETE DATA CONVERTED V0102
[3364] CS Tumor Size=OBSOLETE DATA CONVERTED V0104
[3365] CS Tumor Size=OBSOLETE DATA CONVERTED V0200
[3366] CS Tumor Size=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Tumor Size=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Tumor Size=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Tumor Size=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Tumor Size=OBSOLETE DATA CONVERTED V0203
[3399] CS Tumor Size=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Tumor Size=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Tumor Size=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Tumor Size=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010
[3405] CS Tumor Size=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Tumor Size=OBSOLETE DATA CONVERTED V0204
 [3499] CS Tumor Size=OBSOLETE DATA REVIEWED AND CHANGED V0204
 [3500] CS Tumor Size=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010
 [3501] CS Tumor Size=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200
 [3502] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011
 [3503] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440
 [3504] CS Tumor Size=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011
 [3505] CS Tumor Size=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440
 [3506] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009
 [3507] CS Tumor Size=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100
 ERROR_TEXT("Date of Diagnosis: %DC")
 ERROR_TEXT("Invalid site or histology")
 ERROR_TEXT("Schema discriminator missing or invalid")
 SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Tumor Size codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size is blank, Date of Diagnosis is blank, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size is table number 1), and CS Tumor Size code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204

- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

- 1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Tumor Size]
- 2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 - an error is generated.
[Example: none for CS Tumor Size]
- 3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 - an error is generated.
[Example: none for CS Tumor Size]
- 4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 - an error is generated.
[Example: Schema = HemeRetic, CS Tumor Size = 888]
- 5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Tumor Size]
- 6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Tumor Size]
- 7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = Conjunctiva, CS Tumor Size = 000]
- 8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
 - an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Tumor Size]
- 9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
 - an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Tumor Size]
- 10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
 - an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Tumor Size]
- 11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
 - an error is generated.
[Example: Schema = NETAmpulla, CS Tumor Size = 996]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to
CSV0203.)
[Example: Schema = CarcinoidAppendix, CS Tumor Size = 998]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was
originally coded using CSV0203), an error is generated.
[Example: none for CS Tumor Size]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was
originally coded using CSV0203), an error is generated.
[Example: none for CS Tumor Size]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was
originally coded using CSV0203), an error is generated.
[Example: none for CS Tumor Size]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was
originally coded using CSV02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was
originally coded using CSV0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was
originally coded using CSV2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to
CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was
originally coded using CSV0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was
originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF269

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Tumor Size/Ext Eval (CS)

Agency: CS

Last changed: 09/15/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Tumor Size/Ext Eval [Std# 2820]
CS Version Input Original [Std# 2935]
CS Site-Specific Factor25 [Std# 2879]
Date of Diagnosis [Std# 390]

Tables

CS_OBS.DBF

Default Error Message

[3545] %F3 [%V3] is obsolete
CS Tumor Size/Ext Eval ["value of CS Tumor Size/Ext Eval"] is obsolete

Additional Messages

[3359] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED - not allowed if DX > 2009
[3363] CS Tumor Size/Ext Eval=OBSOLETE DATA CONVERTED V0102
[3364] CS Tumor Size/Ext Eval=OBSOLETE DATA CONVERTED V0104
[3365] CS Tumor Size/Ext Eval=OBSOLETE DATA CONVERTED V0200
[3366] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED AND CHANGED V0102
[3367] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED AND CHANGED V0103
[3368] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED AND CHANGED V0200
[3386] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED - not allowed if CS Version Input Original > or = 020100
[3398] CS Tumor Size/Ext Eval=OBSOLETE DATA CONVERTED V0203
[3399] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED AND CHANGED V0203
[3400] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if DX > 2010
[3401] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3402] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if DX > 2010
[3403] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0203 - not allowed if CS Version Input Original > or = 020300
[3404] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0203 - not allowed if DX > 2010

[3405] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0203 - not allowed if CS Version Input Original > or = 020300

[3498] CS Tumor Size/Ext Eval=OBSOLETE DATA CONVERTED V0204

[3499] CS Tumor Size/Ext Eval=OBSOLETE DATA REVIEWED AND CHANGED V0204

[3500] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0202 - not allowed if DX > 2010

[3501] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0202 - not allowed if CS Version Input Original > or = 020200

[3502] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if DX > 2011

[3503] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0204 - not allowed if CS Version Input Original > or = 020440

[3504] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0204 - not allowed if DX > 2011

[3505] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED V0204 - not allowed if CS Version Input Original > or = 020440

[3506] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if DX > 2009

[3507] CS Tumor Size/Ext Eval=OBSOLETE DATA RETAINED AND REVIEWED V0200 - not allowed if CS Version Input Original > or = 020100

ERROR_TEXT("Date of Diagnosis: %DC")

ERROR_TEXT("Invalid site or histology")

ERROR_TEXT("Schema discriminator missing or invalid")

SAVE_TEXT("t_schema_msg")

Description

This edit checks for all obsolete CS Tumor Size Ext/Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size/Ext Eval is blank, Date of Diagnosis, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size/Ext Eval is table number 3, and CS Tumor Size/Ext Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203

16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = MelanomaEyeOther, CS Tumor Size/Ext Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Tumor Size/Ext Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF271

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Modified to handle the additional types of obsolete codes that were added for CSv0204.
- Updated to skip if CS Version Input Original is blank.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Histology ICD03, Date of DX (SEER)

Agency: SEER

Last changed: 01/26/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4237] For cases diagnosed 2010 and later, %F2 is obsolete
For cases diagnosed 2010 and later, Histologic Type ICD-O-3 is obsolete

Additional Messages

[4243] Histologic Type ICD-O-3 ("value of Date of Diagnosis") is obsolete; please use 8152 instead

Description

If year of Date of Diagnosis is blank, this edit is skipped.

The following histology is obsolete for all years.

Source: ICD-O-3 Update Implementation (December 2013)

- The current code to be used in place of the obsolete code is shown in the second column.

Obsolete ICD-O-3 Code	Current ICD-O-3 Code
8157	8152

If the year of Date of Diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes listed in the first column are obsolete and will generate an error if used.

Source: Hematopoietic and Lymphoid Neoplasm Database & Coding Manual(Appendix E)

- The current code to be used in place of the obsolete code is shown in the second column.

Obsolete ICD-O-3 Code	Current ICD-O-3 Code
9654	9653
9661	9650
9662	9650
9664	9663
9665	9663
9667	9663
9670	9823
9675	9690
9684	9680
9728	9811

9729	9837
9733	9732
9750	9751
9752	9751
9753	9751
9754	9751
9760	9761 or 9762
9764	9762
9805	9806-9809
9835	9811
9836	9811
9960	9975
9984	9983
9987	9920

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF440

Modifications:

NAACCR v15

- Histology code 8157 is obsolete for all years and should be replaced by 8152
- Diagnosis year for which listed histology codes are obsolete was changed from '2012 and later' to '2010 and later'
- Added code 9752
- Added column of current codes to be used in place of the obsolete codes

Occupation Source (NPCR)

Agency: NPCR

Last changed: 03/29/1997

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Occupation Source [Std# 290]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Occupation Source" is not a valid value for Occupation Source

Description

The one-character field Occupation Source must be blank or it must contain 0, 1, 2, 3, 7, 8, or 9.

Over-ride Misuse (NAACCR)

Agency: NAACCR

Last changed: 02/23/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Over-ride Misuse

Fields

Over-ride Site/Type [Std# 2030]
Over-ride Histology [Std# 2040]
Over-ride Age/Site/Morph [Std# 1990]
Over-ride SeqNo/DxConf [Std# 2000]
Over-ride Site/Lat/SeqNo [Std# 2010]
Over-ride Surg/DxConf [Std# 2020]
Over-ride Report Source [Std# 2050]
Over-ride Ill-define Site [Std# 2060]
Over-ride Leuk, Lymphoma [Std# 2070]
Over-ride Site/Behavior [Std# 2071]
Over-ride Site/EOD/DX Dt [Std# 2072]
Over-ride Site/Lat/EOD [Std# 2073]
Over-ride Site/Lat/Morph [Std# 2074]
Over-ride SS/NodesPos [Std# 1981]
Over-ride SS/TNM-N [Std# 1982]
Over-ride SS/TNM-M [Std# 1983]
Over-ride Acsn/Class/Seq [Std# 1985]
Over-ride HospSeq/DxConf [Std# 1986]
Over-ride COC-Site/Type [Std# 1987]
Over-ride HospSeq/Site [Std# 1988]
Over-ride Site/TNM-StgGrp [Std# 1989]

Default Error Message

[3221] Warning: more than six over-ride flags have been set
Warning: more than six over-ride flags have been set

Description

This edit generates a warning if more than six of the over-ride fields are filled in (not empty). Review is required to determine that over-rides have not been misused. Over-rides should be set only after the fields involved have been reviewed and are known to have been coded correctly.

The over-ride fields are:

Over-ride Site/Type
Over-ride Histology
Over-ride Age/Site/Morph
Over-ride SeqNo/DxConf
Over-ride Site/Lat/SeqNo

Over-ride Surg/DxConf
Over-ride Report Source
Over-ride Ill-define site
Over-ride Leuk, Lymphoma
Over-ride Site/Behavior
Over-ride Site/EOD/Dx Dt
Over-ride Site/Lat/EOD
Over-ride Site/Lat/Morph
Over-ride SS/NodesPos
Over-ride SS/TNM-N
Over-ride SS/TNM-M
Over-ride Acsn/Class/Seq
Over-ride HospSeq/DxConf
Over-ride COC-Site/Type
Over-ride HospSeq/Site
Over-ride Site/TNM-StgGrp

Administrative Notes

Modifications:

NAACCR v12

02/09

Over-ride SS/DisMet1 was retired in v12 and has been removed from this edit.

Path Date Spec Collect 1 (NAACCR)

Agency: NAACCR

Last changed: 05/23/2010

Edit Sets

Path Items

Fields

Path Date Spec Collect 1 [Std# 7320]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Date Spec Collect 1 ("value of Path Date Spec Collect 1") is invalid

Additional Messages

ERROR_TEXT("Date error: %DC")

Description

Path Date Spec Collect 1 records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

Path Date Spec Collect 1 may be blank. If entered, the first 8 characters are edited and must be in the format of CCYYMMDD. Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Date Spec Collect 2 (NAACCR)

Agency: NAACCR

Last changed: 05/23/2010

Edit Sets

Path Items

Fields

Path Date Spec Collect 2 [Std# 7321]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Date Spec Collect 2 ("value of Path Date Spec Collect 2") is invalid

Additional Messages

ERROR_TEXT("Date error: %DC")

Description

Path Date Spec Collect 2 records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

Path Date Spec Collect 2 may be blank. If entered, the first 8 characters are edited and must be in the format of CCYYMMDD. Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Date Spec Collect 3 (NAACCR)

Agency: NAACCR

Last changed: 05/23/2010

Edit Sets

Path Items

Fields

Path Date Spec Collect 3 [Std# 7322]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Date Spec Collect 3 ("value of Path Date Spec Collect 3") is invalid

Additional Messages

ERROR_TEXT("Date error: %DC")

Description

Path Date Spec Collect 3 records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

Path Date Spec Collect 3 may be blank. If entered, the first 8 characters are edited and must be in the format of CCYYMMDD. Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Date Spec Collect 4 (NAACCR)

Agency: NAACCR

Last changed: 05/23/2010

Edit Sets

Path Items

Fields

Path Date Spec Collect 4 [Std# 7323]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Date Spec Collect 4 ("value of Path Date Spec Collect 4") is invalid

Additional Messages

ERROR_TEXT("Date error: %DC")

Description

Path Date Spec Collect 1 records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

Path Date Spec Collect 1 may be blank. If entered, the first 8 characters are edited and must be in the format of CCYYMMDD. Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Date Spec Collect 5 (NAACCR)

Agency: NAACCR

Last changed: 05/23/2010

Edit Sets

Path Items

Fields

Path Date Spec Collect 5 [Std# 7324]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Date Spec Collect 5 ("value of Path Date Spec Collect 5") is invalid

Additional Messages

ERROR_TEXT("Date error: %DC")

Description

Path Date Spec Collect 5 records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

Path Date Spec Collect 5 may be blank. If entered, the first 8 characters are edited and must be in the format of CCYYMMDD. Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Order Phys Lic No 1 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Order Phys Lic No 1 [Std# 7100]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Order Phys Lic No 1 ("value of Path Order Phys Lic No 1") is invalid

Description

Path Order Phys Lic No 1 describes the license number of the physician submitting specimens for the first path report.

Path Order Phys Lic No 1 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Order Phys Lic No 2 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Order Phys Lic No 2 [Std# 7101]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Order Phys Lic No 2 ("value of Path Order Phys Lic No 2") is invalid

Description

Path Order Phys Lic No 2 describes the license number of the physician submitting specimens for the second path report.

Path Order Phys Lic No 2 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Order Phys Lic No 3 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Order Phys Lic No 3 [Std# 7102]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Order Phys Lic No 3 ("value of Path Order Phys Lic No 3") is invalid

Description

Path Order Phys Lic No 3 describes the license number of the physician submitting specimens for the third path report.

Path Order Phys Lic No 3 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Order Phys Lic No 4 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Order Phys Lic No 4 [Std# 7103]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Order Phys Lic No 4 ("value of Path Order Phys Lic No 4") is invalid

Description

Path Order Phys Lic No 4 describes the license number of the physician submitting specimens for the fourth path report.

Path Order Phys Lic No 4 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Order Phys Lic No 5 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Order Phys Lic No 5 [Std# 7104]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Order Phys Lic No 5 ("value of Path Order Phys Lic No 5") is invalid

Description

Path Order Phys Lic No 5 describes the license number of the physician submitting specimens for the fifth path report.

Path Order Phys Lic No 5 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Ordering Fac No 1 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Ordering Fac No 1 [Std# 7190]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Ordering Fac No 1 ("value of Path Ordering Fac No 1") is invalid

Description

Path Ordering Fac No 1 describes the facility ID number of the facility where the specimen described in the first path report was removed/collected.

Path Ordering Fac No 1 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Ordering Fac No 2 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Ordering Fac No 2 [Std# 7191]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Ordering Fac No 2 ("value of Path Ordering Fac No 2") is invalid

Description

Path Ordering Fac No 2 describes the facility ID number of the facility where the specimen described in the second path report was removed/collected.

Path Ordering Fac No 2 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Ordering Fac No 3 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Ordering Fac No 3 [Std# 7192]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Ordering Fac No 3 ("value of Path Ordering Fac No 3") is invalid

Description

Path Ordering Fac No 3 describes the facility ID number of the facility where the specimen described in the third path report was removed/collected.

Path Ordering Fac No 3 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Ordering Fac No 4 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Ordering Fac No 4 [Std# 7193]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Ordering Fac No 4 ("value of Path Ordering Fac No 4") is invalid

Description

Path Ordering Fac No 4 describes the facility ID number of the facility where the specimen described in the fourth path report was removed/collected.

Path Ordering Fac No 4 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Ordering Fac No 5 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Ordering Fac No 5 [Std# 7194]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Ordering Fac No 5 ("value of Path Ordering Fac No 5") is invalid

Description

Path Ordering Fac No 5 describes the facility ID number of the facility where the specimen described in the fifth path report was removed/collected.

Path Ordering Fac No 5 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Number 1 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Report Number 1 [Std# 7090]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Number 1 ("value of Path Report Number 1") is invalid

Description

Path Report Number 1 describes the unique sequential number assigned by a laboratory to the first report for this case.

Path Report Number 1 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Number 2 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Report Number 2 [Std# 7091]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Report Number 2 ("value of Path Report Number 2") is invalid

Description

Path Report Number 2 describes the unique sequential number assigned by a laboratory to the second report for this case.

Path Report Number 2 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Number 3 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Report Number 3 [Std# 7092]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Number 3 ("value of Path Report Number 3") is invalid

Description

Path Report Number 3 describes the unique sequential number assigned by a laboratory to the third report for this case.

Path Report Number 3 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Number 4 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Report Number 4 [Std# 7093]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Number 4 ("value of Path Report Number 4") is invalid

Description

Path Report Number 4 describes the unique sequential number assigned by a laboratory to the fourth report for this case.

Path Report Number 4 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Number 5 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Report Number 5 [Std# 7094]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Number 5 ("value of Path Report Number 5") is invalid

Description

Path Report Number 5 describes the unique sequential number assigned by a laboratory to the fifth report for this case.

Path Report Number 5 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Path Report Type 1 (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Path Items

Fields

Path Report Type 1 [Std# 7480]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Type 1 ("value of Path Report Type 1") is invalid

Description

Path Report Type 1 describes the origin of the first pathology report contributing to this cancer abstract.

Path Report Type 1 must be a valid 2-digit code (01-11, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Report Type 2 (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Path Items

Fields

Path Report Type 2 [Std# 7481]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Type 2 ("value of Path Report Type 2") is invalid

Description

Path Report Type 2 describes the origin of the second pathology report contributing to this cancer abstract.

Path Report Type 2 must be a valid 2-digit code (01-11, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Report Type 3 (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Path Items

Fields

Path Report Type 3 [Std# 7482]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Report Type 3 ("value of Path Report Type 3") is invalid

Description

Path Report Type 3 describes the origin of the third pathology report contributing to this cancer abstract.

Path Report Type 3 must be a valid 2-digit code (01-11, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Report Type 4 (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Path Items

Fields

Path Report Type 4 [Std# 7483]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Report Type 4 ("value of Path Report Type 4") is invalid

Description

Path Report Type 4 describes the origin of the fourth pathology report contributing to this cancer abstract.

Path Report Type 4 must be a valid 2-digit code (01-11, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Report Type 5 (NAACCR)

Agency: NAACCR

Last changed: 01/25/2010

Edit Sets

Path Items

Fields

Path Report Type 5 [Std# 7484]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Report Type 5 ("value of Path Report Type 5") is invalid

Description

Path Report Type 5 describes the origin of the fifth pathology report contributing to this cancer abstract.

Path Report Type 5 must be a valid 2-digit code (01-11, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Path Reporting Fac ID 1 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Reporting Fac ID 1 [Std# 7010]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Reporting Fac ID 1 ("value of Path Reporting Fac ID 1") is invalid

Description

Path Reporting Fac ID 1 describes the identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the first report of the case.

Path Reporting Fac ID 1 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"@{b,@}*" changed to "@{?}*"

Path Reporting Fac ID 2 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Reporting Fac ID 2 [Std# 7011]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Reporting Fac ID 2 ("value of Path Reporting Fac ID 2") is invalid

Description

Path Reporting Fac ID 2 describes the identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the second report of the case.

Path Reporting Fac ID 2 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"@{b,@}*" changed to "@{?}*"

Path Reporting Fac ID 3 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Reporting Fac ID 3 [Std# 7012]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Reporting Fac ID 3 ("value of Path Reporting Fac ID 3") is invalid

Description

Path Reporting Fac ID 3 describes the identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the third report of the case.

Path Reporting Fac ID 3 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"@{b,@}*" changed to "@{?}*"

Path Reporting Fac ID 4 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Reporting Fac ID 4 [Std# 7013]

Default Error Message

[3311] %F1 (%V1) is invalid
Path Reporting Fac ID 4 ("value of Path Reporting Fac ID 4") is invalid

Description

Path Reporting Fac ID 4 describes the identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the fourth report of the case.

Path Reporting Fac ID 4 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"@{b,@}*" changed to "@{?}*"

Path Reporting Fac ID 5 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Sets

Path Items

Fields

Path Reporting Fac ID 5 [Std# 7014]

Default Error Message

[3311] %F1 (%V1) is invalid

Path Reporting Fac ID 5 ("value of Path Reporting Fac ID 5") is invalid

Description

Path Reporting Fac ID 5 describes the identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the fifth report of the case.

Path Reporting Fac ID 5 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Patient ID Number (SEER CASENUM)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Patient ID Number [Std# 20]

Default Error Message

[252] Case Number not valid
Case Number not valid

Description

The reporting registry assigns a unique number to each patient. This edit checks that the field is numeric, greater than zero, right-justified and zero-padded on the left.

Administrative Notes

Modifications:

NACR110C

08/20/06

Edit modified to not allow blanks; that is, field cannot be empty.

Patient System ID-Hosp (NAACCR)

Agency: NAACCR

Last changed: 02/21/2005

Fields

Patient System ID-Hosp [Std# 21]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Patient System ID-Hosp" is not a valid value for Patient System ID-Hosp

Description

This edit checks that the field is numeric, greater than zero, right-justified and zero-padded on the left. May be blank.

Physician 3 (COC)

Agency: COC

Last changed: 03/29/1997

Fields

Physician 3 [Std# 2490]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Physician 3 must contain alphanumeric and be left-justified

Description

Field must contain alphanumeric and be left-justified. May be blank.

Physician 4 (COC)

Agency: COC

Last changed: 03/29/1997

Fields

Physician 4 [Std# 2500]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Physician 4 must contain alphanumeric and be left-justified

Description

Field must contain alphanumeric and be left-justified. May be blank.

Physician--Follow-Up (COC)

Agency: COC

Last changed: 02/13/2004

Fields

Physician--Follow-Up [Std# 2470]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified

Physician--Follow-Up must contain alphanumeric and be left-justified

Description

Item may be blank. If entered, must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are not allowed.

Physician--Follow-Up, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/13/2010

Fields

Physician--Follow-Up [Std# 2470]

Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995

Physician--Follow-Up cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is 1996 or later, then Physician--Follow-Up cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Physician--Primary Surg (COC)

Agency: COC

Last changed: 02/13/2004

Fields

Physician--Primary Surg [Std# 2480]

Default Error Message

[1015] %F1 must contain alphanumeric and be left-justified
Physician--Primary Surg must contain alphanumeric and be left-justified

Description

Item may be blank. If entered, must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are not allowed.

Physician--Primary Surg, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/13/2010

Fields

Physician--Primary Surg [Std# 2480]

Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995

Physician--Primary Surg cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is 1996 or later, then Physician--Primary Surg cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

PIN III ICD03, Date of Diagnosis (SEER IF110)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3143] PIN III, Date of Diagnosis conflict
PIN III, Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is greater than 2000 and Primary Site = C619 (Prostate) and Histologic Type ICD-O-3 = 8148 and Behavior Code ICD-O-3 = 2 (PIN III), an error is generated.

This edit should be used only by registries that do not collect and/or do not want to submit PIN III cases for diagnosis years beginning with 2001.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Place of Death (NAACCR)

Agency: NAACCR

Last changed: 11/28/2012

Edit Sets

Verify Place of Death Conversion

Fields

Place of Death [Std# 1940]

Tables

DPLACE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Place of Death" is not a valid value for Place of Death

Description

If entered, must be a valid Place of Death code. See Appendix B of SEER Program Code Manual for numeric and alphabetic lists of places and codes. May be blank because Place of Death has been replaced by Place of Death--Country and Place of Death--State.

Administrative Notes

Modifications:

NAACCR v13

- Updated to allow the field to be blank. Place of Death has been replaced by Place of Death--Country and Place of Death--State.

Place of Death, Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Verify Place of Death Conversion

Fields

Place of Death [Std# 1940]
Place of Death--Country [Std# 1944]
Place of Death--State [Std# 1942]

Tables

CNTRY_ST.DBF

Default Error Message

[3268] %F1 (%V1), %F2 (%V2), %F3 (%V3) conflict
Place of Death ("value of Place of Death"), Place of Death--Country ("value of Place of Death--Country"),
Place of Death--State ("value of Place of Death--State") conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Place of Death--State and Place of Death--Country codes are valid for the Place of Death (geocode).

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Place of Death, Vital Status (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Fields

Place of Death [Std# 1940]

Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict

Place of Death and Vital Status conflict

Description

If Place of Death = 997 (patient is alive), Vital Status must = 1 (alive). If Place of Death not = 997, Vital Status must = 0.

Place of Death--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Place of Death--Country [Std# 1944]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Place of Death--Country" is not a valid value for Place of Death--Country

Description

Place of Death--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Place of Death--Country, Date of Diagnosis(NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Date of Diagnosis [Std# 390]
Place of Death--Country [Std# 1944]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012
Date of Diagnosis cannot be "value of Date of Diagnosis" if Place of Death--Country is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Place of Death--Country cannot be any of the following "historic" codes:

XNI North American Islands
XCB Other Caribbean Islands
XEN England, Channel Islands, Isle of Man
XSC Scandinavia
XGR Germanic Countries
XSL Slavic Countries
XUM Ukraine and Moldova
XNF North Africa
XSD Sudanese Countries
XWF West Africa
XSF South Africa
XEF East Africa
XIF African Islands
XET Ethiopia and Eritrea
XAP Arabian Peninsula
XIS Israel and Palestine
XCR Caucasian Republics of former USSR
XOR Other Asian Republics of former USSR
XSE Southeast Asia
XMS Malaysia, Singapore, Brunei
XCH China, NOS
XML Melanesian Islands
XMC Micronesian Islands
XPL Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13A metafile.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Place of Death--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Place of Death--Country [Std# 1944]
Place of Death--State [Std# 1942]

Tables

CNTRY_ST.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Place of Death--Country and Place of Death--State conflict

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Place of Death--State code is valid for the Place of Death--Country.

Administrative Notes

New edit - added to NAACCR v14 metafile.

Modifications

NAACCR v15

- Edit updated to no longer allow Place of Death--State of XX (Resident of country other than U.S. or Canada, country known) with Place of Death--Country of ZZ (Not U.S. or Canada, country unknown)

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
Czechoslovakia (former) - 'XCZ' changed to 'CSK'
Slovakia - 'SWK' changed to 'SVK'
Vanuatu - 'VLT' changed to 'VUT'
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Place of Death--Country, Vital Status (NPCR)

Agency: NPCR

Last changed: 11/07/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Place of Death--Country [Std# 1944]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
Place of Death--Country and Vital Status conflict

Description

If Place of Death--Country is not blank, then Vital Status must = 0 (dead).

Administrative Notes

New edit - added to NAACCR v13 metafile.

Place of Death--State (NAACCR)

Agency: NAACCR

Last changed: 12/03/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Place of Death--State [Std# 1942]

Tables

CNTRY_ST.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Place of Death--State" is not a valid value for Place of Death--State

Description

Place of Death--State must contain a valid ISO code or standard custom code for state. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Place of Death--State, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 02/14/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Place of Death--State [Std# 1942]
Date of Diagnosis [Std# 390]

Default Error Message

[4992] %F1 cannot be %V1 if %F2 is greater than 2012
Place of Death--State cannot be "value of Place of Death--State" if Date of Diagnosis is greater than 2012

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Place of Death--State cannot be any of the following "historic" codes:

NN	New England and New Jersey
MM	Maritime Provinces
PP	Prairie Provinces
YN	Yukon and Northwest Territories

Administrative Notes

New edit - added to NAACCR v13A metafile.

Place of Death--State, Vital Status (NPCR)

Agency: NPCR

Last changed: 11/07/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Verify Place of Death Conversion

Fields

Place of Death--State [Std# 1942]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
Place of Death--State and Vital Status conflict

Description

If Place of Death--State is blank, then Vital Status must = 1 (alive).
If Place of Death--State is not blank, then Vital Status must = 0 (dead).

Administrative Notes

New edit - added to NAACCR v13 metafile.

Primary Payer at DX (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Payer at DX [Std# 630]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Primary Payer at DX" is not a valid value for Primary Payer at DX

Description

Must be a valid code for Primary Payer at DX (01,02,10,20,21,31,35,60-68,99).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Primary Payer at DX (NPCR)

Agency: NPCR

Last changed: 04/28/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Payer at DX [Std# 630]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Primary Payer at DX" is not a valid value for Primary Payer at DX

Description

Must be a valid code for Primary Payer at DX (01,02,10,20,21,31,35,60-68,99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank.

Modifications:

NACR110C
07/24/06

Description only modified: reference to another edit ("Primary Payer at DX, Date of DX") that requires field to be filled in for 2005+ cases was deleted. (The edit "Primary Payer at DX, Date of DX (NPCR)" was deleted because NPCR is requiring Primary Payer at DX only when available.)

Primary Payer at DX, Date of DX (SEER IF181)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Primary Payer at DX [Std# 630]

Default Error Message

[2005] If year of %F1 > 2006, then %F2 cannot be blank

If year of Date of Diagnosis > 2006, then Primary Payer at DX cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If Date of Diagnosis = 2007 or later, Primary Payer at DX cannot be blank.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF181

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site (SEER SITE)

Agency: SEER

Last changed: 05/14/2001

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]

Tables

SITE_TBL.DBF

Default Error Message

[270] Primary Site not valid
Primary Site not valid

Description

Must be one of the topography codes defined by the International Classification of Diseases for Oncology, Second Edition or Third Edition. (The decimal point is dropped and the `C' is required.)

Primary Site, AJCC M - Ed 7, ICD03 (COC)

Agency: COC

Last changed: 07/30/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Grade Path Value [Std# 441]

Tables

AJC7MC.DBF
AJC7MP.DBF
AJC7SIGP.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010, greater than 2015, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number is not = 07 and not = 88
5. TNM Clin M and TNM Path M are both blank

TNM Clin M and TNM Path M may be blank. If entered, they will be edited site-specifically.

The site-specific TNM M values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic M codes are listed under TNM M. When there is a difference in allowable values for clinical and pathologic M codes, they will be specified separately. This edit ignores "c" and "p" prefixes for M category values.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:

Clin: 0,1

Path: 1

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM M:

Clin: 0,1,88

Path: 1,88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM M:

Clin: 0,1,88

Path: 1,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM M:

Clin: 0,1,88

Path: 1,88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM M:

Clin: 0,1,88

Path: 1,88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM M:

Clin: 0,1,88

Path: 1,88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:

Clin: 0,1

Path: 1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4 or [Grade = 9 and Grade Path Value = 4]

TNM M:

Clin: 0,1

Path: 1

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,88

Path: 1,88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM M:

Clin: 0,1

Path: 1

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999
C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:

Clin: 0,1

Path: 1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

Clin: 0,1,88

Path: 1,88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1,88

Path: 1,88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1,88

Path: 1,88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1

Path: 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1,88

Path: 1,88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:
Clin: 0,1,88
Path: 1,88

18. Liver

18A. Sites:
C220
Histologies Requiring AJCC Staging:
8170-8175

TNM M:
Clin: 0,1, 88
Path: 1, 88

18B. Sites:
C221
Histologies Requiring AJCC Staging:
8170-8175

TNM M:
Clin: 0,1,88
Path: 1,88

19. Intrahepatic Bile Ducts

19A. Sites:
C220
Histologies Requiring AJCC Staging:
8160, 8161, 8180

TNM M:
Clin: 0,1,88
Path: 1,88

19B. Sites:
C221
Histologies Requiring AJCC Staging:
8160, 8161, 8180

TNM M:
Clin: 0,1
Path: 1

20. Gallbladder

Sites:
C239
C240 and Discriminator (CS Site-Specific Factor 25) = 030
Histologies Requiring AJCC Staging:
8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

21. Perihilar Bile Ducts

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

TNM M:

Clin: 0,1

Path: 1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM M:

Clin: 0,1

Path: 1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM M:

Clin: 0,1

Path: 1

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

Clin: 0,1.1A.1B

Path: 1.1A,1B

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM M:

Clin: 0,1

Path: 1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:
8247

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020

TNM M:

Clin: 0,0I+,1
Path: 1

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8276, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

Clin: 0,1,88

Path: 1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

Clin: 0,1,88

Path: 1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

Clin: 0,1,88

Path: 1,88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:
8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM M:
Clin: 0,1
Path: 1

38. Fallopian Tube

Sites:
C570
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

39. Gestational Trophoblastic Tumors

Sites:
C589
Histologies Requiring AJCC Staging:
9100-9105

TNM M:
Clin: 0,1,1A,1B,88
Path: 1,1A,1B,88

40. Penis

Sites:
C600-C602,C608,C609
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

41. Prostate

Sites:
C619
Histologies Requiring AJCC Staging:
8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1,1A,1B,1C,88
Path: 1,1A,1B,1C,88

42. Testis

Sites:
C620,C621,C629

Histologies Requiring AJCC Staging:
8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM M:
Clin: 0,1,1A,1B

Path: 1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,88

Path: 1,88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

Clin: 0,1,88

Path: 1,88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

Clin: 0,1,88

Path: 1,88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1

Path: 1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM M:

Clin: 0,1,1A,1B,1C,1D,1E

Path: 1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,88

Path: 1,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

Clin: 0,1,88

Path: 1,88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

Clin: 0,1,1A,1B,1C

Path: 1,1A,1B,1C

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM M:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM M:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM M:

Clin: 0,1,88

Path: 1,88

All Others

TNM M:

88

Administrative Notes

New edit - added to NAACCR v12.0 metafile

MODIFICATIONS:

NAACCR v12

- Edit description updated to state that edit is skipped if TNM Edition Number is not = 07 and not = 88.
- Logic updated to require M codes of 88 for cases with no AJCC staging.
- Logic updated to validate Soft Tissue Sarcoma codes correctly.
- Table updates:
 - Added Merkel Cell Carcinoma (group 030)
 - Added Primary Cutaneous Lymphoid group (57B)

NAACCR v12D

- Added primary site C101 to Larynx/Supraglottis, Subglottis, Other (group 5A)
- Updated table AJC7SIGP Neuroendocrine - Colon/Rectum - Subgroup 17C to include C180

NAACCR v12.1

- Split group 018 (Liver, C220-C221) into 18A (Liver, C220) and 18B (Liver, C221)
 - Code 88 allowed for C221, but not C220
- Split group 019 (Intrahepatic Bile Ducts, C220-C221) into 19A (Intrahepatic Bile Ducts, C220) and 19B (Intrahepatic Bile Ducts, C221)
 - Code 88 allowed for C220, but not C221

NAACCR v12.2

- Group 007 (Major Salivary Glands): added 8982 to list of histologies requiring AJCC staging
- Group 10B (Esophagus Gastric Junction): changed SSF 25 codes used to determine schema for C160-C162 from '010, 020, 040, 060, blank (blank is for C160 only)' to '020, 040, 060 (for C161-C162), 982 (982 is for C160 only)'

- Group 011 (Stomach): changed SSF 25 codes used to determine schema for C161-C162 from '000, 030, 050' to '000, 030, 100, 999'; specified SSF 25 codes for C163-C166, C168-C169 as '981'
- Group 024 (Exocrine and Endocrine Pancreas): added 8971 to list of histologies requiring AJCC staging
- Group 36A (Corpus Uteri - Carcinomas): changed list of histologies requiring AJCC staging to 8000-8790, 8950-8951, 8980-8981
- Group 36B (Corpus Uteri - Leiomyosarcoma and Endometrial Stromal Sarcoma): changed list of histologies requiring AJCC staging to 8800, 8890-8898, 8900-8921, 8930-8931, 8935
- Group 053 (Carcinoma of the Lacrimal Gland): changed SSF 25 code used to determine schema from 010 to 015

NAACCR v12.2A

- Group 16B (Gastrointestinal Stromal Tumor - Small Intestine): deleted C173 (Meckel diverticulum) from list of primary sites
- Group 28 (Soft Tissue Sarcoma) - sites and histologies reworked.

NAACCR v12.2C

- Group 08A, 08B, 08C, 08D and 08F (Thyroid groups that include Grade when determining stage): edit modified to check Grade Path Value when Grade = 9
- Group 028 (Soft Tissue Sarcoma) - added sub-group designations to description

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v15

- Corrected typo in the description for Group 23, Ampulla of Vater (C241): removed 8971 from list of histologies requiring AJCC stage. (Edit logic is correct.)

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin M and TNM Path M for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver

26. Pleura

36B. Corpus Sarcoma

36C. Corpus Adenosarcoma

37A. Ovary

41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

Added logic to allow validation of codes with either precursor "c" or "p"

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8270-8290 to 8720-8790

- Updated table referenced by logic, AJC7MP.DBF, to include M0 for all sites with AJCC staging, M0I+ for Breast, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC M - Ed 7, ICDO3 (NPCR)

Agency: NPCR

Last changed: 07/30/2016

Edit Sets

Pre2016 no c,p in codes

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Type of Reporting Source [Std# 500]

Tables

AJC7MC.DBF
AJC7MP.DBF
AJC7SIGP.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), invalid, or diagnosis date is greater than 2015.
2. Type of Reporting Source = 7 (Death Certificate Only)
2. Histologic Type ICD-O-3 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number is not = 07 and not = 88
5. TNM Clin M and TNM Path M are both blank

TNM Clin M and TNM Path M may be blank. If entered, they will be edited site-specifically.

The site-specific TNM M values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic M codes are listed under TNM M. When there is a difference in allowable values for clinical and pathologic M codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:

Clin: 0,1

Path: 1

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM M:

Clin: 0,1, 88

Path: 1, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8D. Thyroid: Medullary
Sites:

C739

Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8E. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

TNM M:
Clin: 0,1
Path: 1

8F. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM M:
Clin: 0,1
Path: 1

9. Mucosal Melanoma of the Head and Neck

Sites:
C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM M:
Clin: 0,1, 88
Path: 1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:
C150-C155, C158-C159
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

10B. Esophagus Gastric Junction

Sites:
C160-C162
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM M:
Clin: 0,1
Path: 1

11. Stomach

Sites:
C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:

Clin: 0,1

Path: 1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

Clin: 0,1, 88

Path: 1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1

Path: 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88
Path: 1, 88

18. Liver

18A. Sites:
C220
Histologies Requiring AJCC Staging:
8170-8175
TNM M:
Clin: 0,1,88
Path: 1,88

18B. Sites:
C221
Histologies Requiring AJCC Staging:
8170-8175
TNM M:
Clin: 0,1,88
Path: 1,88

19. Intrahepatic Bile Ducts

19A. Sites:
C220
Histologies Requiring AJCC Staging:
8160, 8161, 8180
TNM M:
Clin: 0,1,88
Path: 1,88

19B. Sites:
C221
Histologies Requiring AJCC Staging:
8160, 8161, 8180
TNM M:
Clin: 0,1
Path: 1

20. Gallbladder

Sites:
C239
C240 and Discriminator (CS Site-Specific Factor 25) = 030
Histologies Requiring AJCC Staging:
8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

21. Perihilar Bile Ducts

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999
Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

22. Distal Bile Duct

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

23. Ampulla of Vater

Sites:
C241
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM N:
TNM M:
Clin: 0,1
Path: 1

24. Exocrine and Endocrine Pancreas

Sites:
C250-C254, C257-C259
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8971, 8980-8981
TNM M:
Clin: 0,1
Path: 1

25. Lung

Sites:
C340-C343, C348, C349
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1,1A,1B
Path: 1,1A,1B

26. Pleural Mesothelioma

Sites:
C384
Histologies Requiring AJCC Staging:
9050-9053
TNM M:
Clin: 0,1
Path: 1

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

Clin: 0,1.1A.1B

Path: 1.1A,1B

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM M:

Clin: 0,1

Path: 1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:
8247

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020

TNM M:

Clin: 0,0I+,1
Path: 1

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8276, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

Clin: 0,1,88

Path: 1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

Clin: 0,1,88

Path: 1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

Clin: 0,1, 88

Path: 1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM M:

Clin: 0,1

Path: 1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM M:

Clin: 0,1,1A,1B,88

Path: 1,1A,1B,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B,1C, 88

Path: 1,1A,1B,1C, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1, 88

Path: 1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:
8370

TNM M:

Clin: 0,1, 88
Path: 1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1
Path: 1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88
Path: 1,1A,1B,1C,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88
Path: 1,1A,1B,1C,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:
9510-9514

TNM M:

Clin: 0,1,1A,1B,1C,1D,1E
Path: 1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

Clin: 0,1, 88
Path: 1, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:
8000, 8680-9136, 9141-9582

TNM M:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM M:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM M:

Clin: 0,1,88

Path: 1,88

All Others

TNM M:

88

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. NPCR version does not reference Grade Path Value at all.

Modifications

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v15

- Corrected typo in the description for Group 23, Ampulla of Vater (C241): removed 8971 from list of histologies requiring AJCC stage. (Edit logic is correct.)

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin M and TNM Path M for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater
17C. NET: Colon and Rectum
18A. Liver
26. Pleura
36B. Corpus Sarcoma
36C. Corpus Adenosarcoma
37A. Ovary
41. Prostate
43. Kidney
47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit

Deleted M0 from site/histology group 55

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8270-8290 to 8720-8790
- Updated table referenced by logic, AJC7MP.DBF, to include M0 for all sites with AJCC staging, M0I+ for Breast, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC M - Ed 7, ICDO3 (SEER)

Agency: SEER

Last changed: 07/30/2016

Edit Sets

Pre2016 no c,p in codes
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Type of Reporting Source [Std# 500]

Tables

AJC7MC.DBF
AJC7MP.DBF
AJC7SIGP.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank(unknown), invalid, or date of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin M and TNM Path M are both blank

TNM Clin M and TNM Path M may be blank. If entered, they will be edited site-specifically.

The site-specific TNM M values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic M codes are listed under TNM M. When there is a difference in allowable values for clinical and pathologic M codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):
020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

5. Larynx

5A. Supraglottis, Subglottis, Other
Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

TNM M:
Clin: 0,1
Path: 1

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982

TNM M:
Clin: 0,1, 88
Path: 1, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM M:

Clin: 0,1, 88

Path: 1, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM M:

Clin: 0,1, 88

Path: 1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM M:

Clin: 0,1, 88

Path: 1, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM M:

Clin: 0,1, 88

Path: 1, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:

Clin: 0,1

Path: 1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM M:

Clin: 0,1

Path: 1

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1, 88

Path: 1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM M:

Clin: 0,1

Path: 1

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999
C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:

Clin: 0,1

Path: 1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

Clin: 0,1, 88

Path: 1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1

Path: 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:
Clin: 0,1, 88
Path: 1, 88

18. Liver

18A. Sites:
C220
Histologies Requiring AJCC Staging:
8170-8175

TNM M:
Clin: 0,1,88
Path: 1,88

18B. Sites:
C221
Histologies Requiring AJCC Staging:
8170-8175

TNM M:
Clin: 0,1,88
Path: 1,88

19. Intrahepatic Bile Ducts

19A. Sites:
C220
Histologies Requiring AJCC Staging:
8160, 8161, 8180

TNM M:
Clin: 0,1,88
Path: 1,88

19B. Sites:
C221
Histologies Requiring AJCC Staging:
8160, 8161, 8180

TNM M:
Clin: 0,1
Path: 1

20. Gallbladder

Sites:
C239
C240 and Discriminator (CS Site-Specific Factor 25) = 030
Histologies Requiring AJCC Staging:
8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

21. Perihilar Bile Ducts

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

TNM M:

Clin: 0,1

Path: 1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM M:

Clin: 0,1

Path: 1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM M:

Clin: 0,1

Path: 1

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

Clin: 0,1.1A.1B

Path: 1.1A,1B

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM M:

Clin: 0,1

Path: 1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:
8247

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:
8720-8790

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020

TNM M:

Clin: 0,0I+,1
Path: 1

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8276, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

Clin: 0,1,88

Path: 1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

Clin: 0,1,88

Path: 1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

Clin: 0,1, 88

Path: 1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:
8000-8576, 8590-8671, 8930-8934, 8940-9110
TNM M:
Clin: 0,1
Path: 1

38. Fallopian Tube

Sites:
C570
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

39. Gestational Trophoblastic Tumors

Sites:
C589
Histologies Requiring AJCC Staging:
9100-9105
TNM M:
Clin: 0,1,1A,1B,88
Path: 1,1A,1B,88

40. Penis

Sites:
C600-C602,C608,C609
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

41. Prostate

Sites:
C619
Histologies Requiring AJCC Staging:
8000-8110, 8140-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1,1A,1B,1C, 88
Path: 1,1A,1B,1C, 88

42. Testis

Sites:
C620,C621,C629
Histologies Requiring AJCC Staging:
8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105
TNM M:
Clin: 0,1,1A,1B

Path: 1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1, 88

Path: 1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1

Path: 1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:
Clin: 0,1,1A,1B,1C,88
Path: 1,1A,1B,1C,88

52. Retinoblastoma

Sites:
C692
Histologies Requiring AJCC Staging:
9510-9514

TNM M:
Clin: 0,1,1A,1B,1C,1D,1E
Path: 1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:
C695 and CS Site-Specific Factor25 = 015
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
Clin: 0,1
Path: 1

54. Sarcoma of the Orbit

Sites:
C696, C698
Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:
Clin: 0,1, 88
Path: 1, 88

55. Ocular Adnexal Lymphoma

Sites:
C441, C690, C695-C696
Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:
Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

56. Brain and Spinal Cord

Sites:
C700, C701, C709, C710-C719, C720-C729, C751-C753
Histologies Requiring AJCC Staging:
8000, 8680-9136,9141-9582

TNM M:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM M:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM M:

Clin: 0,1,88

Path: 1,88

All Others

TNM M:

88

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF506

This SEER edit differs from the COC edit of the same name as follows:

1. SEER version is skipped if year of Date of Diagnosis is less than 2015
2. SEER version does not reference Grade Path Value at all.

It differs from the NPCR version as follows:

- SEER edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

Modifications

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

-Skipped if date of diagnosis is greater than 2015

-Skipped if Type of Reporting Source = 7 (Death Certificate Only

- Added code 88 to the list of allowable values for TNM Clin M and TNM Path M for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine
17B. NET: Small Intestine and Ampulla of Vater
17C. NET: Colon and Rectum
18A. Liver
26. Pleura
36B. Corpus Sarcoma
36C. Corpus Adenosarcoma
37A. Ovary
41. Prostate
43. Kidney
47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8270-8290 to 8720-8790

- Updated table referenced by logic, AJC7MP.DBF, to include M0 for all sites with AJCC staging, M0I+ for Breast, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC N - Ed 7, ICDO3 (COC)

Agency: COC

Last changed: 07/30/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Grade Path Value [Std# 441]

Tables

AJC7NC.DBF
AJC7NP.DBF
AJC7SIGP.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010, greater than 2015, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number is not = 07 and not = 88
5. TNM Clin N and TNM Path N are both blank

TNM Clin N and TNM Path N may be blank. If entered, they will be edited site-specifically.

The site-specific TNM N values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic N codes are listed under TNM N. When there is a difference in allowable values for clinical and pathologic N codes, they will be specified separately. This edit ignores "c" and "p" prefixes for N category values.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM N:

X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X,0,1,2,2A,2B,2C,3,88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM N:

X,0,1,1A,1B,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM N:

X,0,1,1A,1B,88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM N:

X,0,1,1A,1B,88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM N:

X,0,1,1A,1B,88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4 or [Grade = 9 and Grade Path Value = 4]

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM N:

X,0,1,2,3

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:

X,0,1,2,3.3A,3B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1,88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1,88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1,88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1,88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1,88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1, 88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM N:
X,0,1

25. Lung

Sites:
C340-C343,C348,C349
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

26. Pleural Mesothelioma

Sites:
C384
Histologies Requiring AJCC Staging:
9050-9053
TNM N:
X,0,1,2,3

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582
TNM N:
X,0,1

28. Soft Tissue Sarcoma

Peritoneum - not female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582
CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8921, 9120-9136, 9142-9582
CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue
Sites:
C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499
Histologies:
8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM N:

X,0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM N:

X,0,1,1A,1B,2

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518, C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast

Sites:

C500-C506, C508, C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C

Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:

C510-C512, C518, C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:
C529
Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981
TNM N:
X,0,1

35. Cervix Uteri

Sites:
C530,C531,C538,C539
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas
Sites
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8000-8790, 8950-8951, 8980-8981
TNM N:
X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8800, 8890-8898, 8900-8921, 8930-8931, 8935
TNM N:
X,0,1,88

36C. Corpus Uteri: Adenosarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8933
TNM N:
X,0,1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:
8000-8576, 8590-8671, 8930-9110

TNM N:
X,0,1,88

37B. Peritoneal Carcinomas

Sites:
C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:
8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM N:
X,0,1

38. Fallopian Tube

Sites:
C570

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1

39. Gestational Trophoblastic Tumors

Sites:
C589

Histologies Requiring AJCC Staging:
9100-9105

TNM N:
0, 88

40. Penis

Sites:
C600-C602,C608,C609

Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3

41. Prostate

Sites:
C619

Histologies Requiring AJCC Staging:
8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,88

42. Testis

Sites:
C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM N:

X,0,1,88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:
X,0,1,88

48. Carcinoma of the Eyelid

Sites:
C441
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

49. Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
Clin: X,0,0A,0B,1
Path: X,0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:
C693
C694 (CS Site-Specific Factor 25 = 010 or 999)
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1,88

51B. Iris

Sites:
C694 (CS Site-Specific Factor 25 = 020)
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:
9510-9514

TNM N:
X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:
X,0,1,88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:
X,0,1,2,3,4

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:
8000, 8680-9136,9141-9582

TNM N:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:
9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM N:
88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632
Histologies Requiring AJCC Staging:
9700,9701
TNM N:
X, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 88

All Others
TNM N:
88

Administrative Notes

New edit - added to NAACCR v12.0 metafile

MODIFICATIONS:

NAACCR v12

- Edit description updated to state that edit is skipped if TNM Edition Number is not = 07 and not = 88.
- Logic updated to require N codes of 88 for cases with no AJCC staging.
- Logic updated to validate Soft Tissue Sarcoma codes correctly.
- Table updates:
 - Added codes 1A, 1B, 2A, 2B, 2C to melanoma of skin (group 031).
 - Added code 0 to groups Supraglottis, Subglottis, Other (group 05A) and Glottis (group 05B).
 - Changed "OI-" to "0I-" and "OI+" to "0I+" for breast (group 032).
 - Added Merkel Cell Carcinoma (group 030).
 - Added Primary Cutaneous Lymphoid group (57B)

NAACCR v12D

- Added primary site C101 to Larynx/Supraglottis, Subglottis, Other (group 5A)
- Updated table AJC7SIGP Neuroendocrine - Colon/Rectum - Subgroup 17C to include C180

NAACCR v12.1

- Split group 018 (Liver, C220-C221) into 18A (Liver, C220) and 18B (Liver, C221)
 - Code 88 allowed for C221, but not C220
- Split group 019 (Intrahepatic Bile Ducts, C220-C221) into 19A (Intrahepatic Bile Ducts, C220) and 19B (Intrahepatic Bile Ducts, C221)
 - Code 88 allowed for C220, but not C221

NAACCR v12.2

- Group 007 (Major Salivary Glands): added 8982 to list of histologies requiring AJCC staging
- Group 10B (Esophagus Gastric Junction): changed SSF 25 codes used to determine schema for C160-C162 from '010, 020, 040, 060, blank (blank is for C160 only)' to '020, 040, 060 (for C161-C162), 982 (982 is for C160 only)'
- Group 011 (Stomach): changed SSF 25 codes used to determine schema for C161-C162 from '000, 030, 050' to '000, 030, 100, 999'; specified SSF 25 codes for C163-C166, C168-C169 as '981'
- Group 024 (Exocrine and Endocrine Pancreas): added 8971 to list of histologies requiring AJCC staging
- Group 36A (Corpus Uteri - Carcinomas): changed list of histologies requiring AJCC staging to 8000-8790, 8950-8951, 8980-8981
- Group 36B (Corpus Uteri - Leiomyosarcoma and Endometrial Stromal Sarcoma): changed list of histologies requiring AJCC staging to 8800, 8890-8898, 8900-8921, 8930-8931, 8935
- Group 053 (Carcinoma of the Lacrimal Gland): changed SSF 25 code used to determine schema from 010 to 015

NAACCR v12.2A

- Group 16B (Gastrointestinal Stromal Tumor - Small Intestine): deleted C173 (Meckel diverticulum) from list of primary sites
- Group 28 (Soft Tissue Sarcoma) - sites and histologies reworked.

NAACCR v12.2C

- Group 08A, 08B, 08C, 08D and 08F (Thyroid groups that include Grade when determining stage): edit modified to check Grade Path Value when Grade = 9
- Group 028 (Soft Tissue Sarcoma) - added sub-group designations to description

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin N and TNM Path N for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver

26. Pleura

36B. Corpus Sarcoma

36C. Corpus Adenosarcoma

37A. Ovary

39. Gestational Trophoblastic Tumors

41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

Added logic to allow validation of codes with either precursor "c" or "p"

NAACCR v16A

- Updated table referenced by logic, AJC7NP.DBF, to include 0A and 0B for site/histology group 050, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC N - Ed 7, ICDO3 (NPCR)

Agency: NPCR

Last changed: 07/30/2016

Edit Sets

Pre2016 no c,p in codes

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Type of Reporting Source [Std# 500]

Tables

AJC7NC.DBF
AJC7NP.DBF
AJC7SIGP.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), invalid, or date of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin N and TNM Path N are both blank

TNM Clin N and TNM Path N may be blank. If entered, they will be edited site-specifically.

The site-specific TNM N values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic N codes are listed under TNM N. When there is a difference in allowable values for clinical and pathologic N codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other
Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

5B. Glottis
Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
TNM N:
X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:
C079
C080,C081,C088,C089
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
TNM N:
X,0,1,2,2A,2B,2C,3, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9
TNM N:
X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM N:
X,0,1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM N:
X,0,1,2,3

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:
X,0,1,2,3.3A,3B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:
X,0,1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1, 88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM N:

X,0,1

25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM N:

X,0,1,2,3

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM N:

X,0,1

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM N:
X,0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

30. Merkel Cell Carcinoma

Sites:
C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632
Histologies Requiring AJCC Staging:
8247
TNM N:
X,0,1,1A,1B,2

31. Melanoma of the Skin

Sites:
C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM N:
Clin: X,0,1,2,2A,2B,3,3A,3B,3C
Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:

X,0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM N:

X,0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

0, 88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM N:

X,0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:

X,0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,0A,0B,1

Path: X,0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM N:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM N:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM N:

X,0,1,1A,1B,2,2A,2B,3,88

All Others
TNM N:
88

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. NPCR version does not reference Grade Path Value at all.

Modifications

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin N and TNM Path N for following AJCC groups:

- 7. Major Salivary Glands
- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16A. GIST: Gastric
- 16B. GIST: Small Intestine
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18A. Liver
- 26. Pleura
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit

NAACCR v16A

- Updted table referenced by logic, AJC7NP.DBF, to include 0A and 0B for site/histology group 050, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC N - Ed 7, ICDO3 (SEER)

Agency: SEER

Last changed: 07/30/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Type of Reporting Source [Std# 500]

Tables

AJC7NCS.DBF
AJC7NPS.DBF
AJC7SIGP.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank (unknown), invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin N and TNM Path N are both blank

TNM Clin N and TNM Path N may be blank. If entered, they will be edited site-specifically.

The site-specific TNM N values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic N codes are listed under TNM N. When there is a difference in allowable values for clinical and pathologic N codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other
Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

5B. Glottis
Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
TNM N:
X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:
C079
C080,C081,C088,C089
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
TNM N:
X,0,1,2,2A,2B,2C,3, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9
TNM N:
X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM N:
X,0,1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM N:
X,0,1,2,3

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:
X,0,1,2,3.3A,3B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:
X,0,1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1, 88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM N:

X,0,1

25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM N:

X,0,1,2,3

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM N:

X,0,1

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM N:
X,0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

30. Merkel Cell Carcinoma

Sites:
C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632
Histologies Requiring AJCC Staging:
8247
TNM N:
X,0,1,1A,1B,2

31. Melanoma of the Skin

Sites:
C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM N:
Clin: X,0,1,2,2A,2B,3,3A,3B,3C
Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:

X,0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM N:

X,0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM N:

X,0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:

X,0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,0A,0B,1

Path: X,0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM N:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM N:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM N:

X,0,1,1A,1B,2,2A,2B,3,88

All Others
TNM N:
88

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF507

This SEER edit differs from the COC edit of the same name as follows:

1. SEER version is skipped if year of Date of Diagnosis is less than 2015
2. SEER version does not reference Grade Path Value at all.

It differs from the NPCR version as follows:

- SEER version is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

Modifications

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin N and TNM Path N for following AJCC groups:

- 7. Major Salivary Glands
 - 8A. Thyroid: Papillary/follicular, age less than 045
 - 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
 - 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
 - 8D. Thyroid: Medullary
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16A. GIST: Gastric
- 16B. GIST: Small Intestine
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18A. Liver
- 26. Pleura
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit

This edit differs from NPCR in version in that it does not allow N0 for site group 39.

NAACCR v16A

- Updated table referenced by logic, AJC7NPS.DBF, to include 0A and 0B for site/histology group 050, to allow for pre-2016 cases coded using v16 software

Primary Site, AJCC Stage Group - Ed 3/4, ICDO2(COC)

Agency: COC

Last changed: 08/16/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]
Primary Site [Std# 400]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Pediatric Staging System [Std# 1130]

Tables

AJCSITGP.DBF
AJCSTAGC.DBF
AJCSTAGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3039] TNM Clin and/or Path Stage Group required for site/hist combination
[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3042] TNM Path Stage Group should = "88" for leukemia cases
[3043] TNM Path Stage Group should = "88" for plasma cell tumors
[3044] TNM Path Stage Group should = "88" for Kaposi's Sarcoma
[3045] TNM Path Stage Group should = "88" for dermatofibrosarcoma
[3046] TNM Clin Stage Group should = "88" for leukemia cases
[3047] TNM Clin Stage Group should = "88" for plasma cell tumors
[3048] TNM Clin Stage Group should = "88" for Kaposi's Sarcoma
[3049] TNM Clin Stage Group should = "88" for dermatofibrosarcoma
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is executed if the following conditions are true:

1. TNM Edition Number = 03 or 04 and year of Date of Diagnosis is 1987 or later or blank OR [TNM Edition Number = 00 or 99 and year of Date of Diagnosis is 1991-1996].
2. Histology (92-00) Type ICD-O-2 is not blank.

AJCC Staging should not be done for the following histologies. The clinical and pathologic stage groups should be coded with a value of 88 when there is no AJCC coding scheme.

Leukemia	9800-9949
Plasma cell tumors	9730-9739
Kaposi's Sarcoma	9140
Dermatofibrosarcoma	8832,8833

Pediatric cases will be skipped and are identified by a Pediatric Staging System containing any value other than 88 or blank.

For the following sites, the AJCC Stage Group must be coded for the given histologies. It may be coded for other histologies, but it is not required. If coded, it will be edited according to the Stage Group values listed.

Please note that for this edit, due to historical ambiguities, we are accepting 88 and 99 interchangeably.

Lip and Oral Cavity

Sites: C000-C006,C008,C009
C020-C024,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Pharynx

Sites: C019
C051,C052
C090,C091,C098,C099
C100,C102-C104,C108,C109
C110-C113,C118,C119
C129
C130-C132,C138,C139
C140-C142,C148

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Larynx (except for Glottis)

Sites: C101
C321-C323,C328,C329

Histologies Requiring AJCC Staging:

8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Glottis

Sites: C320

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Maxillary Sinus

Sites: C310

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Salivary Glands

Sites: C079
C080,C081,C088,C089

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 1,2,3,4,99

Thyroid Gland

Sites: C739

Histologies Requiring AJCC Staging:
8020,8021
8050-8053
8330-8340
8510-8512

Stage Group: 1,2,3,4,99

Esophagus

Sites: C150-C155,C158,C159

Histologies Requiring AJCC Staging:
8000-8231
8244-8573

8930-8941

Stage Group: 0,1,2,2A,2B,3,4,99

Stomach

Sites: C160-C166,C168,C169

Histologies Requiring AJCC Staging:

8010-8231

8244-8573

8930-8941

Stage Group: 0,1,1A,1B,2,3,3A,3B,4,99

Small Intestine

Sites: C170-C172,C178,C179

Histologies Requiring AJCC Staging:

8000-8231

8244-8573

8930-8941

Stage Group: 0,1,2,3,4,99

Colon and Rectum

Sites: C180-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8231

8244-8573

8930-8941

Stage Group: 0,1,2,3,4,99

Anal Canal

Sites: C210-C212,C218

Histologies Requiring AJCC Staging:

8000-8231

8244-8573

8930-8941

Stage Group: 0,1,2,3,3A,3B,4,99

Liver

Sites: C220,C221

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 1,2,3,4,4A,4B,99

Gallbladder

Sites: C239

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

Extrahepatic Bile Ducts

Sites: C240,C248,C249

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

Ampulla of Vater

Sites: C241

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

Exocrine Pancreas

Sites: C250-C253,C257-C259

Histologies Requiring AJCC Staging:

8000-8231
8250-8573
8930-8941

Stage Group: 1,2,3,4,99

Lung

Sites: C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8231

8250-8573

8940-8941

Stage Group: OC,0,1,2,3,3A,3B,4,99

Pleural Mesothelioma

Sites: C384

Histologies Requiring AJCC Staging:

9050-9053

Stage Group: 1,2,3,4,99

Bone

Sites: C400-C403,C408,C409
C410-C414,C418,C419

Histologies Requiring AJCC Staging:

9180-9340

Stage Group: 1,1A,1B,2,2A,2B,4,4A,4B,99

Soft Tissues

Sites: C380-C383,C388
C470-C476,C478,C479
C480-C482,C488
C490-C496,C498,C499

Histologies Requiring AJCC Staging:

8800-8830

8840-8920

8933

8963

8980-8991

9040-9044

9050-9055

9120-9340

9370

9490

9500-9504

9540-9580

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

Carcinoma of the Skin

Sites: C440,C442-C449,C632

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,1,2,3,4,99

Malignant Melanoma of the Skin

Sites: C440,C442-C449

C510-C512,C518,519

C600-C602,C608,C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group: 0,1,2,3,4,99

Breast

Sites: C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,1,2,2A,2B,3,3A,3B,4,99

Cervix Uteri

Sites: C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8230

8244-8573

8940-8941

Stage Group: 0,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

Corpus Uteri

Sites: C540-C543,C548,C549

C559

Histologies Requiring AJCC Staging:

8000-8230

8244-8573

8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,3,3A,3B,3C,4,4A,4B,99

Ovary

Sites: C569

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

Vagina

Sites: C529

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

Vulva

Sites: C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8230

8244-8573

8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

Prostate

Sites: C619

Histologies Requiring AJCC Staging:

8010-8110

8140-8573

8940-8941

Stage Group: 0,1,2,3,4,99

Testis

Sites: C620,C621,C629

Histologies Requiring AJCC Staging:

9060-9102

Stage Group: 0,1,2,3,4,99

Penis

Sites: C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,99

Bladder

Sites: C670-C679

Histologies Requiring AJCC Staging:

8010-8230
8244-8573
8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Kidney

Sites: C649

Histologies Requiring AJCC Staging:

8010-8230
8250-8573
8940-8941

Stage Group: 1,2,3,4,99

Renal Pelvis and Ureter

Sites: C659
C669

Histologies Requiring AJCC Staging:

8010-8230
8244-8573
8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Urethra

Sites: C680,C681,C688,C689

Histologies Requiring AJCC Staging:

8010-8230
8244-8573
8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Carcinoma of the Eyelid

Sites: C441

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 88

Malignant Melanoma of the Eyelid

Sites: C441

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 0,1,2,3,4,99

Carcinoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 88

Melanoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 88

Melanoma of Uvea - Choroid

Sites: C693

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 1,1A,1B,2,3,4,4A,4B,99

Melanoma of Uvea - Ciliary Body and Iris

Sites: C694

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 1,2,3,4A,4B,99

Retinoblastoma

Sites: C692

Histologies Requiring AJCC Staging:
9510-9512

Stage Group: 1,1A,1B,2,2A,2B,2C,3,3A,3B,4,99

Sarcoma of the Orbit

Sites: C696
C698

Histologies Requiring AJCC Staging:
8800-8830
8840-8920
8933
8963
8980-8981
9040-9044
9050-9055
9120-9340
9370
9490
9500-9504
9540-9580

Stage Group: 88

Carcinoma of the Lacrimal Gland

Sites: C695

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 88

Brain

Sites: C700
C710-C719

Histologies Requiring AJCC Staging:
9380-9570

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,99

Lymphomas - Hodgkin's

Histologies Requiring AJCC Staging:

9650-9667

Stage Group: 1, 1A, 1B, 1E, 1S, 2, 2A, 2B, 2E, 2S, 3, 3A, 3B, 3E, 3S, 4, 4A, 4B, 4E, 4S, 99

Lymphomas - Non-Hodgkin's

Histologies Requiring AJCC Staging:
9590-9595, 9670-9717

Stage Group: 1, 1A, 1B, 1E, 1S, 2, 2A, 2B, 2E, 2S, 3, 3A, 3B, 3E, 3S, 4, 4A, 4B, 4E, 4S, 99

Administrative Notes

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- The size of TNM Clin Stage Group and TNM Path Stage Group fields was changed from 2 to 4 characters.
- The corresponding tables AJCSTAGC.dbf and AJCSTAGP.dbf were updated: the code field was expanded to 4 characters

NAACCR v12C

- For Bladder, Renal Pelvis and Ureter, and Urethra: added "OIS" to allowable codes. Updated corresponding AJCSTAGC.DBF and AJCSTAGP.DBF.

Primary Site, AJCC Stage Group - Ed 5, ICDO2 (COC)

Agency: COC

Last changed: 08/16/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]
Primary Site [Std# 400]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Pediatric Staging System [Std# 1130]

Tables

AJC5SIGP.DBF
AJC5STGC.DBF
AJC5STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3039] TNM Clin and/or Path Stage Group required for site/hist combination
[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3042] TNM Path Stage Group should = "88" for leukemia cases
[3043] TNM Path Stage Group should = "88" for plasma cell tumors
[3044] TNM Path Stage Group should = "88" for Kaposi's Sarcoma
[3045] TNM Path Stage Group should = "88" for dermatofibrosarcoma
[3046] TNM Clin Stage Group should = "88" for leukemia cases
[3047] TNM Clin Stage Group should = "88" for plasma cell tumors
[3048] TNM Clin Stage Group should = "88" for Kaposi's Sarcoma
[3049] TNM Clin Stage Group should = "88" for dermatofibrosarcoma
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is greater than 2000 or blank.

This edit is executed if the following conditions are true:

1. TNM Edition Number = 05 and year of Date of Diagnosis is 1996 or later OR TNM Edition Number = 00 or 99 and year of Date of Diagnosis is 1997-2002.
2. Histology (92-00) ICD-O-2 is not blank.

AJCC Staging should not be done for the following histologies. The clinical and pathologic stage groups should be coded with a value of 88 when there is no AJCC coding scheme.

Leukemia	9800-9949
Plasma cell tumors	9730-9739
Kaposi's Sarcoma	9140
Dermatofibrosarcoma	8832,8833

Pediatric cases will be skipped and are identified by a Pediatric Staging System containing any value other than 88 or blank.

For the following sites, the AJCC Stage Group must be coded for the given histologies. It may be coded for other histologies, but it is not required. If coded, it will be edited according to the Stage Group values listed.

Please note that for this edit, due to historical ambiguities, we are accepting 88 and 99 interchangeably.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 5.

3. Lip and Oral Cavity

Sites: C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

4. Pharynx

Sites: C019,C024
C051,C052
C090,C091,C098,C099
C100,C102-C104,C108,C109
C110-C113,C118,C119
C129
C130-C132,C138,C139
C140-C142,C148

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,4C,99

5. Larynx

Sites: C101
C320-C323,C328,C329

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

6. Paranasal Sinuses

Sites: C310,C311

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

7. Salivary Glands

Sites: C079
C080,C081,C088,C089

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

8. Thyroid Gland

Sites: C739

Histologies Requiring AJCC Staging:
8020,8021
8050-8053
8330-8340
8510-8512

Stage Group: 0,1,2,3,4,99

9. Esophagus

Sites: C150-C155,C158,C159

Histologies Requiring AJCC Staging:
8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,99

10. Stomach

Sites: C160-C166,C168,C169

Histologies Requiring AJCC Staging:

8010-8231
8244-8573
8930-8941

Stage Group: 0,1,1A,1B,2,3,3A,3B,4,99

11. Small Intestine

Sites: C170-C172,C178,C179

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

12. Colon and Rectum

Sites: C180-C189
C199
C209

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

13. Anal Canal

Sites: C210-C212,C218

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,3A,3B,4,99

14. Liver

Sites: C220,C221

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,3A,3B,4,4A,4B,99

15. Gallbladder

Sites: C239

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

16. Extrahepatic Bile Ducts

Sites: C240,C248,C249

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

17. Ampulla of Vater

Sites: C241

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

18. Exocrine Pancreas

Sites: C250-C253,C257-C259

Histologies Requiring AJCC Staging:

8000-8231
8250-8573
8930-8941

Stage Group: 0,1,2,3,4,4A,4B,99

19. Lung

Sites: C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8231
8250-8573
8940-8941

Stage Group: OC,0,1,1A,1B,2,2A,2B,3,3A,3B,4,99

20. Pleural Mesothelioma

Sites: C384

Histologies Requiring AJCC Staging:
9050-9053

Stage Group: 1,2,3,4,99

21. Bone

Sites: C400-C403,C408,C409
C410-C414,C418,C419

Histologies Requiring AJCC Staging:
8810-8814,8850-8855,9180-9340

Stage Group: 1,1A,1B,2,2A,2B,3,4,4A,4B,99

22. Soft Tissues

Sites: C380-C383,C388
C470-C476,C478,C479
C480-C482,C488
C490-C496,C498,C499

Histologies Requiring AJCC Staging:
8800-8830
8840-8920
8933
8963
8980-8991
9040-9044
9050-9055
9120-9340
9370
9490
9500-9504
9540-9580

Stage Group: 1,1A,1B,2,2A,2B,2C,3,4,99

23. Carcinoma of the Skin

Sites: C440,C442-C449,C632

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,99

24. Malignant Melanoma of the Skin

Sites: C440,C441-C449
C510,C609,C632

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 0,1,2,3,4,99

25. Breast

Sites: C500-C506,C508,C509

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,2A,2B,3,3A,3B,4,99

26. Vulva

Sites: C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,2,3,4,4A,4B,99

27. Vagina

Sites: C529

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

28. Cervix Uteri

Sites: C530,C531,C538,C539

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,A1,A2,1B,B1,B2,1A1,1A2,1B1,1B2,2,2A,2B,3,3A,3B,4,4A,4B,99

29. Corpus Uteri

Sites: C540-C543,C548,C549
C559

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,3,3A,3B,3C,4,4A,4B,99

30. Ovary

Sites: C569

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

31. Fallopian Tube

Sites: C570

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

32. Gestational Trophoblastic Tumors

Sites: C589

Histologies Requiring AJCC Staging:
9100-9104

Stage Group: 1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,4A,4B,4C,99

33. Penis

Sites: C600-C602,C608,C609

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,99

34. Prostate

Sites: C619

Histologies Requiring AJCC Staging:
8010-8110
8140-8573
8940-8941

Stage Group: 0,1,2,3,4,99

35. Testis

Sites: C620,C621,C629

Histologies Requiring AJCC Staging:
9060-9102

Stage Group: 0,1,1A,1B,1S,2,2A,2B,2C,3,3A,3B,3C,99

36. Kidney

Sites: C649

Histologies Requiring AJCC Staging:
8010-8230
8250-8573
8940-8941

Stage Group: 0,1,2,3,4,99

37. Renal Pelvis and Ureter

Sites: C659
C669

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

38. Bladder

Sites: C670-C679

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

39. Urethra

Sites: C680,C681,C688,C689

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Sites: C619

Histologies Requiring AJCC Staging:

8120-8130

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

40. Carcinoma of the Eyelid

Sites: C441

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 88

41. Carcinoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 88

42. Melanoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group: 88

43. Melanoma of Uvea - Choroid

Sites: C693

Histologies Requiring AJCC Staging:

8720-8790

Stage Group: 1,1A,1B,2,3,4,4A,4B,99

43. Melanoma of Uvea - Ciliary Body and Iris

Sites: C694

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 1,2,3,4,4A,4B,99

44. Retinoblastoma

Sites: C692

Histologies Requiring AJCC Staging:
9510-9512

Stage Group: 1,1A,1B,2,2A,2B,2C,3,3A,3B,4,99

45. Carcinoma of the Lacrimal Gland

Sites: C695

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 88

46. Sarcoma of the Orbit

Sites: C696
C698

Histologies Requiring AJCC Staging:
8800-8830
8840-8920
8933
8963
8980-8981
9040-9044
9050-9055
9120-9340
9370
9490
9500-9504
9540-9580

Stage Group: 88

47. Brain

Sites: C700
C710-C719
C720-C725
C728

Histologies Requiring AJCC Staging:
9380-9570

Stage Group: 88

48. Lymphomas - Hodgkin's

Histologies Requiring AJCC Staging:
9650-9667

Stage Group: 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

49. Lymphomas - Non-Hodgkin's

Histologies Requiring AJCC Staging:
9590-9595, 9670-9717

Stage Group: 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Administrative Notes

Modifications:

NAACCR v11.3

6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- The size of TNM Clin Stage Group and TNM Path Stage Group fields was changed from 2 to 4 characters.
- The codes 1A1, 1A2, 1B1, and 1B2 were added to TNM Clin Stage Group and TNM Path Stage Group codes allowable for Cervix Uteri.
- The corresponding tables AJC5STGC.dbf and AJC5STGP.dbf were updated: the code field was expanded to 4 characters and now allows 1A1, 1A2, 1B1, and 1B2.

NAACCR v12C

- For Bladder, Renal Pelvis and Ureter, and Urethra: added "OIS" to allowable codes. Updated corresponding AJC5STGC.DBF and AJC5STGP.DBF.

Primary Site, AJCC Stage Group - Ed 5, ICDO3 (COC)

Agency: COC

Last changed: 08/16/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Primary Site [Std# 400]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Pediatric Staging System [Std# 1130]

Tables

AJC5SIGP.DBF
AJC5STGC.DBF
AJC5STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3039] TNM Clin and/or Path Stage Group required for site/hist combination
[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3042] TNM Path Stage Group should = "88" for leukemia cases
[3043] TNM Path Stage Group should = "88" for plasma cell tumors
[3044] TNM Path Stage Group should = "88" for Kaposi's Sarcoma
[3045] TNM Path Stage Group should = "88" for dermatofibrosarcoma
[3046] TNM Clin Stage Group should = "88" for leukemia cases
[3047] TNM Clin Stage Group should = "88" for plasma cell tumors
[3048] TNM Clin Stage Group should = "88" for Kaposi's Sarcoma
[3049] TNM Clin Stage Group should = "88" for dermatofibrosarcoma
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is executed if the following conditions are true:

1. TNM Edition Number = 05 and year of Date of Diagnosis is 1996 or later or blank
OR TNM Edition Number = 00 or 99 and year of Date of Diagnosis is 1997-2002.
2. Histologic Type ICD-O-3 is not blank.

AJCC Staging should not be done for the following histologies. The clinical and pathologic stage groups should be coded with a value of 88 when there is no AJCC coding scheme.

Leukemia	9800-9949
Plasma cell tumors	9730-9739
Kaposi's Sarcoma	9140
Dermatofibrosarcoma	8832,8833

Pediatric cases will be skipped and are identified by a Pediatric Staging System containing any value other than 88 or blank.

For the following sites, the AJCC Stage Group must be coded for the given histologies. It may be coded for other histologies, but it is not required. If coded, it will be edited according to the Stage Group values listed.

Please note that for this edit, due to historical ambiguities, we are accepting 88 and 99 interchangeably.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 5.

3. Lip and Oral Cavity

Sites: C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

4. Pharynx

Sites: C019,C024
C051,C052
C090,C091,C098,C099
C100,C102-C104,C108,C109
C110-C113,C118,C119
C129
C130-C132,C138,C139
C140-C142,C148

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,4C,99

5. Larynx

Sites: C101
C320-C323,C328,C329

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

6. Paranasal Sinuses

Sites: C310,C311

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,4C,99

7. Salivary Glands

Sites: C079
C080,C081,C088,C089

Histologies Requiring AJCC Staging:
8010-8573
8940-8941

Stage Group: 0,1,2,3,4,99

8. Thyroid Gland

Sites: C739

Histologies Requiring AJCC Staging:
8020,8021
8050-8053
8330-8340
8510-8512

Stage Group: 0,1,2,3,4,99

9. Esophagus

Sites: C150-C155,C158,C159

Histologies Requiring AJCC Staging:
8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,99

10. Stomach

Sites: C160-C166,C168,C169

Histologies Requiring AJCC Staging:

8010-8231
8244-8573
8930-8941

Stage Group: 0,1,1A,1B,2,3,3A,3B,4,99

11. Small Intestine

Sites: C170-C172,C178,C179

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

12. Colon and Rectum

Sites: C180-C189
C199
C209

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

13. Anal Canal

Sites: C210-C212,C218

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,3A,3B,4,99

14. Liver

Sites: C220,C221

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,3A,3B,4,4A,4B,99

15. Gallbladder

Sites: C239

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

16. Extrahepatic Bile Ducts

Sites: C240,C248,C249

Histologies Requiring AJCC Staging:

8000-8231
8245-8263
8320
8401
8480-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

17. Ampulla of Vater

Sites: C241

Histologies Requiring AJCC Staging:

8000-8231
8244-8573
8930-8941

Stage Group: 0,1,2,3,4,99

18. Exocrine Pancreas

Sites: C250-C253,C257-C259

Histologies Requiring AJCC Staging:

8000-8231
8250-8573
8930-8941

Stage Group: 0,1,2,3,4,4A,4B,99

19. Lung

Sites: C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8231
8250-8573
8940-8941

Stage Group: OC,0,1,1A,1B,2,2A,2B,3,3A,3B,4,99

20. Pleural Mesothelioma

Sites: C384

Histologies Requiring AJCC Staging:
9050-9053

Stage Group: 1,2,3,4,99

21. Bone

Sites: C400-C403,C408,C409
C410-C414,C418,C419

Histologies Requiring AJCC Staging:
8810-8814,8850-8855,9180-9340

Stage Group: 1,1A,1B,2,2A,2B,3,4,4A,4B,99

22. Soft Tissues

Sites: C380-C383,C388
C470-C476,C478,C479
C480-C482,C488
C490-C496,C498,C499

Histologies Requiring AJCC Staging:
8800-8830
8840-8920
8933
8963
8980-8991
9040-9044
9050-9055
9120-9340
9370
9490
9500-9504
9540-9580

Stage Group: 1,1A,1B,2,2A,2B,2C,3,4,99

23. Carcinoma of the Skin

Sites: C440,C442-C449,C632

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,99

24. Malignant Melanoma of the Skin

Sites: C440,C441-C449
C510,C609,C632

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 0,1,2,3,4,99

25. Breast

Sites: C500-C506,C508,C509

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,2A,2B,3,3A,3B,4,99

26. Vulva

Sites: C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,2,3,4,4A,4B,99

27. Vagina

Sites: C529

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,4A,4B,99

28. Cervix Uteri

Sites: C530,C531,C538,C539

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,A1,A2,1B,B1,B2,1A1,1A2,1B1,1B2,2,2A,2B,3,3A,3B,4,4A,4B,99

29. Corpus Uteri

Sites: C540-C543,C548,C549
C559

Histologies Requiring AJCC Staging:
8000-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,3,3A,3B,3C,4,4A,4B,99

30. Ovary

Sites: C569

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

31. Fallopian Tube

Sites: C570

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

32. Gestational Trophoblastic Tumors

Sites: C589

Histologies Requiring AJCC Staging:
9100-9104

Stage Group: 1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,4A,4B,4C,99

33. Penis

Sites: C600-C602,C608,C609

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 0,1,2,3,4,99

34. Prostate

Sites: C619

Histologies Requiring AJCC Staging:

8010-8110

8140-8573

8940-8941

Stage Group: 0,1,2,3,4,99

35. Testis

Sites: C620,C621,C629

Histologies Requiring AJCC Staging:

9060-9102

Stage Group: 0,1,1A,1B,1S,2,2A,2B,2C,3,3A,3B,3C,99

36. Kidney

Sites: C649

Histologies Requiring AJCC Staging:

8010-8230

8250-8573

8940-8941

Stage Group: 0,1,2,3,4,99

37. Renal Pelvis and Ureter

Sites: C659

C669

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

38. Bladder

Sites: C670-C679

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

39. Urethra

Sites: C680,C681,C688,C689

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Sites: C619

Histologies Requiring AJCC Staging:

8120-8130

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

40. Carcinoma of the Eyelid

Sites: C441

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 88

41. Carcinoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:

8010-8230

8244-8573

8940-8941

Stage Group: 88

42. Melanoma of the Conjunctiva

Sites: C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group: 88

43. Melanoma of Uvea - Choroid

Sites: C693

Histologies Requiring AJCC Staging:

8720-8790

Stage Group: 1,1A,1B,2,3,4,4A,4B,99

43. Melanoma of Uvea - Ciliary Body and Iris

Sites: C694

Histologies Requiring AJCC Staging:
8720-8790

Stage Group: 1,2,3,4,4A,4B,99

44. Retinoblastoma

Sites: C692

Histologies Requiring AJCC Staging:
9510-9512

Stage Group: 1,1A,1B,2,2A,2B,2C,3,3A,3B,4,99

45. Carcinoma of the Lacrimal Gland

Sites: C695

Histologies Requiring AJCC Staging:
8010-8230
8244-8573
8940-8941

Stage Group: 88

46. Sarcoma of the Orbit

Sites: C696
C698

Histologies Requiring AJCC Staging:
8800-8830
8840-8920
8933
8963
8980-8981
9040-9044
9050-9055
9120-9340
9370
9490
9500-9504
9540-9580

Stage Group: 88

47. Brain

Sites: C700
C710-C719
C720-C725
C728

Histologies Requiring AJCC Staging:
9380-9570

Stage Group: 88

48. Lymphomas - Hodgkin's

Histologies Requiring AJCC Staging:
9650-9667

Stage Group: 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

49. Lymphomas - Non-Hodgkin's

Histologies Requiring AJCC Staging:
9590-9599, 9670-9729

Stage Group: 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Administrative Notes

This edit differs from the edit 'Primary Site, AJCC Stage Group - Ed 5, ICDO2 (COC)' only in referencing ICD-O-3 morphology items rather than ICD-O-2 morphology items, and has no changes in the specified histologies except in the definition of Non-Hodgkin lymphoma. Staged reports with newly-defined ICD-O-3 histologies will be checked for valid staging for the respective site.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- The size of TNM Clin Stage Group and TNM Path Stage Group fields was changed from 2 to 4 characters.
- The codes 1A1, 1A2, 1B1, and 1B2 were added to TNM Clin Stage Group and TNM Path Stage Group codes allowable for Cervix Uteri.
- The corresponding tables AJC5STGC.dbf and AJC5STGP.dbf were updated: the code field was expanded to 4 characters and now allows 1A1, 1A2, 1B1, and 1B2.

NAACCR v12C

- For Bladder, Renal Pelvis and Ureter, and Urethra: added "OIS" to allowable codes. Updated corresponding AJC5STGC.DBF and AJC5STGP.DBF.

Primary Site, AJCC Stage Group - Ed 6 (NAACCR)

Agency: NAACCR

Last changed: 08/16/2010

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Primary Site [Std# 400]

Tables

AJC6HIST.DBF
AJC6SIGP.DBF
AJC6STGC.DBF
AJC6STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2003 or greater than 2009
2. TNM Edition Number is not = 06 and not = 88
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group = 88, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

Otherwise, for the following sites, both Clinical and Pathologic AJCC Stage Group must be coded (that is, not blank and not 88) for the required histologies. Staging is permitted for some other histologies, as specified, but not required

(that is, 88 or a valid stage code is permitted, but not blank). If coded, the fields will be edited according to the Stage Group values listed. Clinical and Pathological Stage Groups must be coded 88 for all other histologies.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 6.

3. Lip and Oral Cavity

Sites: C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:
8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941

Histologies Permitting AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

4. Pharynx

Sites: Oropharynx, Hypopharynx
C019,C024
C051,C052
C090,C091,C098,C099
C100,C102-C104,C108,C109
C129,C130-C132,C138,C139

Sites: Nasopharynx
C110-C113,C118,C119

Histologies Requiring AJCC Staging:
8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941

Histologies Permitting AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

Pharynx:
Stage Group: 0,1,2,3,4,4A,4B,4C,99

Nasopharynx:
Stage Group: 0,1,2,2A,2B,3,4,4A,4B,4C,99

5. Larynx

Sites: C101
C320-C323,C328,C329

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

6. Nasal Cavity and Paranasal Sinuses

Sites: C300, C310, C311

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941, 9522

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

7. Major Salivary Glands

Sites: C079
C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8010, 8013, 8020, 8021, 8032, 8033, 8041-8045,
8070, 8071, 8076, 8082, 8083, 8140, 8147, 8200,
8290, 8310, 8410, 8430, 8440, 8441, 8450, 8480,
8525, 8550, 8560, 8562, 8940, 8941, 8982

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,4A,4B,4C,99

8. Thyroid Gland

Sites: C739

Histologies Requiring AJCC Staging:

8010, 8020, 8021, 8050, 8051, 8260, 8290, 8330,
8331, 8335, 8337, 8340-8347, 8430, 8480, 8481, 8510

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,4A,4B,4C,99

9. Esophagus

Sites: C150-C155,C158,C159

Histologies Requiring AJCC Staging:

8000-8005, 8010-8015, 8020-8022, 8030-8035,
8041-8046, 8050-8052, 8070-8077, 8082-8084,
8090-8095, 8097, 8098, 8140, 8255, 8260, 8430,
8440, 8480, 8481, 8490, 8510, 8560, 8570-8575,
8830, 8933, 8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,99

10. Stomach

Sites: C160-C166,C168,C169

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8041-8046,
8070-8076, 8082-8084, 8140-8145, 8147, 8148, 8210, 8211,
8214, 8221, 8230, 8255, 8260-8263, 8310, 8320, 8430, 8440,
8441, 8450, 8452, 8453, 8460, 8461, 8470, 8471, 8480, 8481,
8490, 8500, 8503, 8550, 8551, 8560, 8570-8572

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,3,3A,3B,4,99

11. Small Intestine

Sites: C170-C172,C178,C179

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8041-8046,
8070-8076, 8082-8084, 8140-8145, 8147, 8148, 8210, 8211,
8214, 8221, 8230, 8255, 8260-8263, 8310, 8320, 8430,
8440, 8441, 8450, 8452, 8453, 8460, 8461, 8470, 8471,
8480, 8481, 8490, 8500, 8503, 8550, 8551, 8560, 8570-8572

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

12. Colon and Rectum

Sites: C180-C189

C199
C209

Histologies Requiring AJCC Staging:

8000-8002, 8004-8005, 8010, 8012, 8013, 8020, 8021, 8032,
8041-8045, 8050, 8070, 8140, 8141, 8210, 8211, 8214, 8215,
8220, 8221, 8230, 8261-8263, 8480, 8481, 8490, 8510, 8560,
8570, 8571, 8935, 8936

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,3A,3B,3C,4,99

13. Anal Canal

Sites: C210-C212,C218

Histologies Requiring AJCC Staging:

8000-8002, 8004-8005, 8010, 8020, 8021, 8032, 8033, 8041,
8042, 8045, 8051, 8070-8074, 8076, 8083, 8084, 8123, 8124,
8140, 8141, 8210, 8215, 8255, 8310, 8480, 8481, 8490, 8510,
8560, 8933

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,3A,3B,4,99

14. Liver

Sites: C220,C221

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8140-8145,
8147, 8148, 8160-8162, 8170-8175, 8180, 8214, 8230, 8255,
8260, 8310, 8320, 8430, 8440, 8452, 8460, 8461, 8470,
8471, 8480, 8481, 8490, 8500, 8503, 8550, 8551

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,3A,3B,3C,4,99

15. Gallbladder

Sites: C239

Histologies Requiring AJCC Staging:

8010, 8020, 8041, 8070, 8082-8084, 8140, 8144, 8255,
8260, 8310, 8480, 8481, 8490, 8560, 8980

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

16. Extrahepatic Bile Ducts

Sites: C240,C248,C249

Histologies Requiring AJCC Staging:

8002, 8003, 8005, 8010, 8020-8022, 8030-8032, 8041-8045,
8070, 8140, 8144, 8160-8162, 8180, 8260, 8310, 8480, 8490,
8500, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

17. Ampulla of Vater

Sites: C241

Histologies Requiring AJCC Staging:

8010, 8020, 8032, 8041, 8042, 8070, 8140, 8144, 8210, 8255,
8260, 8261, 8263, 8310, 8480, 8481, 8490, 8500, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

18. Exocrine Pancreas

Sites: C250-C253,C257-C259

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8032, 8035, 8041-8046,
8070, 8140, 8141, 8144, 8145, 8148, 8214, 8255, 8260,
8310, 8320, 8430, 8441, 8452, 8453, 8470, 8480, 8481,
8490, 8500, 8550, 8551, 8560, 8971

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

19. Lung

Sites: C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8005, 8010-8015, 8020-8022, 8030-8035, 8041-8046,
8050-8052, 8070-8077, 8082-8084, 8090, 8093, 8094, 8097,
8120, 8122, 8123, 8140, 8141, 8147, 8148, 8200, 8211,
8230, 8250-8255, 8260, 8310, 8314, 8315, 8320, 8323,
8333, 8341-8343, 8430, 8440, 8441, 8450, 8452, 8470,
8471, 8480, 8481, 8490, 8525, 8530, 8550, 8551, 8560,

8562, 8570-8573, 8720, 8815, 8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: OC,0,1,1A,1B,2,2A,2B,3,3A,3B,4,99

20. Pleural Mesothelioma

Sites: C384

Histologies Requiring AJCC Staging:

9050-9053

Histologies Permitting AJCC Staging:

8000

Stage Group: 1,1A,1B,2,3,4,99

21. Bone

Sites: C400-C403,C408,C409

C410-C414,C418,C419

Histologies Requiring AJCC Staging:

8800, 8810, 8812, 8814, 8830, 8850, 8890, 8900,
8990, 9120, 9130, 9133, 9150, 9170, 9180-9187,
9192-9195, 9220, 9221, 9230, 9231, 9240, 9242,
9243, 9250, 9260, 9261, 9310, 9364, 9370-9372,
9540, 9560

Histologies Permitting AJCC Staging:

8000, 8800-9582

Stage Group: 1,1A,1B,2,2A,2B,3,4,4A,4B,99

22. Soft Tissues

Sites: C380-C383,C388

C470-C476,C478,C479

C480-C482,C488

C490-C496,C498,C499

Histologies Requiring AJCC Staging:

8800, 8801, 8804, 8806, 8810, 8830, 8832, 8850,
8851, 8852, 8854, 8890, 8900, 8936, 9040, 9044,
9150, 9180, 9220, 9260, 9473, 9540, 9581

Histologies Permitting AJCC Staging:

8000, 8800-9582

Stage Group: 1,1A,1B,2,2A,2B,3,4,99

23. Carcinoma of the Skin

Sites: C440,C442-C449,C632

Histologies Requiring AJCC Staging:

8010-8015, 8020-8022, 8030-8035, 8041-8046,
8050-8052, 8070-8078, 8080-8084, 8090-8095,
8097, 8098, 8102, 8110, 8140, 8141, 8190,
8200, 8201, 8390, 8400-8403, 8407-8410, 8413,
8420, 8430, 8440, 8490, 8560, 8562, 8570-8573,
8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

24. Malignant Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8720-8722, 8743-8745, 8761, 8771, 8772, 8780

Histologies Permitting AJCC Staging:

8742

Stage Group: Path: 0,1,1A,1B,2,2A,2B,2C,3,3A,3B,3C,4,99
Clin: 0,1,1A,1B,2,2A,2B,2C,3,4,99

25. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8010, 8020, 8070, 8140, 8200, 8201, 8211, 8480,
8500-8503, 8510, 8520, 8522, 8530, 8540, 8541,
8543, 8980, 9020

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,3A,3B,3C,4,99

26. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8010, 8051, 8070, 8071, 8076, 8077, 8090, 8140, 8542, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,3,4,4A,4B,99

27. Vagina

Sites: C529

Histologies Requiring AJCC Staging:

8010, 8052, 8070-8072, 8076, 8077, 8082, 8084, 8140,
8570, 8572, 8800, 8801

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,99

28. Cervix Uteri

Sites: C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8010, 8020, 8041, 8051, 8070-8073, 8076, 8077, 8098,
8140, 8200, 8310, 8380, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1A1,A1,1A2,A2,1B,1B1,B1,1B2,B2,2,2A,2B,3,3A,3B,4,4A,4B,99

29. Corpus Uteri

Sites: C540-C543,C548,C549
C559

Histologies Requiring AJCC Staging:

8010, 8011, 8020, 8070, 8263, 8310, 8380, 8383, 8441,
8460, 8480, 8560, 8570, 8950, 8951

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,1C,2,2A,2B,3,3A,3B,3C,4,4A,4B,99

30. Ovary

Sites: C569

Histologies Requiring AJCC Staging:

8010, 8020, 8070, 8140, 8260, 8310, 8323, 8380-8383,
8440-8442, 8444, 8450, 8460-8462, 8470, 8472, 8480-8482,
8490, 8560, 8562, 8570, 8600, 8620, 8630, 8631, 8634,
8640, 8650, 8670, 8930, 8931, 8933, 8935, 8950, 8951,
9000, 9014, 9015, 9050-9053, 9060, 9064, 9065, 9070-9072,
9080-9085, 9090, 9100-9102, 9105, 9110

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

31. Fallopian Tube

Sites: C570

Histologies Requiring AJCC Staging:

8010, 8050, 8140, 8260, 8310, 8380-8383, 8440,
8441, 8460, 8461, 8470, 8480-8482, 8490, 8560,
8562, 8570, 8980

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

32. Gestational Trophoblastic Tumors

Sites: C589

Histologies Requiring AJCC Staging:

9100-9105

Histologies Permitting AJCC Staging:

8000

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

33. Penis

Sites: C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8010, 8051, 8070, 8071, 8080, 8081, 8090, 8140, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

34. Prostate

Sites: C619

Note: Histologies 8120-8130 [urothelial (transitional) carcinomas] are staged using the Urethra (Chapter 39) schema. All other histologies fall under this schema.

Histologies Requiring AJCC Staging:

8010, 8041, 8070, 8074, 8082, 8098, 8140, 8148,
8200, 8260, 8480, 8490, 8500, 8550, 8560

Histologies Permitting AJCC Staging:

8000-8110, 8131-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,99

35. Testis

Sites: C620,C621,C629

Histologies Requiring AJCC Staging:

8590, 8592, 8620, 8640, 8650, 9061-9065, 9070, 9071,
9081, 9085, 9100, 9101

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981, 9060-9085

Stage Group: 0,1,1A,1B,1S,2,2A,2B,2C,3,3A,3B,3C,99

36. Kidney

Sites: C649

Histologies Requiring AJCC Staging:

8010, 8032, 8041, 8120, 8140, 8260, 8290, 8310,
8312, 8317-8320, 8960, 8963, 8966

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,99

37. Renal Pelvis and Ureter

Sites: C659
C669

Histologies Requiring AJCC Staging:

8010, 8070, 8120, 8130, 8140

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

38. Bladder

Sites: C670-C679

Histologies Requiring AJCC Staging:

8010, 8020, 8051, 8070, 8120, 8130, 8131, 8140, 8255

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

39. Urethra

Sites: C680

Histologies Requiring AJCC Staging:
8010, 8070, 8120, 8130, 8140, 8310

Histologies Permitting AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Sites: C619

Histologies Requiring AJCC Staging:
8120,8130

Histologies Permitting AJCC Staging:
8120-8130

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

43. Melanoma of Uvea

Sites: C693, C694

Histologies Requiring AJCC Staging:
8720, 8723, 8730, 8740-8745, 8761, 8770-8772, 8774

Histologies Permitting AJCC Staging:
None

Stage Group: 1,2,3,4,99

48. Lymphoid Neoplasms

Histologies Requiring AJCC Staging:
9590-9596, 9650-9667, 9670-9729

Histologies Permitting AJCC Staging:
None

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

Additional Information:

CoC rules require physician staging of analytic cases. However, FORDS allows the registrar to derive the stage group if the physician has assigned T, N and M. Blanks are not permitted for AJCC Clin Stage Group or AJCC Path Stage Group, and the registrar may have to code the stage group to 99 or 88, as appropriate, in the absence of physician-staged components.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group = 88, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

The edit requires staging for all histologies listed at the end the applicable chapters, including the published (posted) AJCC errata. Cases meeting those requirements must have an AJCC Clin Stage Group and an AJCC Path Stage Group with a valid stage group as defined in the appropriate chapter (and coded for computerized transmission following the instructions in FORDS) or 99, the code that indicates insufficient information is available to assign a stage group. If the AJCC chapter identifies subcategories (say, 2A, 2B ...) then the umbrella category is also valid (2) even if it is not identified by AJCC.

A few histologies listed by AJCC are "permitted" to be staged rather than "required" to be staged by the edit. For these histologies, both stage groups may be 88. However, if the physician stages the case, then the stage group should be a valid stage group for the chapter or 99. (A separate edit requires that, if a case staged 88 for pathologic or clinical staging, it must be staged 88 for both and its TNM Edition Number must also equal 88. That is, either the physician considers the case to be stageable according to AJCC specifications or he or she does not).

An AJCC errata added the histology code 8000 to all staging schema. That code is permitted by the edit for all chapters except (a) lymphoma, which is defined by histology without regard to primary site, and (b) chapters for which its reference is ambiguous (for example, skin-related chapters, because it is not possible to tell whether 8000 refers to carcinoma or melanoma). For those exceptions, the edit does not permit 8000 to be staged.

The histology range 8240-8249 permitted by the edit for the carcinoma chapters. That is because some of those chapters say in text that carcinoid tumors are excluded, but subtypes of carcinoid tumors are listed in the histology list at the end of the same chapters. AJCC pathologists apparently agree that carcinoid tumor, NOS, is not stageable, and it would be consistent with their intent not to stage it but to stage the histologies specifically listed. The edit does not force physicians to stage (or not stage) these cases, however.

The chapters that deal with epithelial (or carcinoma) staging permit a broad range of epithelial histologies to be staged, beyond the list required. That range is 8001-8576, 8940-8950 and 8980-8981.

The soft tissue chapter permits a broad range of sarcoma histologies to be staged, beyond the list required. That range is 8800-9582.

The melanoma of skin chapter text lists certain types of melanoma that are not stageable according to those chapter. One of those is 8742/2. Since 8742/3 is on the histology list at the end of the chapter, and the edit does not check Behavior Code, 8742 is permitted by the edit to be staged.

If a case does not fit the criteria for required staging or for permitted staging, then the stage groups must both = 88 and the TNM Edition Number must also = 88. If a physician wants to stage such cases, record in the text portion of the abstract the edition and chapter employed as well as any pertinent staging information the physician provides.

Administrative Notes

New edit - added to NAACCR v11.2 metafile. This edit is a copy of the COC edit [of the same name] before the COC edit was updated to not require TNM Path Stage Group for cases diagnosed 2008 and later

This edit differs from the COC edit of the same name in that the COC version no longer requires TNM Path Stage Group for cases diagnosed 2008 and later. This version still requires TNM Path Stage Group for these diagnosis years.

Modifications:

NAACCR v11.3

08/08

The range for urothelial (transitional) carcinomas of the prostate (AJCC 6th Edition, Chapter 39) was changed: histologies requiring AJCC staging changed from "8120-8130" to "8120, 8130"; added: histologies permitting AJCC staging: 8120-8130.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Will be skipped if year of Date of Diagnosis is greater than 2009.
- The size of TNM Clin Stage Group and TNM Path Stage Group fields was changed from 2 to 4 characters.
- The codes 1A1, 1A2, 1B1, and 1B2 were added to TNM Clin Stage Group and TNM Path Stage Group codes allowable for Cervix Uteri.
- The corresponding tables AJC5STGC.dbf and AJC5STGP.dbf were updated: the code field was expanded to 4 characters and now allows 1A1, 1A2, 1B1, and 1B2.

NAACCR v12C

- For Bladder, Renal Pelvis and Ureter, and Urethra: added "OIS" to allowable codes. Updated corresponding AJC6STGC.DBF and AJC6STGP.DBF.

Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)

Agency: COC

Last changed: 08/16/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]

Tables

AJC6HIST.DBF
AJC6SIGP.DBF
AJC6STGC.DBF
AJC6STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2003 or greater than 2009
2. TNM Edition Number is not = 06 and not = 88
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group = 88 (for cases diagnosed 2003 - 2007; may be blank for cases diagnosed 2008 and

2009), and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

Otherwise, for the following sites,for casses diagnosed 2003-2007, both Clinical and Pathologic AJCC Stage Group must be coded (that is, not blank and not 88) for the required histologies. Staging is permitted for some other histologies, as specified, but not required (that is, 88 or a valid stage code is permitted, but not blank). If coded, the fields will be edited according to the Stage Group values listed. Clinical and Pathological Stage Groups must be coded 88 for all other histologies.

For cases diagnosed 2008 and 2009, only Clinical AJCC Stage Group is required. That is, Pathologic AJCC Stage Group may be left blank, but if entered, will be edited per the above rules.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 6.

3. Lip and Oral Cavity

Sites: C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

4. Pharynx

Sites: Oropharynx, Hypopharynx
C019,C024
C051,C052
C090,C091,C098,C099
C100,C102-C104,C108,C109
C129,C130-C132,C138,C139

Sites: Nasopharynx

C110-C113,C118,C119

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,

8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Pharynx:

Stage Group: 0,1,2,3,4,4A,4B,4C,99

Nasopharynx:

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,4C,99

5. Larynx

Sites:

C101
C320-C323,C328,C329

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310, C311

Histologies Requiring AJCC Staging:

8010, 8012, 8013, 8020, 8021, 8030-8033, 8041-8045,
8051, 8052, 8070-8076, 8082-8084, 8090-8094, 8097,
8098, 8123, 8140, 8144, 8145, 8147, 8200, 8310, 8430,
8440, 8480, 8481, 8510, 8525, 8550, 8560, 8562, 8574,
8940, 8941, 9522

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,4C,99

7. Major Salivary Glands

Sites:

C079
C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8010, 8013, 8020, 8021, 8032, 8033, 8041-8045,
8070, 8071, 8076, 8082, 8083, 8140, 8147, 8200,
8290, 8310, 8410, 8430, 8440, 8441, 8450, 8480,
8525, 8550, 8560, 8562, 8940, 8941, 8982

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,4A,4B,4C,99

8. Thyroid Gland

Sites: C739

Histologies Requiring AJCC Staging:

8010, 8020, 8021, 8050, 8051, 8260, 8290, 8330,
8331, 8335, 8337, 8340-8347, 8430, 8480, 8481, 8510

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,4A,4B,4C,99

9. Esophagus

Sites: C150-C155,C158,C159

Histologies Requiring AJCC Staging:

8000-8005, 8010-8015, 8020-8022, 8030-8035,
8041-8046, 8050-8052, 8070-8077, 8082-8084,
8090-8095, 8097, 8098, 8140, 8255, 8260, 8430,
8440, 8480, 8481, 8490, 8510, 8560, 8570-8575,
8830, 8933, 8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,4,4A,4B,99

10. Stomach

Sites: C160-C166,C168,C169

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8041-8046,
8070-8076, 8082-8084, 8140-8145, 8147, 8148, 8210, 8211,
8214, 8221, 8230, 8255, 8260-8263, 8310, 8320, 8430, 8440,
8441, 8450, 8452, 8453, 8460, 8461, 8470, 8471, 8480, 8481,
8490, 8500, 8503, 8550, 8551, 8560, 8570-8572

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,3,3A,3B,4,99

11. Small Intestine

Sites: C170-C172,C178,C179

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8041-8046,
8070-8076, 8082-8084, 8140-8145, 8147, 8148, 8210, 8211,

8214, 8221, 8230, 8255, 8260-8263, 8310, 8320, 8430,
8440, 8441, 8450, 8452, 8453, 8460, 8461, 8470, 8471,
8480, 8481, 8490, 8500, 8503, 8550, 8551, 8560, 8570-8572

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

12. Colon and Rectum

Sites: C180-C189
C199
C209

Histologies Requiring AJCC Staging:

8000-8002, 8004-8005, 8010, 8012, 8013, 8020, 8021, 8032,
8041-8045, 8050, 8070, 8140, 8141, 8210, 8211, 8214, 8215,
8220, 8221, 8230, 8261-8263, 8480, 8481, 8490, 8510, 8560,
8570, 8571, 8935, 8936

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,3A,3B,3C,4,99

13. Anal Canal

Sites: C210-C212,C218

Histologies Requiring AJCC Staging:

8000-8002, 8004-8005, 8010, 8020, 8021, 8032, 8033, 8041,
8042, 8045, 8051, 8070-8074, 8076, 8083, 8084, 8123, 8124,
8140, 8141, 8210, 8215, 8255, 8310, 8480, 8481, 8490, 8510,
8560, 8933

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,3A,3B,4,99

14. Liver

Sites: C220,C221

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8033, 8035, 8140-8145,
8147, 8148, 8160-8162, 8170-8175, 8180, 8214, 8230, 8255,
8260, 8310, 8320, 8430, 8440, 8452, 8460, 8461, 8470,
8471, 8480, 8481, 8490, 8500, 8503, 8550, 8551

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,3A,3B,3C,4,99

15. Gallbladder

Sites: C239

Histologies Requiring AJCC Staging:

8010, 8020, 8041, 8070, 8082-8084, 8140, 8144, 8255,
8260, 8310, 8480, 8481, 8490, 8560, 8980

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

16. Extrahepatic Bile Ducts

Sites: C240,C248,C249

Histologies Requiring AJCC Staging:

8002, 8003, 8005, 8010, 8020-8022, 8030-8032, 8041-8045,
8070, 8140, 8144, 8160-8162, 8180, 8260, 8310, 8480, 8490,
8500, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

17. Ampulla of Vater

Sites: C241

Histologies Requiring AJCC Staging:

8010, 8020, 8032, 8041, 8042, 8070, 8140, 8144, 8210, 8255,
8260, 8261, 8263, 8310, 8480, 8481, 8490, 8500, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

18. Exocrine Pancreas

Sites: C250-C253,C257-C259

Histologies Requiring AJCC Staging:

8010, 8012-8014, 8020-8022, 8030-8032, 8035, 8041-8046,
8070, 8140, 8141, 8144, 8145, 8148, 8214, 8255, 8260,
8310, 8320, 8430, 8441, 8452, 8453, 8470, 8480, 8481,
8490, 8500, 8550, 8551, 8560, 8971

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,2A,2B,3,4,99

19. Lung

Sites: C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8005, 8010-8015, 8020-8022, 8030-8035, 8041-8046,
8050-8052, 8070-8077, 8082-8084, 8090, 8093, 8094, 8097,
8120, 8122, 8123, 8140, 8141, 8147, 8148, 8200, 8211,
8230, 8250-8255, 8260, 8310, 8314, 8315, 8320, 8323,
8333, 8341-8343, 8430, 8440, 8441, 8450, 8452, 8470,
8471, 8480, 8481, 8490, 8525, 8530, 8550, 8551, 8560,
8562, 8570-8573, 8720, 8815, 8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: OC,0,1,1A,1B,2,2A,2B,3,3A,3B,4,99

20. Pleural Mesothelioma

Sites: C384

Histologies Requiring AJCC Staging:

9050-9053

Histologies Permitting AJCC Staging:

8000

Stage Group: 1,1A,1B,2,3,4,99

21. Bone

Sites: C400-C403,C408,C409
C410-C414,C418,C419

Histologies Requiring AJCC Staging:

8800, 8810, 8812, 8814, 8830, 8850, 8890, 8900,
8990, 9120, 9130, 9133, 9150, 9170, 9180-9187,
9192-9195, 9220, 9221, 9230, 9231, 9240, 9242,
9243, 9250, 9260, 9261, 9310, 9364, 9370-9372,
9540, 9560

Histologies Permitting AJCC Staging:

8000, 8800-9582

Stage Group: 1,1A,1B,2,2A,2B,3,4,4A,4B,99

22. Soft Tissues

Sites: C380-C383,C388
C470-C476,C478,C479
C480-C482,C488
C490-C496,C498,C499

Histologies Requiring AJCC Staging:

8800, 8801, 8804, 8806, 8810, 8830, 8832, 8850,
8851, 8852, 8854, 8890, 8900, 8936, 9040, 9044,
9150, 9180, 9220, 9260, 9473, 9540, 9581

Histologies Permitting AJCC Staging:

8000, 8800-9582

Stage Group: 1,1A,1B,2,2A,2B,3,4,99

23. Carcinoma of the Skin

Sites: C440,C442-C449,C632

Histologies Requiring AJCC Staging:

8010-8015, 8020-8022, 8030-8035, 8041-8046,
8050-8052, 8070-8078, 8080-8084, 8090-8095,
8097, 8098, 8102, 8110, 8140, 8141, 8190,
8200, 8201, 8390, 8400-8403, 8407-8410, 8413,
8420, 8430, 8440, 8490, 8560, 8562, 8570-8573,
8940, 8941

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

24. Malignant Melanoma of the Skin

Sites: C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8720-8722, 8743-8745, 8761, 8771, 8772, 8780

Histologies Permitting AJCC Staging:

8742

Stage Group: Path: 0,1,1A,1B,2,2A,2B,2C,3,3A,3B,3C,4,99
Clin: 0,1,1A,1B,2,2A,2B,2C,3,4,99

25. Breast

Sites: C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8010, 8020, 8070, 8140, 8200, 8201, 8211, 8480,
8500-8503, 8510, 8520, 8522, 8530, 8540, 8541,
8543, 8980, 9020

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,2A,2B,3,3A,3B,3C,4,99

26. Vulva

Sites: C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8010, 8051, 8070, 8071, 8076, 8077, 8090, 8140, 8542, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,2,3,4,4A,4B,99

27. Vagina

Sites: C529

Histologies Requiring AJCC Staging:

8010, 8052, 8070-8072, 8076, 8077, 8082, 8084, 8140,
8570, 8572, 8800, 8801

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,4A,4B,99

28. Cervix Uteri

Sites: C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8010, 8020, 8041, 8051, 8070-8073, 8076, 8077, 8098,
8140, 8200, 8310, 8380, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1A1,A1,1A2,A2,1B,1B1,B1,1B2,B2,2,2A,2B,3,3A,3B,4,4A,4B,99

29. Corpus Uteri

Sites: C540-C543,C548,C549
C559

Histologies Requiring AJCC Staging:

8010, 8011, 8020, 8070, 8263, 8310, 8380, 8383, 8441,
8460, 8480, 8560, 8570, 8950, 8951

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,1C,2,2A,2B,3,3A,3B,3C,4,4A,4B,99

30. Ovary

Sites: C569

Histologies Requiring AJCC Staging:

8010, 8020, 8070, 8140, 8260, 8310, 8323, 8380-8383,
8440-8442, 8444, 8450, 8460-8462, 8470, 8472, 8480-8482,
8490, 8560, 8562, 8570, 8600, 8620, 8630, 8631, 8634,
8640, 8650, 8670, 8930, 8931, 8933, 8935, 8950, 8951,
9000, 9014, 9015, 9050-9053, 9060, 9064, 9065, 9070-9072,
9080-9085, 9090, 9100-9102, 9105, 9110

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

31. Fallopian Tube

Sites: C570

Histologies Requiring AJCC Staging:

8010, 8050, 8140, 8260, 8310, 8380-8383, 8440,
8441, 8460, 8461, 8470, 8480-8482, 8490, 8560,
8562, 8570, 8980

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,4,99

32. Gestational Trophoblastic Tumors

Sites: C589

Histologies Requiring AJCC Staging:

9100-9105

Histologies Permitting AJCC Staging:

8000

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

33. Penis

Sites: C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8010, 8051, 8070, 8071, 8080, 8081, 8090, 8140, 8560

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,1,2,3,4,99

34. Prostate

Sites: C619

Note: Histologies 8120-8130 [urothelial (transitional) carcinomas] are staged using the Urethra (Chapter 39) schema. All other histologies fall under this schema.

Histologies Requiring AJCC Staging:

8010, 8041, 8070, 8074, 8082, 8098, 8140, 8148,
8200, 8260, 8480, 8490, 8500, 8550, 8560

Histologies Permitting AJCC Staging:

8000-8110, 8131-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,99

35. Testis

Sites: C620,C621,C629

Histologies Requiring AJCC Staging:

8590, 8592, 8620, 8640, 8650, 9061-9065, 9070, 9071,
9081, 9085, 9100, 9101

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981, 9060-9085

Stage Group: 0,1,1A,1B,1S,2,2A,2B,2C,3,3A,3B,3C,99

36. Kidney

Sites: C649

Histologies Requiring AJCC Staging:

8010, 8032, 8041, 8120, 8140, 8260, 8290, 8310,
8312, 8317-8320, 8960, 8963, 8966

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 1,2,3,4,99

37. Renal Pelvis and Ureter

Sites: C659
C669

Histologies Requiring AJCC Staging:

8010, 8070, 8120, 8130, 8140

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

38. Bladder

Sites: C670-C679

Histologies Requiring AJCC Staging:

8010, 8020, 8051, 8070, 8120, 8130, 8131, 8140, 8255

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

39. Urethra

Sites: C680

Histologies Requiring AJCC Staging:

8010, 8070, 8120, 8130, 8140, 8310

Histologies Permitting AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

Sites: C619

Histologies Requiring AJCC Staging:

8120,8130

Histologies Permitting AJCC Staging:

8120-8130

Stage Group: 0,0A,0S,0IS,1,2,3,4,99

43. Melanoma of Uvea

Sites: C693, C694

Histologies Requiring AJCC Staging:

8720, 8723, 8730, 8740-8745, 8761, 8770-8772, 8774

Histologies Permitting AJCC Staging:

None

Stage Group: 1,2,3,4,99

48. Lymphoid Neoplasms

Histologies Requiring AJCC Staging:

9590-9596, 9650-9667, 9670-9729

Histologies Permitting AJCC Staging:

None

Stage Group: 1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B,99

Additional Information:

CoC rules require physician staging of analytic cases. However, FORDS allows the registrar to derive the stage group if the physician has assigned T, N and M. Blanks are not permitted for AJCC Clin Stage Group or AJCC Path Stage Group, and the registrar may have to code the stage group to 99 or 88, as appropriate, in the absence of physician-staged components.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group = 88, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

The edit requires staging for all histologies listed at the end the applicable chapters, including the published (posted) AJCC errata. Cases meeting those requirements must have an AJCC Clin Stage Group and an AJCC Path Stage Group with a valid stage group as defined in the appropriate chapter (and coded for computerized transmission following the instructions in FORDS) or 99, the code that indicates insufficient information is available to assign a stage group. If the AJCC chapter identifies subcategories (say, 2A, 2B ...) then the umbrella category is also valid (2) even if it is not identified by AJCC.

A few histologies listed by AJCC are "permitted" to be staged rather than "required" to be staged by the edit. For these histologies, both stage groups may be 88. However, if the physician stages the case, then the stage group should be a valid stage group for the chapter or 99. (A separate edit requires that, if a case staged 88 for pathologic or clinical staging, it must be staged 88 for both and its TNM Edition Number must also equal 88. That is, either the physician considers the case to be stageable according to AJCC specifications or he or she does not).

An AJCC errata added the histology code 8000 to all staging schema. That code is permitted by the edit for all chapters except (a) lymphoma, which is defined by histology without regard to primary site, and (b) chapters for which its reference is ambiguous (for example, skin-related chapters, because it is not possible to tell whether 8000 refers to carcinoma or melanoma). For those exceptions, the edit does not permit 8000 to be staged.

The histology range 8240-8249 permitted by the edit for the carcinoma chapters. That is because some of those chapters say in text that carcinoid tumors are excluded, but subtypes of carcinoid tumors are listed in the histology list at the end of the same chapters. AJCC pathologists apparently agree that carcinoid tumor, NOS, is not stageable, and it would be consistent with their intent not to stage it but to stage the histologies specifically listed. The edit does not force physicians to stage (or not stage) these cases, however.

The chapters that deal with epithelial (or carcinoma) staging permit a broad range of epithelial histologies to be staged, beyond the list required. That range is 8001-8576, 8940-8950 and 8980-8981.

The soft tissue chapter permits a broad range of sarcoma histologies to be staged, beyond the list required. That range is 8800-9582.

The melanoma of skin chapter text lists certain types of melanoma that are not stageable according to those chapter. One of those is 8742/2. Since 8742/3 is on the histology list at the end of the chapter, and the edit does not check Behavior Code, 8742 is permitted by the edit to be staged.

If a case does not fit the criteria for required staging or for permitted staging, then the stage groups must both = 88 and the TNM Edition Number must also = 88. If a physician wants to stage such cases, record in the text portion of the abstract the edition and chapter employed as well as any pertinent staging information the physician provides.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it no longer requires TNM Path Stage Group for cases diagnosed 2008 and later.

MODIFICATIONS:

NAACCR v11.2

11/2007

This edit was updated to no longer require TNM Path Stage Group for cases diagnosed 2008 and later. However, if TNM Path Stage Group is not blank, it will be edited.

NAACCR v11.3

08/08

The range for urothelial (transitional) carcinomas of the prostate (AJCC 6th Edition, Chapter 39) was changed: histologies requiring AJCC staging changed from "8120-8130" to "8120, 8130"; added: histologies permitting AJCC staging: 8120-8130.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Will be skipped if year of Date of Diagnosis is greater than 2009.
- The size of TNM Clin Stage Group and TNM Path Stage Group fields was changed from 2 to 4 characters.
- The codes 1A1, 1A2, 1B1, and 1B2 were added to TNM Clin Stage Group and TNM Path Stage Group codes allowable for Cervix Uteri.
- The corresponding tables AJC5STGC.dbf and AJC5STGP.dbf were updated: the code field was expanded to 4 characters and now allows 1A1, 1A2, 1B1, and 1B2.

NAACCR v12C

- For Bladder, Renal Pelvis and Ureter, and Urethra: added "OIS" to allowable codes. Updated corresponding AJC6STGC.DBF and AJC6STGP.DBF.

Primary Site, AJCC Stage Group - Ed 7 (COC)

Agency: COC

Last changed: 05/25/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Grade Path Value [Std# 441]

Tables

AJC7SIGP.DBF
AJC7STGC.DBF
AJC7STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010, greater than 2015, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number is not = 07 and not = 88

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

Only Clinical AJCC Stage Group is required. That is, Pathologic AJCC Stage Group may be left blank, but if entered, will be edited. If coded, the fields will be edited site-specifically.

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately. Please note that although TNM Clin Stage Group must be populated (not blank), TNM Path Stage Group may be blank.

For sites/histologies not included in the list below, TNM Clin Stage Group should be coded to 88 and TNM Path Stage Group should be coded to 88 or left blank.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:
C111
Discriminator (CS Site-Specific Factor25):
010

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4D. Oropharynx

Sites:
C111
Discriminator (CS Site-Specific Factor25):
020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5B. Glottis

Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:
C079
C080-C081, C088-C089

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
Stage Group:
1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]
Stage Group:
1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]
Stage Group:
1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: equal 999
Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]
Stage Group:
99, 88

8D. Thyroid: Medullary
Sites:
C739
Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513
Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]
Stage Group:
1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic
Sites:
C739
Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

Stage Group:
4, 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4 or [Grade = 9 and Grade Path Value = 4]

Stage Group:

4, 4A, 4B, 4C

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

3, 4, 4A, 4B, 4C, 99, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 88, 99

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 88, 99

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3,4,99

23. Ampulla of Vater

Sites:
C241
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:
C250-C254, C257-C259
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8971, 8980-8981
Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

25. Lung

Sites:
C340-C343, C348-C349
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
OC, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:
C384
Histologies Requiring AJCC Staging:
9050-9053
Stage Group:
1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582
Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 4, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 4, 99

Path: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99, 88

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:
C680
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex
Sites:
C740
Histologies Requiring AJCC Staging:
8010, 8140, 8370
Stage Group:
1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma
Sites:
C749
Histologies Requiring AJCC Staging:
8370
Stage Group:
1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:
C441
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
88

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
Stage Group:

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor 25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Stage Group:

88

56. Brain and Spinal Cord

Sites:

C700-C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

Stage Group:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9823, 9827

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

Stage Group:

1, 1A, 1B, 2, 2B, 3, 3A, 3B, 4, 4A, 4A1, 4A2, 4B, 4C, 99, 88

57C. Lymphoid/Hematopoietic

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 88, 99

All Others

Stage Group:

88

Additional Information:

Blanks are not permitted for AJCC Clin Stage Group and the registrar may have to code the stage group to 99 or 88, as appropriate, in the absence of physician-staged components.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88, AJCC Path Stage Group

= 88 or blank, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

The edit requires staging for all histologies listed at the end the applicable chapters, including the published (posted) AJCC errata. Cases meeting those requirements must have an AJCC Clin Stage Group with a valid stage group as defined in the appropriate chapter (and coded for computerized transmission following the instructions in FORDS) or 99, the code that indicates insufficient information is available to assign a stage group. If the AJCC chapter identifies subcategories (say, 2A, 2B ...) then the umbrella category is also valid (2) even if it is not identified by AJCC.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

MODIFICATIONS:

NAACCR v12

- Logic updated to require stage group codes of 88 for cases with no AJCC staging.
- Logic updated to validate Soft Tissue Sarcoma codes correctly.
- Table updates:
 - Added Merkel Cell Carcinoma (group 030)
 - Deleted code 1C from allowable codes for Leiomyosarcoma and Endometrial Stromal Sarcoma (group 36B)

NAACCR v12D

- Added 3C as allowable clinical stage group code for Leiomyosarcoma and Endometrial Stromal Sarcoma (group 36B)
- Updated to include sites C421, C422, and C424 with histologies 9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9837 in Hodgkin and Non-Hodgkin group (57A). (Note: C421, C422, and C424 with 9823 and 9827 are not included.)
- Updated codes 9811-9818 and 9837 to allow 88 (correct stage group code for Hematopoietic) as well as the stage group codes allowed for Lymphoid Neoplasms. This is because 9811-9818 and 9837 are defined as lymphomas by AJCC, but belong to the HemeRetic schema in CS.
- Added primary site C101 to Larynx/Supraglottis, Subglottis, Other (group 5A).
- Updated table AJC7SIGP Neuroendocrine - Colon/Rectum - Subgroup 17C to include C180.

NAACCR v12.1

- Added 4A1 and 4A2 to list of allowable stage group codes (path and clin) for Primary Cutaneous group (57B)
- Split group 018 (Liver, C220-C221) into 18A (Liver, C220) and 18B (Liver, C221)
 - Stage Group code 88 allowed for C221, but not C220
- Split group 019 (Intrahepatic Bile Ducts, C220-C221) into 19A (Intrahepatic Bile Ducts, C220) and 19B (Intrahepatic Bile Ducts, C221)
 - Stage Group code 88 allowed for C220, but not C221

NAACCR v12.2

- Group 007 (Major Salivary Glands): added 8982 to list of histologies requiring AJCC staging
- Group 10B (Esophagus Gastric Junction): changed SSF 25 codes used to determine schema for C160-C162 from '010, 020, 040, 060, blank (blank is for C160 only)' to '020, 040, 060 (for C161-C162), 982 (982 is for C160 only)'

- Group 011 (Stomach): changed SSF 25 codes used to determine schema for C161-C162 from '000, 030, 050' to '000, 030, 100, 999'; specified SSF 25 codes for C163-C166, C168-C169 as '981'
- Group 024 (Exocrine and Endocrine Pancreas): added 8971 to list of histologies requiring AJCC staging
- Group 36A (Corpus Uteri - Carcinomas): changed list of histologies requiring AJCC staging to 8000-8790, 8950-8951, 8980-8981
- Group 36B (Corpus Uteri - Leiomyosarcoma and Endometrial Stromal Sarcoma): changed list of histologies requiring AJCC staging to 8800, 8890-8898, 8900-8921, 8930-8931, 8935
- Group 053 (Carcinoma of the Lacrimal Gland): changed SSF 25 code used to determine schema from 010 to 015

NAACCR v12.2A

- Group 16B (Gastrointestinal Stromal Tumor - Small Intestine): deleted C173 (Meckel diverticulum) from list of primary sites
- Group 17C (Neuroendocrine - Colon/Rectum): deleted incorrect rows for C178-C179/8153, 8240-8242, 8246, 8249 from 17C. (They were already correctly in table under 17B.)
- Group 028 (Soft Tissue Sarcoma) - sites and histologies reworked.

NAACCR v12.2C

- Group 08A, 08B, 08C, 08D and 08F (Thyroid groups that include Grade when determining stage): edit modified to check Grade Path Value when Grade = 9
- Group 028 (Soft Tissue Sarcoma) - added sub-group designations to description and fixed logic error

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin Stage Group and TNM Path Stage Group for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver

26. Pleura

36B. Corpus Sarcoma

36C. Corpus Adenosarcoma

37A. Ovary

41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

Primary Site, AJCC Stage Group - Ed 7 (NPCR)

Agency: NPCR

Last changed: 05/03/2016

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]

Tables

AJC7SIGP.DBF
AJC7STGC.DBF
AJC7STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case

Description

This edit checks for valid AJCC 7th edition stage group values for cases diagnosed in 2015.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), invalid or date of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Path Stage Group and TNM Clin Stage Group fields are blank

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88 or blank, AJCC Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately. Please note that both TNM Path Stage Group and TNM Clin Stage Group may be blank.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88 or left blank.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Stage Group:

99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

4, 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981
Grade: 4

Stage Group:
4, 4A, 4B, 4C

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

Stage Group:
3, 4, 4A, 4B, 4C, 99, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999
C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =

981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 88, 99

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 88, 99

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,

060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

25. Lung

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

Stage Group:

1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 4, 99

Path: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99, 88

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 3A, 3B, 4, 99

41. Prostate

Sites:
C619
Histologies Requiring AJCC Staging:
8000-8110, 8140-8576, 8940-8950, 8980-8981
Stage Group:
1, 2, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:
C620-C621, C629
Histologies Requiring AJCC Staging:
8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105
Stage Group:
0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:
C649
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:
C659
C669
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:
C670-C679
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex

Sites:
C740
Histologies Requiring AJCC Staging:
8010, 8140, 8370
Stage Group:
1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma

Sites:
C749
Histologies Requiring AJCC Staging:
8370
Stage Group:
1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:
C441
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
88

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
Stage Group:
88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid
Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor 25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Stage Group:

88

56. Brain and Spinal Cord

Sites:

C700-C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

Stage Group:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9823, 9827

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

Stage Group:

1, 1A, 1B, 2, 2B, 3, 3A, 3B, 4, 4A, 4A1, 4A2, 4B, 4C, 99, 88

57C. Lymphoid/Hematopoietic

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

1, 1A, 1B, 2, 2 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 88, 99

All Others

Stage Group:

88

Additional Information:

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Path Stage Group = 88 or blank, AJCC Clin Stage Group = 88 or blank, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years.

The edit requires staging for all histologies listed at the beginning of the applicable chapters, including the published (posted) AJCC errata. Cases meeting those requirements, if entered, must have an AJCC Path and Clin Stage Group with a valid stage group as defined in the appropriate chapter (and coded for computerized transmission following the instructions in FORDS) or 99, the code that indicates

insufficient information is available to assign a stage group. If the AJCC chapter identifies subcategories (say, 2A, 2B ...) then the umbrella category is also valid (2) even if it is not identified by AJCC.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. Both TNM Clinical and Path Stage Group fields can be left blank and the edit will be skipped. The COC version, while allowing TNM Path Stage Group to be blank, requires a valid non-blank code in the TNM Clin Stage Group field.
3. NPCR version does not reference Grade Path Value at all.

Modifications

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin Stage Group and TNM Path Stage Group for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver

26. Pleura

36B. Corpus Sarcoma

36C. Corpus Adenosarcoma

37A. Ovary

41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

Primary Site, AJCC Stage Group - Ed 7, ICDO3(SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Type of Reporting Source [Std# 500]

Tables

AJC7SIGP.DBF
AJC7STGC.DBF
AJC7STGP.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank (unknown), invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Path Stage Group and TNM Clin Stage Group fields are blank
6. TNM Edition Number is not = 07 and not = 88

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88 or blank, AJCC Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so.

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately. Please note that both TNM Path Stage Group and TNM Clin Stage Group may be blank.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88 or left blank.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):
010

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):
020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982

Stage Group:
1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Stage Group:

99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

4, 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Grade: 4

Stage Group:
4, 4A, 4B, 4C

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790
Stage Group:
3, 4, 4A, 4B, 4C, 99, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

Stage Group:
0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999
C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 99, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 88, 99

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 88, 99

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

25. Lung

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

Stage Group:

1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 4, 99

Path: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99, 88

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

Stage Group:

1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

Stage Group:

1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

1, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor 25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Stage Group:

88

56. Brain and Spinal Cord

Sites:

C700-C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

Stage Group:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9823, 9827

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

Stage Group:

1, 1A, 1B, 2, 2B, 3, 3A, 3B, 4, 4A, 4A1, 4A2, 4B, 4C, 99, 88

57C. Lymphoid/Hematopoietic

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 88, 99

All Others

Stage Group:

88

Additional Information:

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Path Stage Group = 88 or blank, AJCC Clin Stage Group = 88 or blank, and Over-ride Site/TNM-Stggrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years.

The edit requires staging for all histologies listed at the beginning of the applicable chapters, including the published (posted) AJCC errata. Cases meeting

those requirements, if entered, must have an AJCC Path and Clin Stage Group with a valid stage group as defined in the appropriate chapter (and coded for computerized transmission following the instructions in FORDS) or 99, the code that indicates insufficient information is available to assign a stage group. If the AJCC chapter identifies subcategories (say, 2A, 2B ...) then the umbrella category is also valid (2) even if it is not identified by AJCC.

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF508

This SEER edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2015
2. Both TNM Clinical and Path Stage Group fields can be left blank and the edit will be skipped. The COC version, while allowing TNM Path Stage Group to be blank, requires a valid non-blank code in the TNM Clin Stage Group field.
3. SEER version does not reference Grade Path Value at all.

This SEER edit differs from the NPCR edit of the same name as follows:

- SEER version is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014

Modifications

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Skipped if date of diagnosis is greater than 2015
- Skipped if Type of Reporting Source = 7 (Death Certificate Only)

- Added code 88 to the list of allowable values for TNM Clin Stage Group and TNM Path Stage Group for following AJCC groups:

- 7. Major Salivary Glands
- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16A. GIST: Gastric
- 16B. GIST: Small Intestine
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18A. Liver
- 26. Pleura
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

Primary Site, AJCC Stage Group 2016 - Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Sex [Std# 220]

Tables

AC7G2016.DBF
CC7C2016.DBF
CC7P2016.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case

Description

This edit checks that the TNM Clin Stage Group is valid for the site/histology.
This edit checks that the TNM Path Stage Group is valid for the site/histology.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. TNM Edition Number is not = 07 and not = 88

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88 or blank, AJCC Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so. Starting with cases diagnosed 2016 and later blanks are not allowed unless Type of Reporting Source is 6 or 7

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the SEER and NPCR edits with the same name in not allowing blank Stage Group fields, and not allowing stage group codes not specifically listed in the AJCC 7th Edition.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

4C. Nasopharynx
Sites:
C111
Discriminator (CS Site-Specific Factor25):
010
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

4D. Oropharynx - Pharyngeal Tonsil
Sites:
C111
Discriminator (CS Site-Specific Factor25):
020
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other
Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

5B. Glottis
Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

Stage Group:

99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

3, 4A, 4B, 4C, 99, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:
1, 2, 3, 4, 99, 88

14. Colon and Rectum

Sites:
C180, C182-C189
C199
C209

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 99

15. Anus

Sites:
C210-C212, C218

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:
C160-C169
C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)
Histologies Requiring AJCC Staging:
8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

Stage Group:
1A, 1B, 2, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:
C150-C159
C170-C172, C178, C179
C180-C189
C199
C209
C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:
8935-8936

Stage Group:
1, 2, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

25. Lung

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1A, 1B, 2A, 2B, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:
9050-9053

Stage Group:
1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582
Stage Group:
1A, 1B, 2A, 2B, 3, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582
Sex = 1, 3-5, 9 (not female)

Peritoneum - female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8921, 9120-9136, 9142-9582
Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue
Sites:
C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499
Histologies:
8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum
Sites:
C480
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

Stage Group:
1A, 1B, 2A, 2B, 3, 4, 99

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

Clin: 0, 1B, 2B, 2C, 3, 3B, 4, 99
Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1A, 1B, 2A, 2B, 2C, 3, 4, 99
Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

Stage Group:

3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:
C659
C669
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:
C670-C679
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:
C680
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex
Sites:
C740
Histologies Requiring AJCC Staging:
8010, 8140, 8370
Stage Group:
1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma
Sites:
C749
Histologies Requiring AJCC Staging:
8370
Stage Group:
1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:
C441

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
88

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
Stage Group:
88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid
Sites:
C693
C694 (CS Site-Specific Factor 25 = 010)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

Stage Group:
1, 2A, 2B, 3A, 3B, 3C, 4, 99,88

51B. Iris
Sites:
C694 (CS Site-Specific Factor 25 = 020)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

Stage Group:
1, 2A, 2B, 3A, 3B, 3C, 4, 99,88

52. Retinoblastoma

Sites:
C692
Histologies Requiring AJCC Staging:
9510-9514

Stage Group:
88

53. Carcinoma of the Lacrimal Gland

Sites:
C695 and CS Site-Specific Factor25 = 015
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
88

54. Sarcoma of the Orbit

Sites:
C696, C698
Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582
Stage Group:
88

55. Ocular Adnexal Lymphoma

Sites:
C441, C690, C695-C696
Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837
Stage Group:
88

56. Brain and Spinal Cord

Sites:
C700-C701, C709, C710-C719, C720-C729, C751-C753
Histologies Requiring AJCC Staging:
8000, 8680-9136, 9141-9582
Stage Group:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:
C000-C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:
9590-9699, 9702-9727, 9735, 9737-9738
Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:
C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:
9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

Stage Group:

1A, 1B, 2A, 2B, 3, 3A, 3B, 4A1, 4A2, 4B, 99,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

4, 4A, 4B, 88, 99

All Others

Stage Group:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, Stage groups 4,4A,4B,99,88. Groups 57A and 57C differ from definitions of these groups in pre-2016 edits in only allowing these stage group values for these site/histologies. Pre-2016 edits allowed all lymphoma stage group values for these sites/histologies.

Primary Site, AJCC T - Ed 7, ICDO3 (COC)

Agency: COC

Last changed: 07/20/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Grade Path Value [Std# 441]

Tables

AJC7SIGP.DBF
AJC7TC.DBF
AJC7TP.DBF

Default Error Message

[3280] TNM T code problem
TNM T code problem

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2010, greater than 2015, blank (unknown), or invalid
2. TNM Edition Number is not = 07 and not = 88
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Clin T and TNM Path T are both empty

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically.

The site-specific TNM T values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic T codes are listed under TNM T. When there is a difference in allowable values for clinical and pathologic T codes, they will be specified separately. This edit ignores "c" and "p" prefixes for T category values.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X,0,1,2,3,4,4A,4B,88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B,88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B,88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or [Grade = 9 and Grade Path Value not = 4]

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B,88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

4,4A,4B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4 or [Grade = 9 and Grade Path Value = 4]

TNM T:

4,4A,4B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM T:
X,3,4,4A,4B,88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4,88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4,88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4,88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,IS,1,2,3,4

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4,88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4,88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4, 88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518, C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast

Sites:

C500-C506, C508, C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,3A,3B,4

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,4, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C,88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4,88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

X,0,IS,1,2,3,4

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4,88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2(female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: not 2 (female)

TNM T:

X,0,IS,ISU,ISD,A,1,2,3,4

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4,88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X,0,1,2,3,4,88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,3A,3B,4

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4

Path: X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4, 4A, 4B, 4C, 4D, 4E, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 3, 3A, 4, 4A, 4B, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D

Path: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, 1, 2, 3, 4, 4A, 4B, 4C, 88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X, 0, 1, 2, 3, 4, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 2D, 3, 4, 4A, 4B, 4C, 4D

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM T:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM T:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 88

All Others

TNM T:

88

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

MODIFICATIONS:

NAACCR v12B

- Edit description updated to state that edit is skipped if TNM Edition Number is not = 07 and not = 88.

- Logic updated to require T codes of 88 for cases with no AJCC staging.

- Logic updated to validate Soft Tissue Sarcoma codes correctly.

- Tables updates:

Added codes 2A, 2B, 3A, 3B, 4A, 4B to melanoma of skin (group 031).

Added Merkel Cell Carcinoma (group 030).

Added codes 4A and 4B to pharynx and oropharynx (groups 04A and 04D)

Deleted codes 4A and 4B from nasopharynx (groups 04B and 04C)

Added Primary Cutaneous Lymphoid group (57B)

NAACCR v12C

- Split Urethra (group 46) in two groups: 46A for females and 46B for non-females; 46B includes additional allowable T codes of ISPU and ISPD [additional codes for Urothelial (Transitional Cell) Carcinoma of the Prostate]

NAACCR v12D

- Added code X as allowable code for pathologic T codes for Vulva (group 033)

- Added primary site C101 to Larynx/Supraglottis, Subglottis, Other (group 5A)

- Updated table AJC7SIGP Neuroendocrine - Colon/Rectum - Subgroup 17C to include C180

NAACCR v12.1

- Split group 018 (Liver, C220-C221) into 18A (Liver, C220) and 18B (Liver, C221)
 - Code 88 allowed for C221, but not C220
- Split group 019 (Intrahepatic Bile Ducts, C220-C221) into 19A (Intrahepatic Bile Ducts, C220) and 19B (Intrahepatic Bile Ducts, C221)
 - Code 88 allowed for C220, but not C221

NAACCR v12.2

- Group 007 (Major Salivary Glands): added 8982 to list of histologies requiring AJCC staging
- Group 10B (Esophagus Gastric Junction): changed SSF 25 codes used to determine schema for C160-C162 from '010, 020, 040, 060, blank (blank is for C160 only)' to '020, 040, 060 (for C161-C162), 982 (982 is for C160 only)'
- Group 011 (Stomach): changed SSF 25 codes used to determine schema for C161-C162 from '000, 030, 050' to '000, 030, 100, 999'; specified SSF 25 codes for C163-C166, C168-C169 as '981'
- Group 024 (Exocrine and Endocrine Pancreas): added 8971 to list of histologies requiring AJCC staging
- Group 36A (Corpus Uteri - Carcinomas): changed list of histologies requiring AJCC staging to 8000-8790, 8950-8951, 8980-8981
- Group 36B (Corpus Uteri - Leiomyosarcoma and Endometrial Stromal Sarcoma): changed list of histologies requiring AJCC staging to 8800, 8890-8898, 8900-8921, 8930-8931, 8935
- Group 053 (Carcinoma of the Lacrimal Gland): changed SSF 25 code used to determine schema from 010 to 015

NAACCR v12.2A

- Group 16B (Gastrointestinal Stromal Tumor - Small Intestine): deleted C173 (Meckel diverticulum) from list of primary sites
- Group 17C (Neuroendocrine - Colon/Rectum): deleted incorrect rows for C178-C179/8153, 8240-8242, 8246, 8249 from 17C. (They were already correctly in table under 17B (Neuroendocrine - Small Intestine). T codes 1A and 1B will now correctly fail if entered for Neuroendocrine - Small Intestine.
- Group 28 (Soft Tissue Sarcoma) - sites and histologies reworked.

NAACCR v12.2C

- Group 08A, 08B, 08C, 08D and 08F (Thyroid groups that include Grade when determining stage): edit modified to check Grade Path Value when Grade = 9
- Group 028 (Soft Tissue Sarcoma) - added sub-group designations to description

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin T and TNM Path T for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver
26. Pleura
36B. Corpus Sarcoma
36C. Corpus Adenosarcoma
37A. Ovary
41. Prostate
43. Kidney
47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit

Added logic to allow validation of codes with either precursor "c" or "p"

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

Primary Site, AJCC T - Ed 7, ICDO3 (NPCR)

Agency: NPCR

Last changed: 07/20/2016

Edit Sets

Pre2016 no c,p in codes

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AJC7SIGP.DBF
AJC7TC.DBF
AJC7TP.DBF

Default Error Message

[3280] TNM T code problem
TNM T code problem

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin T and TNM Path T are both empty

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically.

The site-specific TNM T values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic T codes are listed under TNM T. When there is a difference in allowable values for clinical and pathologic T codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor²⁵):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X,0,1,2,3,4,4A,4B, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

4,4A,4B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM T:

4,4A,4B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM T:
X,3,4,4A,4B, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,IS,1,2,3,4

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512,C518,C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

Clin: X,0,IS,1,1A,1B,2,3

Path: X,0,IS,1,1A,1B,2,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,3A,3B,4

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,4,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

X,0,IS,1,2,3,4

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2(female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: not 2 (female)

TNM T:
X,0,IS,ISPU,ISPD,A,1,2,3,4

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X,0,1,2,3,4, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,3A,3B,4

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4

Path: X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4, 4A, 4B, 4C, 4D, 4E, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 3, 3A, 4, 4A, 4B, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D

Path: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor 25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, 1, 2, 3, 4, 4A, 4B, 4C, 88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X, 0, 1, 2, 3, 4, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 2D, 3, 4, 4A, 4B, 4C, 4D

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM T:
88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM T:
1,1A,1B,2,2A,2B,3,4,88

All Others

TNM T:
88

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. NPCR version does not reference Grade Path Value at all.

Modifications

NAACCR v14A

- Updated the chapter descriptions so that subcategories of Thyroid, Appendix, GIST, NET, and Corpus Uteri are clearly labeled

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

- Added code 88 to the list of allowable values for TNM Clin T and TNM Path T for following AJCC groups:

7. Major Salivary Glands

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

9. Mucosal Melanoma of the Head and Neck

13B. Appendix: Carcinoid

16A. GIST: Gastric

16B. GIST: Small Intestine

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18A. Liver

26. Pleura

36B. Corpus Sarcoma

36C. Corpus Adenosarcoma

37A. Ovary

41. Prostate

43. Kidney

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

Primary Site, AJCC T - Ed 7, ICDO3 (SEER)

Agency: SEER

Last changed: 07/20/2016

Edit Sets

Pre2016 no c,p in codes
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AJC7SIGP.DBF
AJC7TC.DBF
AJC7TP.DBF

Default Error Message

[3280] TNM T code problem
TNM T code problem

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank(unknown), invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
4. Histologic Type ICD-O-3 is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
2. TNM Edition Number is not = 07 and not = 88
3. TNM Clin T and TNM Path T are both blank

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically.

The site-specific TNM T values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic T codes are listed under TNM T. When there is a difference in allowable values for clinical and pathologic T codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X,0,1,2,3,4,4A,4B, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

4,4A,4B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM T:

4,4A,4B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,3,4,4A,4B, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,IS,1,2,3,4

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512,C518,C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

Clin: X,0,IS,1,1A,1B,2,3

Path: X,0,IS,1,1A,1B,2,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,3A,3B,4

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,4,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

X,0,IS,1,2,3,4

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2(female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: not 2 (female)

TNM T:

X,0,IS,ISPU,ISPD,A,1,2,3,4

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X,0,1,2,3,4, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,3A,3B,4

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4

Path: X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4,4A,4B,4C,4D,4E,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,1,1A,1B,1C,2,2A,3,3A,4,4A,4B,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,4A,4B,4C,4D

Path: X,0,1,2,2A,2B,3,3A,3B,4,4A,4B

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,2,3,4,4A,4B,4C,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X,0,1,2,3,4,88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,2D,3,4,4A,4B,4C,4D

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM T:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM T:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM T:

1,1A,1B,2,2A,2B,3,4,88

All Others

TNM T:

88

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF509

This SEER edit differs from the COC edit of the same name as follows:

1. SEER version is skipped if year of Date of Diagnosis is less than 2015
2. SEER version does not reference Grade Path Value at all.

It differs from the NPCR version as follows:

- SEER version is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

Modifications

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v16

-Skipped if date of diagnosis is greater than 2015

-Skipped if Type of Reporting Source = 7 (Death Certificate Only)

- Added code 88 to the list of allowable values for TNM Clin T and TNM Path T for following AJCC groups:

7. Major Salivary Glands

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16A. GIST: Gastric
- 16B. GIST: Small Intestine
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18A. Liver
- 26. Pleura
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 41. Prostate
- 43. Kidney
- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

Primary Site, Behavior Code ICDO2 (SEER IF39)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Behavior (92-00) ICD-O-2 [Std# 430]
Over-ride Site/Behavior [Std# 2071]
Date of Diagnosis [Std# 390]

Default Error Message

[368] Behavior & Site conflict - ICDO2
Behavior & Site conflict - ICDO2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is greater than 2000 or is blank.

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

This edit is skipped if Behavior (92-00) ICD-O-2 is empty.

The following primary sites with a behavior of in situ (Behavior Code ICD-O-2 = 2) require review. If the Over-ride Site/Behavior field contains a '1', no further checking is done.

C269	Gastrointestinal tract, NOS
C399	Ill-defined sites within respiratory system
C559	Uterus, NOS
C579	Female genital tract, NOS
C639	Male genital organs, NOS
C689	Urinary system, NOS
C729	Nervous system, NOS
C759	Endocrine gland, NOS
C760-C768	Ill-defined sites
C809	Unknown primary site

Additional Information:

Since the designation of in situ is very specific and almost always requires microscopic confirmation, it is assumed that specific information should also be available regarding the primary site. Conversely, if inadequate information is available to determine a specific primary site, it is unlikely that information

about a cancer being in situ is reliable. Therefore this edit does not allow an in situ behavior code to be used with specified organ system and ill-defined site codes.

Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Check the information available about primary site and histologic type carefully. If a specific in situ diagnosis is provided, try to obtain a more specific primary site. A primary site within an organ system may sometimes be assumed based on the diagnostic procedure or treatment given or on the histologic type. If no more specific site can be determined, it is probably preferable to code a behavior code of 3.

EXAMPLE

PRIMARY SITE CODE	C55.9, UTERUS NOS
BEHAVIOR CODE	2

The abstract reads, "Uterine D&C with squamous cell carcinoma in situ". The category "Uterus, NOS" is to be used when it cannot be determined whether a cancer arose in the cervix or corpus uteri. Based on the histologic type and diagnostic procedure, the most likely site in this case is cervix uteri rather than corpus. Change the primary site code to C53.9, Cervix uteri.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF39

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the - SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, Behavior Code ICDO3 (SEER IF39)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Behavior Code ICD-O-3 [Std# 523]
Over-ride Site/Behavior [Std# 2071]

Default Error Message

[512] Behavior & Site conflict - ICDO3
Behavior & Site conflict - ICDO3

Description

This edit is skipped if Behavior Code ICD-O-3 is empty.

The following primary sites with a behavior of in situ (Behavior Code ICD-O-3 = 2) require review. If the Over-ride Site/Behavior field contains a '1', no further checking is done.

C269	Gastrointestinal tract, NOS
C399	Ill-defined sites within respiratory system
C559	Uterus, NOS
C579	Female genital tract, NOS
C639	Male genital organs, NOS
C689	Urinary system, NOS
C729	Nervous system, NOS
C759	Endocrine gland, NOS
C760-C768	Ill-defined sites
C809	Unknown primary site

Additional Information:

Since the designation of in situ is very specific and almost always requires microscopic confirmation, it is assumed that specific information should also be available regarding the primary site. Conversely, if inadequate information is available to determine a specific primary site, it is unlikely that information about a cancer being in situ is reliable. Therefore this edit does not allow an in situ behavior code to be used with specified organ system and ill-defined site codes.

Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Check the information available about primary site and histologic type

carefully. If a specific in situ diagnosis is provided, try to obtain a more specific primary site. A primary site within an organ system may sometimes be assumed based on the diagnostic procedure or treatment given or on the histologic type. If no more specific site can be determined, it is probably preferable to code a behavior code of 3.

EXAMPLE

PRIMARY SITE CODE	C55.9, UTERUS NOS
BEHAVIOR CODE	2

The abstract reads, "Uterine D&C with squamous cell carcinoma in situ". The category "Uterus, NOS" is to be used when it cannot be determined whether a cancer arose in the cervix or corpus uteri. Based on the histologic type and diagnostic procedure, the most likely site in this case is cervix uteri rather than corpus. Change the primary site code to C53.9, Cervix uteri.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF39_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Primary Site, CS Extension (SEER IF176)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Extension [Std# 2810]
CS Mets at DX [Std# 2850]
Over-ride Site/EOD/DX Dt [Std# 2072]

Default Error Message

[3218] Primary Site, CS Extension, CS Mets at DX conflict
Primary Site, CS Extension, CS Mets at DX conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

The edit is skipped if any of the following conditions are true:

- 1) Over-ride Site/EOD/Dx Dt contains a '1' (review complete)
- 2) Year of Date of Diagnosis is less than 2004 or is blank
- 3) Histologic Type ICD-O-3 equals 9140 (Kaposi Sarcoma)
- 4) Histologic Type ICD-O-3 greater than or equal to 9590 (lymphoma, leukemia, or other lymphoreticular neoplasm)
- 5) Behavior Code ICD-O-3 equals 2 (in situ)

If CS Extension equals 100-300 (localized disease) and CS Mets at DX equals 00 or 99, the following Primary Site codes require review:

C069 Mouth, NOS
C260-C269 Other and ill-defined digestive organs
C390-C399 Other and ill-defined respiratory or intrathoracic sites
C409, C419 Bone, NOS
C579 Female genital system, NOS
C639 Male genital organs, NOS

If CS Extension= 100-320 (localized disease) and CS Mets at DX equals 00 or 99, the following Primary Site codes require review:

C479 Peripheral nerves, NOS
C499 Connective tissue, NOS

If CS Extension= 100-400 (localized disease) and CS Mets at DX equals 00 or 99, the following Primary Site codes require review:

C189 Colon, NOS and not histology 8210, 8220, 8261 and 8263
C559 Uterus, NOS

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF176

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.
- Length of CS Extension changed from 2 to 3 characters.

Primary Site, EOD, ICDO3 (SEER IF40)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Coding System for EOD [Std# 870]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
EOD--Old 2 Digit [Std# 850]
EOD--Old 4 Digit [Std# 860]
EOD--Extension [Std# 790]
Over-ride Site/EOD/DX Dt [Std# 2072]

Default Error Message

[515] Site & Localized EOD conflict - ICDO3
Site & Localized EOD conflict - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If a lymphoma, leukemia, or other lymphoreticular neoplasm (Histologic Type ICD-O-3 not < 9590), no further editing is performed.

If Kaposi sarcoma (Histologic Type ICD-O-3 = 9140) and SEER 10-digit Extent of Disease (Coding System for Extent of Disease = 4) is used, no further editing is performed.

If Over-ride Site/EOD/Dx Dt contains a '1' (review complete), no further editing is performed.

Regardless of which extent of disease code system is used, the following may not be reported with localized disease unless the case has been reviewed and the Over-ride Site/EOD/Dx Dt contains a '1':

C069 Mouth, NOS
C189 Colon, NOS not histology 8210, 8220, 8261, 8263
C260-C269 Other and ill-defined digestive organs
C390-C399 Other and ill-defined respiratory or intrathoracic sites
C409,C419 Bone, NOS
C479 Peripheral nerves, NOS
C499 Connective tissue, NOS
C559 Uterus, NOS
C579 Female genital system, NOS
C639 Male genital organs, NOS
C760-C768 Other and ill-defined sites
C809 Unknown primary site

The definition of localized disease for each of the extent of disease coding system is:

Nonspecific Extent of Disease (Coding System for EOD = 0) uses the entire field.
C760-C768,C809 localized disease is coded 4- or 5-.
All other ill-defined sites localized disease is coded 4-.

Two-Digit Extent of Disease (Coding System for EOD = 1) uses the entire field.
C760-C768,C809 localized disease is coded 4- or 5-.
All other ill-defined sites localized disease is coded 4-.

EOD--Old 4 digit (Coding System for EOD = 3) uses the extension field.
Localized disease is coded 1-3.

SEER 10-Digit Extent of Disease, 1988 (Coding System for EOD = 4) uses the EOD--
extension field.
Localized disease is coded 10-30.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF40_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Primary Site, Heme Morph, DateDX, NoOverride(SEER)

Agency: SEER

Last changed: 01/27/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]

Default Error Message

[4110] Hemato case diagnosed 2010 and later, %F1 (%V1) is not valid for %F2 (%V2)
Hemato case diagnosed 2010 and later, Primary Site ("value of Primary Site") is not valid for Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3")

Additional Messages

[4244] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must = C420
[4245] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must = C421
[4253] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", Primary Site must not = C420, C423, C424
[4259] Hemato diag 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must not = C420, C421, C423, C424
[4260] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must = C379, C381-C383
[4261] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must = C422
[4262] Hemato diag 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must not = C420, C422, C423, C424
[4263] Hemato case diagnosed 2010 or later, if Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site must = C400-C419
[4264] Hemato diag 2010 or later, if Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", Primary Site must not=C400-C419, C420, C423, C424
[4265] Hemato case diagnosed 2010 or later, if Primary Site="value of Primary Site", Histologic Type ICD-O-3 must = 9761
[4896] Hemato case diagnosed prior to 2010, 9823 is valid only for C420, C421, C424

Description

This edit validates the coding of primary site by histology based on the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database. For cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites. One combination (9823/C420, C421, C424) is allowed only for cases diagnosed prior to 2010.

The histology/primary site combinations in this edit are not overridable.

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations (Appendix B)

This edit is skipped if any of the following conditions are true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9992
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid

If year of diagnosis is less than 2010, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9823: C420, C421, C424

If year of diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9761: C420 - vice versa is also true: if Primary Site is C420, then Histologic Type ICD-O-3 must = 9761

9732, 9741, 9742, 9800, 9801, 9806-9809, 9820, 9826, 9831-9834, 9840, 9860, 9861, 9863, 9865-9867, 9869-9876, 9891, 9895-9898, 9910, 9911, 9920, 9931, 9940, 9945, 9946, 9948, 9950, 9961-9967, 9975, 9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992
C421

9590, 9591, 9596, 9597, 9650-9653, 9655, 9659, 9663, 9671, 9673, 9678, 9680, 9687, 9688, 9690, 9691, 9695, 9698, 9700-9702, 9705, 9708, 9709, 9712, 9714, 9717-9719, 9724-9727, 9735, 9737, 9738, 9740, 9751, 9755-9759, 9762, 9811-9818, 9823, 9827, 9837, 9971
Not C420, C423, C424

9679: C381-C383 or C379

9689: C422

9699: Not C420, C422, C423, C424

9716: C422

9731: C400-C419

9734: Not C400-C419, C420, C423, C424

9930: Not C420, C421, C423, C424

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF348

Modifications:

NAACCR v13:

- Edit name changed from 'Primary Site, Morphology, Date of DX (SEER)' to 'Primary Site, Hemato Morphology, Date of DX (SEER)'.
 - Edit modified to check that, for cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites. (Earlier version of this edit checked only: for 2010+, if histology = 9731/3, site must = C400-C419.)
 - Edit also checks for cases diagnosed prior to 2012, that 9823/3 is allowed only for C420, C421, C424.
 - Over-ride removed from the edit

NAACCR v13A

- Edit changed to limit Histologic Type ICD-O-3 code 9823 to C420, C421, and C424 for cases diagnosed prior to 2010; previous version (NAACCR v13) of this edit incorrectly checked diagnosis year 2012
- Added reference to SEER IF348 in Administrative Notes

NAACCR v14

- Over-ride added to edit: edit will be skipped if Over-ride Site/Type = 1, indicating the case has already been reviewed and accepted as coded

NAACCR v15

- Edit name changed from 'Primary Site, Hemato Morphology, Date of DX (SEER)' to 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)'. This edit includes primary site/histology/diagnosis date combinations that are not over-rideable. Combinations that are over-rideable have been moved into a separate edit: 'Primary Site, Heme Morph, DateDX, Override (SEER)'
 - Obsolete codes removed from edit since they will already fail 'Obsolete Histology ICDO3, Date of DX (SEER)'
 - Histologies regrouped to match documentation from SEER

Primary Site, Heme Morph, DateDX, Override (COC)

Agency: COC

Last changed: 06/10/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Over-ride COC-Site/Type [Std# 1987]

Additional Messages

[4266] Hemato case diagnosed 2010 or later, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not=C770-C779; review required
[4267] Hemato diag 2010 or later, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not skin lymphoma; review required
[4268] Hemato case diagnosed 2010 or later, Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site = "value of Primary Site": review required
[4270] Hemato diag 2010+, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not skin or soft tissue lymphoma; review required

Description

This edit complements the edit 'Primary Site, Morphology-Type,Beh ICDO3(COC)' which is based on the ICD-O-3 SEER Site/Histology Validation List and requires review of unusual site/histology/behavior combinations. 'Primary Site, Morphology-Type,Beh ICDO3(COC)' does not check diagnosis year. This edit checks diagnosis year and narrows the list of preferred site codes for some hematopoietic histologies for cases diagnosed 2010 and later. Cases with primary sites that are not included in the preferred list must be reviewed. If upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride COC-Site/Type flag coded to 1.

This version of the edit includes the over-ride field 'Over-ride COC-Site/Type' and should run at the hospital registry level. The central registry version of this edit is 'Primary Site, Heme Morph, DateDX, Override (SEER)' and includes the central registry level field 'Over-ride Site/Type' instead of the hospital registry field 'Over-ride COC-Site/Type.'

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations, Appendix B, Table 3

This edit is skipped if any of the following conditions are true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9992
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid
5. Over-ride Site/Type = 1

If year of diagnosis is 2010 or later, the following Primary Site codes are the preferred codes for use with the listed Histologic Type ICD-O-3 codes. If other Primary Site codes are coded and, after review, determined to be correct, the Over-ride Site/Type should be set to '1'.

9650, 9651, 9652, 9653, 9655, 9659, 9663, 9688
C770-C779

9597, 9700, 9701, 9709, 9718, 9725
C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632

9708, 9726
C440-C449, C490-C499, C510-C512, C518-C519, C600-C602, C608-C609, C632

9719
C050-C059, C110-C119, C300-C301, C310-C319

9751
C340-C349, C400-C419, C421, C440-C449, C490-C499, C770-C779

Administrative Notes

New edit - added to NAACCR v15 metafile.

This COC edit differs from the SEER edit of the same name as follows:

- This edit includes the over-ride field 'Over-ride COC-Site/Type' and should be run by hospital registries. The SEER version of the edit, 'Primary Site, Heme Morph, DateDX, Override (SEER),' includes the over-ride field 'Over-ride Site/Type' instead of the hospital registry field 'Over-ride COC-Site/Type' and should be run at the central registry level.

Some of this edit logic was previously included in the edit 'Primary Site, Hemato Morphology, Date of DX (SEER)', which has now been split into two edits, 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)', which includes non over-rideable site/histology combinations, and this edit (COC and SEER versions) which allows a case to be reviewed and an over-ride flag to be set to '1' if the case is accurate as coded.

NAACCR v15A

- Logic fixed so that it will no longer inappropriately pass for 9719: it will now fail whenever Primary Site is not C050-C059, C110-C119, C300-C301, C310-C319

Primary Site, Heme Morph, DateDX, Override (SEER)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Over-ride Site/Type [Std# 2030]

Default Error Message

[4266] Hemato case diagnosed 2010 or later, %F2=%V2,%F1 not=C770-C779; review required
Hemato case diagnosed 2010 or later, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not=C770-C779; review required

Additional Messages

[4267] Hemato diag 2010 or later, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not skin lymphoma; review required
[4268] Hemato case diagnosed 2010 or later, Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Primary Site = "value of Primary Site": review required
[4270] Hemato diag 2010+, Histologic Type ICD-O-3="value of Histologic Type ICD-O-3",Primary Site not skin or soft tissue lymphoma; review required

Description

This edit complements the edit 'Primary Site, Morphology-Type,Beh ICDO3(SEER IF25)' which is based on the ICD-O-3 SEER Site/Histology Validation List and requires review of unusual site/histology/behavior combinations. 'Primary Site, Morphology-Type,Beh ICDO3(SEER IF25)' does not check diagnosis year. This edit checks diagnosis year and narrows the list of preferred site codes for some hematopoietic histologies for cases diagnosed 2010 and later. Cases with primary sites that are not included in the preferred list must be reviewed. If upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride-Site/Type flag coded to 1.

This version of the edit includes the over-ride field 'Over-ride Site/Type' and should run at the central registry level. The hospital registry version of this edit is 'Primary Site, Heme Morph, DateDX, Override (COC)' and includes the hospital level field 'Over-ride COC-Site/Type' instead of the central registry field 'Over-ride Site/Type.'

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations, Appendix B, Table 3

This edit is skipped if any of the following conditions are true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9992
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid
5. Over-ride Site/Type = 1

If year of diagnosis is 2010 or later, the following Primary Site codes are the preferred codes for use with the listed Histologic Type ICD-O-3 codes. If other Primary Site codes are coded and, after review, determined to be correct, the Over-ride Site/Type should be set to '1'.

9650, 9651, 9652, 9653, 9655, 9659, 9663, 9688
C770-C779

9597, 9700, 9701, 9709, 9718, 9725
C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632

9708, 9726
C440-C449, C490-C499, C510-C512, C518-C519, C600-C602, C608-C609, C632

9719
C050-C059, C110-C119, C300-C301, C310-C319

9751
C340-C349, C400-C419, C421, C440-C449, C490-C499, C770-C779

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF510

This SEER edit differs from the COC edit of the same name as follows:

- This edit includes the over-ride field 'Over-ride Site/Type' and should be run by central registries. The COC version of the edit, 'Primary Site, Heme Morph, DateDX, Override (COC),' includes the over-ride field 'Over-ride COC-Site/Type' instead of the central registry field 'Over-ride Site/Type' and should be run at the facility level.

Some of this edit logic was previously included in the edit 'Primary Site, Hemato Morphology, Date of DX (SEER)', which has now been split into two edits, 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)', which includes non over-rideable site/histology combinations, and this edit (COC and SEER versions) which allows a case to be reviewed and an over-ride flag to be set to '1' if the case is accurate as coded.

Modifications:

NAACCR v15A

- Logic fixed so that it will no longer inappropriately pass for 9719: it will now fail whenever Primary Site is not C050-C059, C110-C119, C300-C301, C310-C319

Primary Site, Laterality (SEER IF82)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Laterality [Std# 410]
Date of Diagnosis [Std# 390]

Default Error Message

[3254] C342 (lung, middle lobe), Laterality cannot equal 2 (left)
C342 (lung, middle lobe), Laterality cannot equal 2 (left)

Additional Messages

[3256] If DX > 2006 and site= C342 (lung, middle lobe), Laterality cannot=4 (bilateral)
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Primary Site C342 (lung, middle lobe), Laterality cannot = 2 (left) or, if year of Date of Diagnosis > 2006 and is not blank, Laterality cannot = 4 (bilateral).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF82

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

Added: If Primary Site C342 and year of Diagnosis is > 2006, Laterality cannot = 4.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, Laterality, CS Extension(SEER IF177)

Agency: SEER

Last changed: 07/30/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Laterality [Std# 410]
CS Extension [Std# 2810]
CS Mets at DX [Std# 2850]
Over-ride Site/Lat/EOD [Std# 2073]

Default Error Message

[3219] Primary Site, Laterality, CS Extension conflict
Primary Site, Laterality, CS Extension conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Over-ride Site/Lat/EOD field contains a '1' (review complete)
2. Year of Date of Diagnosis is less than 2004 or is blank
3. Histologic Type ICD-O-3 = 9140, 9590-9992
4. If year of diagnosis = 2016 and CS Extension is blank

For the purpose of this edit the following sites are considered paired organs:

C079	Parotid gland
C080	Submandibular gland
C081	Sublingual gland
C090	Tonsillar fossa
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear
C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C441	Skin of eyelid
C442	Skin of external ear
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip

C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

For the above paired organ sites:

If the Laterality is '9', (no information concerning laterality), CS Extension cannot specify in situ or localized.

If Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized except for C090 (Tonsillar fossa), C091 (Tonsillar pillar), C098-C099 (Tonsil, NOS), C569 (Ovary), C570 (fallopian tube), C649 (Kidney, NOS) and C692 (Retina).

There is an additional exception for cases diagnosed 2010 or later:

If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

In situ or localized is coded in the CS Extension field as follows:

000-100	for sites C500-C509 (breast)
000-310	for sites C620-C629 (testis)
000-320	for sites C471 (Peripheral nerves and autonomic nervous system of upper limb and shoulder)
	C472 (Peripheral nerves and autonomic nervous system of lower limb and hip)
	C491 (Connective, subcutaneous, and other soft tissues of upper limb and shoulder)
	C492 (Connective, subcutaneous, and other soft tissues of lower limb and hip)
000-400	for sites C690-C699 (eye)
000-300	for all other paired organ sites listed above

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF177

MODIFICATIONS:

NAACCR v11.1A
3/2007

The edit was modified to include C570 (fallopian tube) in the list of paired sites that are exceptions to "if Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized".

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v13

Added:

There is an additional exception for cases diagnosed 2010 or later:

If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

NAACCR v16

- Modified to skip if year of diagnosis = 2016 and CS Extension is blank.

NAACCR v16A

- Logic changed to match description, edit skipped if year of diagnosis is 2016, original logic included skip if year of diagnosis > 2015.

Primary Site, Laterality, EOD, ICDO3 (SEER IF41)

Agency: SEER

Last changed: 07/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Histologic Type ICD-O-3 [Std# 522]
Over-ride Site/Lat/EOD [Std# 2073]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Coding System for EOD [Std# 870]
Laterality [Std# 410]
EOD--Old 2 Digit [Std# 850]
EOD--Old 4 Digit [Std# 860]
EOD--Extension [Std# 790]

Default Error Message

[516] Lateral & EOD fields conflict - ICDO3
Lateral & EOD fields conflict - ICDO3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 is empty or Date of Diagnosis is blank or greater than 2003.

If Histologic Type ICD-O-3 = 9590-9989, no further editing is performed.

If diagnosis year greater than 1987 and Histologic Type ICD-O-3 = 9140, no further editing is performed.

If the Over-ride Site/Lat/Eod field contains a '1' (review complete), no further editing is performed.

For all diagnosis years, the following are considered paired organ sites for purposes of this edit:

C079 Parotid gland
C080 Submandibular gland
C091 Tonsillar pillar
C098-C099 Tonsil, NOS
C301 Middle Ear
C310 Maxillary sinus
C312 Frontal sinus
C341-C349 Lung
C384 Pleura
C500-C509 Breast
C569 Ovary
C570 Fallopian tube
C620-C629 Testis
C630 Epididymis

C631 Spermatic cord
C649 Kidney, NOS
C659 Renal pelvis
C669 Ureter
C690-C699 Eye
C740-C749 Adrenal gland
C754 Carotid body

For cases with year of diagnosis > 1978 but not blank, the following are also considered paired organ sites for purposes of this edit:

C081 Sublingual gland
C090 Tonsillar fossa
C400 Long bones of upper limb, scapula and associated joints
C401 Short bones of upper limb and associated joints
C402 Long bones of lower limb and associated joints
C403 Short bones of lower limb and associated joints
C441 Skin of eyelid
C442 Skin of external ear
C446 Skin of upper limb and shoulder
C447 Skin of lower limb and hip
C471 Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472 Peripheral nerves and autonomic nervous system of lower limb and hip
C491 Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492 Connective, subcutaneous, and other soft tissues of lower limb and hip

For the above paired organ sites, if Laterality is bilateral involvement, lateral origin unknown (4) or unknown (9), the extent of disease should not specify in situ, localized or regional by direct extension only. The follow are the criteria for each of the extent of disease coding systems.

1. For Nonspecific Extent of Disease (Coding System for EOD = 0):
 - A. If Laterality is '9' (no information concerning laterality), EOD--Old 2 digit cannot be coded '0-' (in situ carcinoma), '4-' (localized), or '5-' (regional by direct extension only).
 - B. If Laterality is '4' (bilateral involvement; lateral origin unknown: stated to be a single primary), then EOD--Old 2 digit cannot be coded '0-' (in situ carcinoma), '4-' (localized), or '5-' (regional direct extension only) for site/histology combinations other than:
 - C569 Ovary
 - C649 Kidney 8960 Wilms tumor
 - C692 Retina 9510-9514 Retinoblastoma,
2. For Two-Digit Extent of Disease (Coding System for EOD = 1):
 - A. If Laterality is '9' (no information concerning laterality), then the first digit of EOD--Old 2 digit cannot be '0', '1', '2', '3', or '4'.
 - B. If Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), then the first digit of EOD--Old 2 digit cannot be '0', '1', '2', '3', or '4' for site histology combinations other than

C569 Ovary
C649 Kidney 8960 Wilms tumor
C692 Retina 9510-9514 Retinoblastoma.

3. For Four Digit Extent of Disease (Coding System for EOD = 3):

- A. If Laterality is '9' (no information concerning laterality), then the third digit of EOD--Old 4 digit must be greater than '3'.
- B. If Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), then the third digit of EOD--Old 4 digit must be greater than '3' for site/histology combinations other than

C569 Ovary
C649 Kidney 8960 Wilms tumor
C692 Retina 9510-9514 Retinoblastoma.

4. For Ten Digit Site-specific Extent of Disease(Coding System for EOD=4):

IF

- A. Laterality is '9' (no information concerning laterality)

OR

- B. Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), for site/histology combinations other than

C090 Tonsillar fossa
C091 Tonsillary pillar
C098-C099 Tonsil, NOS
C569 Ovary
C649 Kidney 8960 Wilms tumor
C692 Retina 9510-9514 Retinoblastoma,

THEN the EOD--extension must not be:

'00' thru '19' for sites C500-C509 Breast
'00' thru '30' for all other paired organ sites
'00' thru '40' for sites C441,C442,C446,C447 Skin.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF41_3

Modifications:

NAACCR v11.2

7/2007

Edit was modified to check: for cases with Coding System for EOD of 4 and Primary Site of breast (C500-C509) with Laterality of 4 (bilateral, lateral origin unknown) or 9 (paired site, but no information concerning laterality), then EOD--Extension cannot be 00-19.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit is skipped if year of Date of Diagnosis is blank or > 2003.
- Edit is skipped if Histologic Type ICD-O-3 = 9590-9989.
- Edit is skipped if year of Date of Diagnosis > 1978 and Histologic Type ICD-O-3 = 9140.

NAACCR v16A

- Edit logic corrected to fail on range of EOD Extension values 00-19 for breast, 00-40 for paired skin sites, and 00-30 for other paired sites where laterality = 4 or 9. 00 not previously specified as lowest value of range, allowing blank values to pass.

Primary Site, M 2016 - Ed 7 (COC-NPCR)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
NP7M2016.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination

Description

TNM Clin M and TNM Path M may be blank. If TNM Clin M is entered, it will be edited by criteria below. If TNM Path M is entered, it will be edited by criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank

4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin M and TNM Path M are both blank

The allowable values for

Clin M: (blank), c0,c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88

Path M: (blank), c0, c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM M defined and checks for "88" if the site/histology group does not have a TNM M defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies for which M is defined. The site-specific TNM values are listed below for each group or subgroup. The edit checks that "c" or "p" precedes the value given for both the Clin M and Path M except for "88" and blank.

The list of site/hist specific valid values does not list the appropriate c and p but the edit checks for it. For clin M unless stated otherwise, the list of valid values can have either a "c" or "p" and for Path M all values can have either a "c" or "p" except p0 (pM0), which is not valid for either the Clin or Path evaluation for any site/hist. This edit allows a blank as a valid code for either the Clin M or Path M.

For example if the documentation shows: M: 0,1

Then the case passes for:

Clin M: c0, c1, p1, (blank)

Path M: c0, c1, p1, (blank)

Breast lists both a clin and path set of values because c0I+ (cM0I+) is only valid for breast Clin or Path M and p0I+ is not valid.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the SEER edit of the same name in that it excludes MNOS categories that are not included in AJCC 7th Edition (Melanoma M1, Ocular Adnexal Lymphoma M1).

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009

C020-C023,C028,C029

C030,C031,C039

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM M:

0,1

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:

0,1

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM M:

0,1, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM M:

0,1, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM M:
0,1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM M:
0,1, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM M:
0,1, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:
0,1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM M:
0,1

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129, C130-C132
C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM M:
0,1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
0,1

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM M:
0,1

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:
0,1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:
8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

TNM M:
0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:
8935-8936

TNM M:
0,1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

0,1,88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

TNM M:

0,1

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

TNM M:

0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

TNM M:

0,1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM M:

0,1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM M:

0,1

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

0,1,1A,1B

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582
Sex is 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex is 2, 6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM M:

0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM M:

0,1,1A,1B,1C

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518, C519

C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:
8720-8790

TNM M:
0,1A,1B,1C

32. Breast

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM M:
Clin: 0,0I+,1
Path: 1

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM M:
0,1

34. Vagina

Sites:
C529
Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981
TNM M:
0,1

35. Cervix Uteri

Sites:
C530,C531,C538,C539
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas
Sites
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8000-8790, 8950-8951, 8980-8981
TNM M:

0,1

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

0,1, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

0,1, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM M:

0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM M:

0,1,1A,1B,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B,1C, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM M:

0,1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM M:

0,1,1A,1B,1C

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM M:

0,1,1A,1B,1C

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM M:

0,1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor 25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

0,1, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

0,1A,1B,1C

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM M:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM M:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM M:
0,1

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM M:
88

All Others

TNM M:
88

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM M 88.

Primary Site, M 2016 - Ed 7 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
SR7M2016.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination

Description

TNM Clin M and TNM Path M may be blank. If TNM Clin M is entered, it is edited by the criteria below. If TNM Path M is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, or 88
6. TNM Clin M and TNM Path M are both blank

The allowable values for

Clin M: (blank), c0,c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88
Path M: (blank), c0, c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM M defined and checks for "88" if the site/histology group does not have a TNM M defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies for which M is defined. Site/histology group names are taken from UICC. The site-specific TNM values are listed below for each group or subgroup. The edit checks that "c" or "p" precedes the value given for both the Clin M and Path M except for "88" and blank.

The list of site/hist specific valid values does not list the appropriate c and p but the edit checks for it. For clin M unless stated otherwise, the list of valid values can have either a "c" or "p" and for Path M all values can have either a "c" or "p" except p0 (pM0), which is not valid for either the Clin or Path evaluation for any site/hist. This edit allows a blank as a valid code for either the Clin M or Path M.

For example if the documentation shows: M: 0,1
Then the case passes for:
Clin M: c0, c1, p1, (blank)
Path M: c0, c1, p1, (blank)

Breast lists both a clin and path set of values because c0I+ (cM0I+) is only valid for breast Clin or Path M and p0I+ is not valid.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the COC-NPCR edit of the same name in that it includes NOS categories for M that are not listed in the AJCC 7th Edition - see SEER comparison documentation.

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009
C020-C023,C028,C029
C030,C031,C039
C040,C041,C048,C049
C050,C058,C059
C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052

C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

4B. Nasopharynx

Sites:
C110, C112-C113, C118-C119
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:
C111
Discriminator (Site-Specific Factor25):
010
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

4D. Oropharynx - Pharyngeal Tonsil

Sites:
C111
Discriminator (Site-Specific Factor25):
020
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM M:
0,1

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

5B. Glottis

Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

TNM M:
0,1

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

7. Major Salivary Glands

Sites:
C079
C080,C081,C088,C089
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
TNM M:
0,1, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045
Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM M:
0,1, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM M:

0,1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM M:

0,1, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM M:

0,1, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:

0,1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM M:

0,1

9. Malignant Melanoma of Upper Aerodigestive Tract

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129, C130-C132
C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM M:
0,1, 88

10. Oesophagus including Oesophagogastric Junction

10A. Oesophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:
0,1

10B. Oesophagogastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (Site-Specific Factor25):
020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM M:
0,1

11. Stomach

Sites:

C161-C162 and Discriminator (Site-Specific Factor 25) =
000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:
0,1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

15. Anal Canal

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

TNM M:
0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159
C170-C172, C178, C179
C180-C189
C199
C209
C480-C488 and Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:
8935-8936

TNM M:
0,1, 88

17. Gastric, Small & Large Intestinal Carcinoid Tumours

17A. Gastric, Small & Large Intestinal Carcinoid Tumours-Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1

17B. Gastric, Small & Large Intestinal Carcinoid Tumours-Duodenum/Ampulla/Jejunum/Ileum

Sites:

C170-C179
C241

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1, 88

17C. Gastric, Small & Large Intestinal Carcinoid Tumours-Large Intestine

Sites:

C180, C182-C189
C199, C209

Histologies Requiring AJCC Staging:
8153, 8240-8242, 8246, 8249

TNM M:
0,1, 88

18. Liver-Hepatocellular Carcinoma

Sites:

C220

Histologies Requiring AJCC Staging:
8170-8175

TNM M:
0,1, 88

19. Liver-Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25 as well as table lookup

TNM M:

0,1

21. Extrahepatic Bile Ducts-Perihilar

Sites:

C240 and Discriminator (Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

0,1

22. Extrahepatic Bile Ducts-Distal

Sites:

C240 and Discriminator (Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25 as well as table lookup

TNM M:

0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

TNM M:

0,1

24. Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM M:

0,1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM M:

0,1

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

0,1,1A,1B

28. Soft Tissues

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM M:

0,1

29. Carcinoma of Skin

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM M:

0,1,1A,1B,1C

31. Malignant Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518, C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM M:
0,1,1A,1B,1C

32. Breast Tumours

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM M:
Clin: c0,c0I+,c1,p1
Path: c0,c0I+,c1,p1

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM M:
0,1

34. Vagina

Sites:
C529
Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981
TNM M:
0,1

35. Cervix Uteri

Sites:
C530,C531,C538,C539
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1

36. Uterus

36A. Uterus-Endometrium
Sites
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8000-8790, 8950-8951, 8980-8981
TNM M:
0,1

36B. Uterus-Uterine Sarcomas: Leiomyosarcoma and Endometrial Stromal Sarcoma
Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

0,1, 88

36C. Uterus-Uterine Sarcomas: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

0,1, 88

37. Ovary

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2, 6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM M:

0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM M:

0,1,1A,1B, 88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM M:

0,1,1A,1B,1C, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM M:

0,1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

45. Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

47. Adrenal Cortex Tumours

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

0,1, 88

48. Carcinoma of Skin of Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

49. Carcinoma of Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

50. Malignant Melanoma of Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:
8720-8790

TNM M:
0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:
C693
C694 (CS Site-Specific Factor 25 = 010)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM M:
0,1,1A,1B,1C,88

51B. Iris

Sites:
C694 (Site-Specific Factor 25 = 020)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM M:
0,1,1A,1B,1C,88

52. Retinoblastoma

Sites:
C692
Histologies Requiring AJCC Staging:
9510-9514
TNM M:
0,1,1A,1B,1C,1D,1E

53. Carcinoma of Lacrimal Gland

Sites:
C695 and Site-Specific Factor25 = 015
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
0,1,88

54. Sarcoma of Orbit

Sites:

C696

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

0,1, 88

55. Hodgkin and Non-Hodgkin Lymphoma (Ocular Adnexal Lymphoma)

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

0,1,1A,1B,1C,88

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM T:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin Lymphoma

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM M:

88

57B. Mycosis Fungoides (EORTC Staging System)

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring EORTC Staging:

9700,9701

TNM M:

0,1,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM M:
88

All Other Schemas and/or Primary Site/Histologies

TNM M:
88

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF610

Modifications

NAACCR v16

- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes

- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM M 88.

Primary Site, Morphology-Imposs ICD02 (SEER IF38)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Tables

IF38IMPO.DBF

Default Error Message

[379] Impossible Site & Morph combination - ICDO2
Impossible Site & Morph combination - ICDO2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or blank.

The following site/histology combinations are considered to be impossible:

C480-C488 (Retroperitoneum & peritoneum)
8720-8790 (Melanomas)

C300 (Nasal cavity)
9250-9340 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C301 (Middle ear)
9250-9340 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C310-C319 (Accessory sinuses)
9250-9340 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C381-C388 (Pleura and mediastinum)
8010-8245,8247-8671,8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C470-C479 (Peripheral nerves)
8010-8671,8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C490-C499 (Connective tissue)

8720-8790 (Melanomas)

C700-C709 (Meninges)

8010-8671,8940-8941 (Carcinomas)

C710-C719 (Brain)

8010-8671,8940-8941 (Carcinomas)

C720-C29 (Other central nervous system)

8010-8671,8940-8941 (Carcinomas)

C400-C419 (Bone)

8010-8060,8075-8671,8940-8941 (Carcinomas, except squamous cell)

8720-8790 (Melanomas)

C760-C768 (Ill-defined sites)

8720-8790 (Melanomas)

8800-8811,8813-8830,8840-8920,9040-9044 (Sarcomas,except periosteal fibrosarcoma)

8990-8991 (dermatofibrosarcoma)

8940-8941 (Mesenchymoma)

9120-9170 (Mixed tumor,salivary gland type)

9240-9251 (Blood vessel tumor,Mesenchymal chondrosarcoma, and giant cell tumors)

9540-9560 (Nerve sheath tumor)

9580-9581 (Granular cell tumor and alveolar soft part sarcoma)

Additional Information:

Combinations of site and type are designated as impossible by this edit because the combination is biologically impossible, i.e., the particular form of cancer does not arise in the specified site, or because standard cancer registry conventions have been established to code certain combinations in certain ways.

In reviewing these errors, it is important to understand the biology of the disease and the clinical picture and history of the individual case before deciding on a correct code. It will often be useful to check medical references or to discuss specific problem cases with the registry's medical advisors. The suggestions below are a starting point for analyzing an error, but are not a substitute for a medical decision.

Correction of these errors will usually require inspection of the abstracted text, either online or as recorded on a paper abstract. Reference to the original medical record may also be required.

GENERAL

First review the case for the following:

1. Is the histologic type correctly coded? If not, correct the histologic type code. Note that the code for "Cancer" and "Malignancy" (8000/3) is NOT interchangeable with the code for "Carcinoma, NOS" (8010/3), which refers only to a malignancy of epithelial origin.

2. Is the primary site coded correctly? Check whether the site coded as the primary site could be instead the site of metastatic spread or the site where a biopsy was performed. If so, check for a more appropriate primary site.

SPECIFIC GUIDELINES

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40.__ or C41.__. Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bones of the skull and their primary site coded C41.0.
3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.
4. Peripheral Nerves and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.
5. Connective Tissue and Melanomas: If a melanoma is identified in connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of melanoma. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.
6. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma. Check that the tumor is indeed a carcinoma and not "Cancer" or "Malignancy" which would be coded 8000/3. If it is a carcinoma and no primary can be determined, code "Unknown primary site", C80.9.
7. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the bone, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.
8. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF38

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, Morphology-Imposs ICDO3 (SEER IF38)

Agency: SEER

Last changed: 02/12/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Tables

IF38IM01.DBF

Default Error Message

[513] Impossible Site & Morph combination - ICDO3
Impossible Site & Morph combination - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

The site/histology combinations on the following list are considered to be impossible:

C000-C709, C728-C750, C752, C754-C809
9440, 9441, 9442 (glioblastomas)

C480-C488 (Retroperitoneum & peritoneum)
8720-8790 (Melanomas)

C300 (Nasal cavity)
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C301 (Middle ear)
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C310-C319 (Accessory sinuses)
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C381, C382, C384, C388 (Pleura and mediastinum)
8010-8245, 8247-8671, 8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C383 (Mediastinum, NOS)
8010-8231, 8241-8245, 8247-8671, 8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C470-C479 (Peripheral nerves)
8010-8671,8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C490-C499 (Connective tissue)
8720-8790 (Melanomas)

C700-C709 (Meninges)
8010-8671,8940-8941 (Carcinomas)

C710-C719 (Brain)
8010-8060, 8071-8671,8940-8941 (Carcinomas)

C720-C729 (Other central nervous system)
8010-8671,8940-8941 (Carcinomas)

C400-C419 (Bone)
8010-8060,8075-8671,8940-8941 (Carcinomas, except squamous cell)
8720-8790 (Melanomas)

C760-C768 (Ill-defined sites)
8720-8790 (Melanomas)
8800-8811,8813-8830,8840-8921,9040-9044 (Sarcomas, except
periosteal fibrosarcoma, dermatofibrosarcoma)
8990-8991 (Mesenchymoma)
8940-8941 (Mixed tumor, salivary gland type)
9120-9170 (Blood vessel tumor, lymphatic vessel tumor)
9240-9252 (Mesenchymal chondrosarcoma,
and giant cell tumors)
9540-9560 (Nerve sheath tumor)
9580-9582 (Granular cell tumor and alveolar soft part sarcoma)

Additional Information:

Combinations of site and type are designated as impossible by this edit because the combination is biologically impossible, i.e., the particular form of cancer does not arise in the specified site, or because standard cancer registry conventions have been established to code certain combinations in certain ways.

In reviewing these errors, it is important to understand the biology of the disease and the clinical picture and history of the individual case before deciding on a correct code. It will often be useful to check medical references or to discuss specific problem cases with the registry's medical advisors. The suggestions below are a starting point for analyzing an error, but are not a substitute for a medical decision.

Correction of these errors will usually require inspection of the abstracted text, either online or as recorded on a paper abstract. Reference to the original medical record may also be required.

GENERAL

First review the case for the following:

1. Is the histologic type correctly coded? If not, correct the histologic type code. Note that the code for "Cancer" and "Malignancy" (8000/3) is NOT interchangeable with the code for "Carcinoma, NOS" (8010/3), which refers only to a malignancy of epithelial origin.

2. Is the primary site coded correctly? Check whether the site coded as the primary site could be instead the site of metastatic spread or the site where a biopsy was performed. If so, check for a more appropriate primary site.

SPECIFIC GUIDELINES

(The numbered categories refer to rows in the table of impossible combinations presented under "Description" in the documentation.)

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.

2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40.__ or C41.__. Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bones of the skull and their primary site coded C41.0.

3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.

4. Peripheral Nerves and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.

5. Connective Tissue and Melanomas: If a melanoma is identified in connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of melanoma. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.

6. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma. Check that the tumor is indeed a carcinoma and not "Cancer" or "Malignancy" which would be coded 8000/3. If it is a carcinoma and no primary can be determined, code "Unknown primary site", C80.9.

7. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the bone, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for

analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.__, as the appropriate primary site.

8. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF38_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v13

Corrected descriptions of impossible histologies for C760-C768 (Ill-defined sites)

NAACCR v13A

Added impossible primary site/histology combination:

Primary Sites: C000-C709, C728-C750, C752, C754-C809

Histologies: 9440, 9441, 9442 (glioblastomas)

NAACCR v14A

- The following site/histology combinations are now allowable:

C383 8240

C710-C719 8070

Primary Site, Morphology-Type ICD02 (COC)

Agency: COC

Last changed: 09/11/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]
Over-ride Site/Type [Std# 2030]
Over-ride COC-Site/Type [Std# 1987]

Tables

IF25_2.DBF
IF25_REF.DBF

Default Error Message

[355] Site & Morphology conflict - ICDO2
Site & Morphology conflict - ICDO2

Description

This edit is skipped if year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped if Histology (92-00) ICD-O-2 is empty.

If the case has already been reviewed and accepted as coded (Over-ride COC-Site/Type = 1 or Over-ride Site/Type = 1) no further editing is done.

If Primary Site is in the range C440-C449 (skin), and the Histology (92-00) code is in the range 8000-8004 (neoplasms, malignant, NOS), 8010-8045 (epithelial carcinomas), 8050-8082 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), no further editing is done.

If Primary Site is not in the range C000-C999, or if Histologic Type is not in the range 8000-9999, the message "Catastrophic Error in ICD-0-2 code" is returned and no further editing is done.

The SEER Site/Histology Validation List (see COC web site: www.facs.org/dept/cancer/ncdb/icdo2sitetype.pdf) designates all four-digit histologies (specified as in situ or malignant in ICD-O-2) that do not require review for each site. Any site/histology combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride COC-Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list.

Within the edit logic, the SEER Site/Histology Validation List is represented by three binary tables.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The Over-ride COC-Site/Type flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride COC-Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Over-ride COC-Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

Administrative Notes

This edit differs from the SEER edit of the same name in the following way:

Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic updated to use DBF tables instead of binary tables

Primary Site, Morphology-Type ICD02 (SEER IF25)

Agency: SEER

Last changed: 09/11/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]
Over-ride Site/Type [Std# 2030]

Tables

IF25_2.DBF
IF25_REF.DBF

Default Error Message

[355] Site & Morphology conflict - ICDO2
Site & Morphology conflict - ICDO2

Description

This edit is skipped if year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped if Histology (92-00) ICD-O-2 is empty.

If the case has already been reviewed and accepted as coded (Over-ride Site/Type = 1) no further editing is done.

The SEER Site/Histology Validation List (Appendix A) designates all four-digit histologies (specified as in situ or malignant in ICD-O-2) that do not require review for each site. Any site/histology combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride--Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The over-ride flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride--Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology

Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Override--Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF25

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic updated to use DBF tables instead of binary tables

Primary Site, Morphology-Type ICD03 (COC)

Agency: COC

Last changed: 09/09/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
Over-ride COC-Site/Type [Std# 1987]
Over-ride Site/Type [Std# 2030]

Tables

IF25_3.DBF
IF25_REF.DBF

Default Error Message

[510] Site & Morphology conflict - ICDO3
Site & Morphology conflict - ICDO3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. If Histologic Type ICD-O-3 is blank.
2. If year of Date of Diagnosis is greater than 2008 and not blank.

This edit is run only on cases diagnosed 2008 and earlier and cases with unknown diagnosis dates (Date of Diagnosis is blank).

If the case has already been reviewed and accepted as coded (Over-ride COC-Site/Type = 1 or Over-ride Site/Type = 1) no further editing is done.

If Primary Site is in the range C440-C449 (skin), and the Histologic Type ICD-O-3 is in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), no further editing is done.

The SEER Site/Histology Validation List (see SEER web site) designates all four-digit histologies (specified as in situ or malignant in ICD-O) that do not require review for each site. Any site/histology combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride COC-Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The Over-ride COC-Site/Type flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride COC-Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Over-ride COC-Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

Administrative Notes

This edit differs from the SEER edit of the same name in the following way:

This version of the edit allows basal and squamous cell carcinomas of non-genital skin sites. That is, it allows Primary Sites in the range C440-C449 (skin) with Histologic Type ICD-O-3 in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), and 8090-8110 (basal cell carcinomas). Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list.

This edit differs from the edit "Primary Site, Morphology-Type,Beh ICDO3 (COC)" in the following ways:

1. This version of the edit is run on cases diagnosed 2008 and earlier and cases with unknown diagnosis dates. The other version of the edit, "Primary Site, Morphology-Type,Beh ICDO3 (COC)", is run on cases diagnosed 2009 and later.
2. This version of the edit does not include behavior. The other version of the edit, "Primary Site, Morphology-Type,Beh ICDO3 (COC)", includes behavior.

MODIFICATIONS:

NAACCR v11.2
12/07

- The table IF25_01a.bin was updated to allow meningiomas (9530 - 9539) only for meninges sites (C70_). Please note that meningiomas are allowed outside of the meninges if the case is reviewed and the over-ride flag is set.

NAACCR v11.3

6/08

- The description of the above modification (12/07) was corrected: "NAACCR v11.2A" changed to "NAACCR v11.2".

NAACCR v11.3A

10/08

- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2008 and not = 9999.

- Histology 8461 is now valid for sites C480-C482, C488.

- Histology 9582 is now valid for C751.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic rewritten to look in IF25_3.DBF, using SITEHIST index, instead of using binary tables

Primary Site, Morphology-Type, Beh ICDO3 (COC)

Agency: COC

Last changed: 09/09/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Over-ride COC-Site/Type [Std# 1987]
Over-ride Site/Type [Std# 2030]

Tables

IF25_3.DBF
IF25_REF.DBF

Default Error Message

[510] Site & Morphology conflict - ICDO3
Site & Morphology conflict - ICDO3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. If Histologic Type ICD-O-3 is blank.
2. If year of Date of Diagnosis is less than 2009 or blank.

This edit is run only on cases diagnosed 2009 and later.

If the case has already been reviewed and accepted as coded (Over-ride COC-Site/Type = 1 or Over-ride Site/Type = 1) no further editing is done.

If Primary Site is in the range C440-C449 (skin), and the Histologic Type ICD-O-3 is in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), and Behavior Code ICD-O-3 is 2 or 3, no further editing is done.

The SEER Site/Histology Validation List (see SEER web site) designates all histologies/behaviors that do not require review for each site. Any site/histology/behavior combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride--Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The over-ride flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride--Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Over-ride--Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

This edit differs from the SEER edit of the same name in the following ways:

1. This version of the edit is skipped if the year of Date of Diagnosis is less than 2009 or = 9999.
2. This version of the edit allows basal and squamous cell carcinomas of non-genital skin sites. That is, it allows Primary Sites in the range C440-C449 (skin) with Histologic Type ICD-O-3 in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), and 8090-8110 (basal cell carcinomas) and Behavior Code ICD-O-3 of 2 or 3. Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list.

This edit differs from the edit "Primary Site, Morphology-Type ICDO3 (COC)" in the following ways:

1. This version of the edit is skipped if year of Date of Diagnosis is less than 2009 or = 9999. That is, it is run only for cases diagnosed on or after 01/01/2009. The other edit, "Primary Site, Morphology-Type ICDO3 (COC)", is run only on cases diagnosed prior to 2009 or with an unknown diagnosis year.
2. This version includes behavior. Consequently some cases that passed in the past may now require review.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Correction: added C209 8143/3 to table (IF25_03.dbf) of valid site/histology/behavior combinations. It had mistakenly been removed from NAACCR v11.3A.
- The table of valid site/histology/behavior combinations was updated to include new histologies based on the 2008 WHO Classification of Hematopoietic and Lymphoid Tissues. This update is consistent with the December 2009 Errata for ICD-O-3 Site/Type Validation List (downloadable from http://seer.cancer.gov/icd-o-3/sitetype_errata.d12092009.pdf).

NAACCR v13

Revised IF25_3.DBF (site/histology/behavior table):

1. allow 9823/3 for all sites
2. allow 8441/3 and 8460/3 for C540-C543, C548-C549, C559
3. delete miscellaneous duplicate table entries

NAACCR v15

Revised IF25_3.DBF (site/histology/behavior table):

- added:
 - C150-C159: 9680/3
 - C170-C179: 8152/3
 - C260-C269: 8152/3
 - C440-C449: 9751/3
 - C470-C479, C490-C499: 9726/3
 - C510-C519, C529
 - 9597, 9700, 9708, 9709, 9718, 9725, 9726
 - C530-C539: 8098/3
 - C600-C609, C632
 - 9597, 9700, 9701, 9708, 9709, 9718, 9725, 9726
 - C809 - 8152/3
 - C751 - 9582/0 (replaced hardcoded logic with table entry)

NAACCR v15A

Revised IF25_3.DBF (site/histology/behavior table):

- added:
 - C470-C476, C478-C479, C490-C496, C498-C499: 9930/3
 - C440-C449: 9837/3
 - C340-C349: 8083/3
- removed duplicate codes:
 - C420 9823/3
 - C421 9823/3
 - C424 9823/3

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

Agency: SEER

Last changed: 09/09/2015

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Over-ride Site/Type [Std# 2030]

Tables

IF25_3.DBF
IF25_REF.DBF

Default Error Message

[510] Site & Morphology conflict - ICDO3
Site & Morphology conflict - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is blank.

If the case has already been reviewed and accepted as coded (Over-ride Site/Type = 1) no further editing is done.

The SEER Site/Histology Validation List (see SEER web site) designates all histologies/behaviors that do not require review for each site. Any site/histology/behavior combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride--Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The over-ride flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride--Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Override--Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

Administrative Notes

This edit differs from Primary Site, Morphology-Type ICDO3 (SEER IF25) in that this edit includes behavior.

This edit differs from the COC edit of the same name in that the COC version allows basal and squamous cell carcinomas of non-genital skin sites. Since these cases are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list and are flagged as errors in this edit.

MODIFICATIONS:

NAACCR v11.2

11/07

- Replaces old version Primary Site, Morphology-Type ICDO3 (SEER IF25).
- Updated to now edit site/histology/behavior instead of just site/histology.
- Updated to allow meningiomas (9530 - 9539) only for meninges sites (C70_). Please note that it allows meningiomas outside of the meninges if the case is reviewed and the over-ride flag is set.

NAACCR v11.3

6/08

- The description of the above modification (11/07) was corrected: "NAACCR v11.2A" changed to "NAACCR v11.2".

NAACCR v11.3A

10/08

- Histology 8461/3 is now valid for sites C480-C482, C488
- Histology 8144/3 is no longer valid for C15, C17, C18, C19, C20, and C21
- Histology 9582/0 is now valid for C751

NAACCR v12

- Correction: added C209 8143/3 to table of valid site/hist/behavior combinations. It had mistakenly been removed from NAACCR v11.3A.

NAACCR v12D

- Modified: if year of diagnosis is 2010 or higher AND Histologic Type ICD-O-3 = 9731 (solitary plasmacytoma of bone) AND Behavior ICD-O-3 = 3 (malignant), then Primary Site must = C400-C419 (bone).

NAACCR v12.1

- Modified: logic to allow solitary plasmacytoma of bone (9731/3) only for bone (C400-C41) if year of diagnosis is 2010+, was removed from this edit. A separate edit was created: Primary Site, Morphology, Date of DX (SEER)

NAACCR v13

Revised IF25_3.DBF (site/histology/behavior table):

1. allow 9823/3 for all sites
2. allow 8441/3 and 8460/3 for C540-C543, C548-C549, C559
3. delete miscellaneous duplicate table entries

NAACCR v15

Revised IF25_3.DBF (site/histology/behavior table):

- added:

C150-C159: 9680/3

C170-C179: 8152/3

C260-C269: 8152/3

C440-C449: 9751/3

C470-C479, C490-C499: 9726/3

C510-C519, C529

- 9597, 9700, 9708, 9709, 9718, 9725, 9726

C530-C539: 8098/3

C600-C609, C632

- 9597, 9700, 9701, 9708, 9709, 9718, 9725, 9726

C809 - 8152/3

C751 - 9582/0 (replaced hardcoded logic with table entry)

NAACCR v15A

Revised IF25_3.DBF (site/histology/behavior table):

- added:

C470-C476, C478-C479, C490-C496, C498-C499: 9930/3

C440-C449: 9837/3

C340-C349: 8083/3

- removed duplicate codes:

C420 9823/3

C421 9823/3

C424 9823/3

Primary Site, N 2016 - Ed 7 (COC-NPCR)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
NP7NCL16.DBF
NP7NPA16.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination

Description

TNM Clin N and TNM Path N may be blank. If TNM Clin N is entered, it is edited by the criteria below. If TNM Path N is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)

3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin N and TNM Path N are both empty

The allowable values for

Clinical N: (blank), cX, c0, c0A, c0B, c1, c1A, c1B, c1C, c2, c2A, c2B, c2C, c3, c3A, c3B, c3C, c4, 88
 Path N: (blank), pX, c0, p0, p0I-, p0I+, p0M-, p0M+, p1MI, p0A, p0B, p1, p1A, p1B, p1C, p2, p2A, p2B, p2C, p3, p3A, p3B, p3C, p4, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM N defined and checks for '88' if the site/histology group does not have a TNM N defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies for which N is defined. The edit will pass when the codes listed are entered in TNM Clin N with "c" prefix or in TNM Path N with "p" prefix; "cN0" will also pass when entered in TNM Path N, and where specified "88" will pass the edit without the prefix. Blanks will also pass the edit but are not specified. For those cases where there is a difference between the clinical and pathologic N codes, such as Merkel Cell, Melanoma of Skin, Breast, Melanoma Conjunctiva, the N codes are listed separately for the clin and path assessment.

For example:

TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C

Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

Translates to allowable codes of:

Clin: (blank),cX,c0,c1,c2,c2A,c2B,c3,c3A,c3B,c3C

Path: (blank),pX,c0,p0, p0I-,p0I+,p0M-,p0M+,p1,p1A,p1B,p1C,p1MI,p2,p2A,p2B,p3,p3A,p3B,p3C

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the SEER edit of the same name in that it excludes N NOS categories that are not included in AJCC 7th Edition (Melanoma of Conjunctiva cN0).

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009

C020-C023,C028,C029

C030,C031,C039

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3,3A,3B

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3,3A,3B

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM N:

X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM N:

X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X,0,1,2,2A,2B,2C,3, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM N:

X,0,1,2,3

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:

X,0,1,2,3,3A,3B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

TNM N:

0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

0,1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25 as well as table lookup

TNM N:
X,0,1,2

21. Perihilar Bile Ducts

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2

22. Distal Bile Duct

Sites:
C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25 as well as table lookup

TNM N:
X,0,1

23. Ampulla of Vater

Sites:
C241
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:
X,0,1

24. Exocrine and Endocrine Pancreas

Sites:
C250-C254, C257-C259
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8971, 8980-8981

TNM N:
X,0,1

25. Lung

Sites:
C340-C343,C348,C349

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

26. Pleural Mesothelioma

Sites:
C384
Histologies Requiring AJCC Staging:
9050-9053
TNM N:
X,0,1,2,3

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582
TNM N:
X,0,1

28. Soft Tissue Sarcoma

Peritoneum - not female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582
Sex = 1,3-5, 9 (not female)

Peritoneum - female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8921, 9120-9136, 9142-9582
Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue
Sites:
C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499
Histologies:
8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum
Sites:
C480
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM N:

X,0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

TNM N:

Clin: X,0,1,2
Path: X,0,1,1A,1B,2

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,1,1A,1B,2,2C,3
Path: X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C
Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:

X,0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM N:

X,0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM N:

X,0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:

X,0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0A,0B,1

Path: X,0,0A,0B,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM N:

X,0,1,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM N:

X,0,1,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM N:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM N:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM N:

X,0,1,1A,1B,2,2A,2B,3,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM N:

88

All Others

TNM N:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Updated description to indicate OA and OB allowable values for TNM Pathologic N for site/histology group 050, Melanoma of Conjunctiva. Table referenced by logic updated to include these codes.
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM N 88.

Primary Site, N 2016 - Ed 7 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
SR7NCL16.DBF
SR7NPA16.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination

Description

TNM Clin N and TNM Path N may be blank. If TNM Clin N is entered, it is edited by the criteria below. If TNM Path N is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, or 88
6. TNM Clin N and TNM Path N are both empty

The allowable values for

Clinical N: (blank), cX, c0, c0A, c0B, c1, c1A, c1B, c1C, c2, c2A, c2B, c2C, c3, c3A, c3B, c3C, c4, 88

Path N: (blank), pX, c0, p0, p0I-, p0I+, p0M-, p0M+, p1MI, p0A, p0B, p1, p1A, p1B, p1C, p2, p2A, p2B, p2C, p3, p3A, p3B, p3C, p4, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM N defined and checks for '88' if the site/histology group does not have a TNM N defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies for which N is defined. Site/histology group names are taken from UICC. The edit will pass when the codes listed are entered in TNM Clin N with "c" prefix or in TNM Path N with "p" prefix; "cN0" will also pass when entered in TNM Path N, and where specified "88" will pass the edit without the prefix. Blanks will also pass the edit but are not specified. For those cases where there is a difference between the clinical and pathologic N codes, such as Merkel Cell, Melanoma of Skin, Breast, Melanoma Conjunctiva, the N codes are listed separately for the clin and path assessment.

For example:

TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C

Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

Translates to allowable codes of:

Clin: (blank),cX,c0,c1,c2,c2A,c2B,c3,c3A,c3B,c3C

Path: (blank),pX,c0,p0, p0I-,p0I+,p0M-,p0M+,p1,p1A,p1B,p1C,p1MI,p2,p2A,p2B,p3,p3A,p3B,p3C

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the COC-NPCR edit of the same name in that it includes NOS categories for N that are not included in AJCC 7th Edition (Melanoma of Conjunctiva cN0). The edit also allows Ocular Adnexal Lymphoma to be staged as Non-Hodgkin Lymphoma (N88).

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009

C020-C023,C028,C029

C030,C031,C039

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,2A,2B,2C,3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3,3A,3B

4C. Nasopharynx

Sites:

C111

Discriminator (Site-Specific Factor25):
010

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3,3A,3B

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (Site-Specific Factor25):
020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM N:
X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,2A,2B,2C,3

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981

TNM N:

X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X,0,1,2,2A,2B,2C,3, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: equal 999
Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM N:
X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:
X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

TNM N:
X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM N:
X,0,1,1A,1B

9. Malignant Melanoma of Upper Aerodigestive Tract

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311
C320-C323, C328-C329
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1, 88

10. Oesophagus including Oesophagogastric Junction

10A. Oesophagus

Sites:
C150-C155, C158-C159
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

10B. Oesophagogastric Junction

Sites:
C160-C162
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
Discriminator (Site-Specific Factor25):
020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM N:
X,0,1,2,3

11. Stomach

Sites:
C161-C162 and Discriminator (Site-Specific Factor 25) =
000, 030, 999
C163-C166, C168-C169
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990
TNM N:
X,0,1,2,3,3A,3B

12. Small Intestine

Sites:
C170-C172, C178-C179
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:
C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anal Canal

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

TNM N:

0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

0,1, 88

17. Gastric, Small & Large Intestinal Carcinoid Tumours

17A. Gastric, Small & Large Intestinal Carcinoid Tumours-Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. Gastric, Small & Large Intestinal Carcinoid Tumours-Duodenum/Ampulla/Jejunum/Ileum

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

17C. Gastric, Small & Large Intestinal Carcinoid Tumours-Large Intestine

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

18. Liver-Hepatocellular Carcinoma

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Liver-Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25 as well as table lookup

TNM N:
X,0,1,2

21. Extrahepatic Bile Ducts-Perihilar

Sites:
C240 and Discriminator (Site-Specific Factor 25) = 010, 020, 050, 060, 999
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2

22. Extrahepatic Bile Ducts-Distal

Sites:
C240 and Discriminator (Site-Specific Factor 25) = 040, 070
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25 as well as table lookup

TNM N:
X,0,1

23. Ampulla of Vater

Sites:
C241
Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

24. Pancreas

Sites:
C250-C254, C257-C259
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8971, 8980-8981
TNM N:
X,0,1

25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3

26. Pleural Mesothelioma

Sites:
C384
Histologies Requiring AJCC Staging:
9050-9053

TNM N:
X,0,1,2,3

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582

TNM N:
X,0,1

28. Soft Tissues

Peritoneum - not female

Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582
Sex = 1,3-5,9 (not female)

Peritoneum - female

Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8921, 9120-9136, 9142-9582
Sex = 2,6 (female)

Heart, Mediastinum, Soft Tissue

Sites:
C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499
Histologies:
8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:
C480
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM N:
X,0,1

29. Carcinoma of Skin

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

30. Merkel Cell Carcinoma

Sites:
C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632
Histologies Requiring AJCC Staging:
8247
TNM N:
Clin: X,0,1,2
Path: X,0,1,1A,1B,2

31. Malignant Melanoma of the Skin

Sites:
C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
Clin: X,0,1,,2,2C,3
Path: X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast Tumours

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM N:
Clin: X,0,1,2,2A,2B,3,3A,3B,3C
Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

36. Uterus

36A. Uterus-Endometrium

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Uterus-Uterine Sarcomas: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1, 88

36C. Uterus-Uterine Sarcomas: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1, 88

37. Ovary

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:

X,0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM N:

X,0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:
X,0,1,2,3

43. Kidney

Sites:
C649
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1, 88

44. Renal Pelvis and Ureter

Sites:
C659
C669
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

45. Bladder

Sites:
C670-C679
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,3

46. Urethra

Sites:
C680
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2

47. Adrenal Cortex Tumours

47A. Adrenal Cortex
Sites:
C740
Histologies Requiring AJCC Staging:
8010, 8140, 8370
TNM N:
X,0,1, 88

47B. Adrenal Cortical Carcinoma
Sites:
C749
Histologies Requiring AJCC Staging:
8370

TNM N:
X,0,1, 88

48. Carcinoma of Skin of Eyelid

Sites:
C441
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

49. Carcinoma of Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
Clin: X,0,0A,0B,1
Path: X,0,0A,0B,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid
Sites:
C693
C694 (Site-Specific Factor 25 = 010)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM N:
X,0,1,88

51B. Iris
Sites:
C694 (Site-Specific Factor 25 = 020)
Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM N:
X,0,1,88

52. Retinoblastoma

Sites:
C692
Histologies Requiring AJCC Staging:
9510-9514
TNM N:
X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:
C695 and Site-Specific Factor25 = 015
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,88

54. Sarcoma of the Orbit

Sites:
C696, C698
Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582
TNM N:
X,0,1, 88

55. Hodgkin and Non-Hodgkin Lymphoma (Ocular Adnexal Lymphoma)

Sites:
C441, C690, C695-C696
Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837
TNM N:
X,0,1,2,3,4,88

56. Brain and Spinal Cord

Sites:
C700, C701, C709, C710-C719, C720-C729, C751-C753
Histologies Requiring AJCC Staging:
8000, 8680-9136,9141-9582
TNM T:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin Lymphoma

Sites:
C000-C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM N:

88

57B. Mycosis

Fungoides (EORTC Staging System)

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring EORTC Staging:

9700,9701

TNM N:

X,0,1,1A,1B,2,2A,2B,3,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM N:

88

All Other Schemas and/or Primary Site/Histologies

TNM N:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF611

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, - 000-419-440 changed to 000-440
- Updated description to indicate 0A and 0B allowable values for TNM Pathologic N for site/histology group 050, Melanoma of Conjunctiva. Table referenced by logic updated to include these codes.
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM N 88.

Primary Site, No AJCC Scheme-Ed 5, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 01/13/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]

Default Error Message

[1044] Primary Site/Histology has no TNM staging scheme
Primary Site/Histology has no TNM staging scheme

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty.

This edit applies only to cases diagnosed 1998-2002 and assumes the use of AJCC Cancer Staging Manual, Fifth Edition. The edit is skipped for lymphomas (Histology (92-00) ICD-O-2 = 9590-9698, 9702-9717).

The following Primary Site codes have no AJCC staging schemes and the individual (T, N, M, and stage groups) AJCC items must be coded as 88.

C173, C254, C260, C268, C269, C300, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C691, C699, C700, C701, C709-C719, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, No AJCC Scheme-Ed 5, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 01/13/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
Primary Site [Std# 400]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]

Default Error Message

[1044] Primary Site/Histology has no TNM staging scheme
Primary Site/Histology has no TNM staging scheme

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

This edit applies only to cases diagnosed 1998-2002 and assumes the use of AJCC Cancer Staging Manual, Fifth Edition. The edit is skipped for lymphomas (Histologic Type ICD-O-3 = 9590-9699, 9702-9729).

The following Primary Site codes have no AJCC staging schemes and the individual (T, N, M, and stage groups) AJCC items must be coded as 88.

C173, C254, C260, C268, C269, C300, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C691, C699, C700, C701, C709-C719, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Agency: NPCR

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
Sex [Std# 220]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
CC7C2016.DBF
CC7P2016.DBF

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination
[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
[6060] If Type of Reporting Source = "value of Type of Reporting Source", if TNM Clin Stage Group or TNM Path Stage Group is coded 88, both should be coded 88

Description

This edit checks that the TNM Clin Stage Group is valid for the site/histology.
This edit checks that the TNM Path Stage Group is valid for the site/histology.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. TNM Edition Number not = 07, 88
4. TNM Clin Stage Group and TNM Path Stage Group are blank

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, AJCC Clin Stage Group = 88 or blank, AJCC Path

Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so. Starting with cases diagnosed 2016 and later blanks are not allowed unless Type of Reporting Source is 6 or 7

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately.

The edit also passes if both Stage Group fields are coded 88 when Type of Reporting Source = 6 or 7. The edit fails if one Stage Group field is coded 88 but the other is not when Type of Reporting Source = 6 or 7.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the SEER edit with the same name in requiring both TNM Clin Stage Group and TNM Path Stage Group to be coded 88 if one is coded 88, for Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only). The edit does not require stage group fields to equal 88 if Type of Reporting Source = 7, as required by a separate SEER edit. Except for Autopsy Only and Death Certificate Only case, the edit does not allow Stage Group codes for stageable site/histology groups not specifically listed in the AJCC 7th Edition.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:
C110, C112-C113, C118-C119
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:
C111
Discriminator (CS Site-Specific Factor25):
010
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

4D. Oropharynx - Pharyngeal Tonsil

Sites:
C111
Discriminator (CS Site-Specific Factor25):
020
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:
C101, C321-C322
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

5B. Glottis

Sites:
C320, C328-C329
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:
C079
C080-C081, C088-C089
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
Stage Group:
1, 2, 3, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

Stage Group:
1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

Stage Group:
1, 2, 3, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: equal 999
Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

Stage Group:
99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

3, 4A, 4B, 4C, 99, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030,999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4,99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

1, 2, 3, 4, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 99

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

Stage Group:

1A, 1B, 2, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

25. Lung

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1A, 1B, 2A, 2B, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

Stage Group:

1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

Stage Group:

1A, 1B, 2A, 2B, 3, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

Stage Group:

1A, 1B, 2A, 2B, 3, 4, 99

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

Clin: 0, 1B, 2B, 2C, 3, 3B, 4, 99

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1A, 1B, 2A, 2B, 2C, 3, 4, 99

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

Stage Group:

3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

Stage Group:

1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

Stage Group:

1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99.88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99.88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Stage Group:

88

56. Brain and Spinal Cord

Sites:

C700-C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

Stage Group:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites/histologies are assigned to group 57A based on combinations of site and histology

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

Stage Group:

1A, 1B, 2A, 2B, 3, 3A, 3B, 4A1, 4A2, 4B, 99,88

57C. Lymphoid/Hematopoietic

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM M:

88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

4, 4A, 4B, 88, 99

All Others

Stage Group:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Error message corrected, field out of order for 6060
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, Stage groups 4,4A,4B,99,88. Groups 57A and 57C differ from definitions of these groups in pre-2016 edits in only allowing these stage group values for these site/histologies. Pre-2016 edits allowed all lymphoma stage group values for these sites/histologies.

Primary Site, Stage Group 2016 - Ed 7 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Type of Reporting Source [Std# 500]
Sex [Std# 220]

Tables

AC7G2016.DBF
SR7C2016.DBF
SR7P2016.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3040] TNM Path Stage Group is invalid for site/hist combination
[3041] TNM Clin Stage Group is invalid for site/hist combination
[3148] TNM Clin Stage Group should = "88" for site/hist combination
[3149] TNM Path Stage Group should = "88" for site/hist combination

Description

This edit checks that the TNM Clin Stage Group (when non-blank) is valid for the site/histology. This edit checks that the TNM Path Stage Group (when non-blank) is valid for the site/histology.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. TNM Edition Number is not = 07, U7, 88
5. TNM Path Stage Group and TNM Clin Stage Group fields are blank

This edit checks that the TNM Clin Stage Group (when non-blank) is valid for the site/histology. This edit checks that the TNM Path Stage Group (when non-blank) is valid for the site/histology.

The site/histology specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. Site/histology group names are taken from UICC.

The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88 or left blank.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the NPCR and COC edits with the same name in allowing blank Stage Group fields and in allowing NOS stage group codes for many site/histology groups that are not included in AJCC. The edit allows all Lymphoma stage categories for Mycosis Fungoides and Ocular Adnexal Lymphoma.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
C020-C023, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050, C058-C059
C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:
0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:

C111

Discriminator (Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 4A, 4B, 4C, 99

7. Major Salivary Glands

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

Stage Group:

99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513
Grade: 1-3 or 9

Stage Group:
1, 2, 3, 4, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

Stage Group:
Clin: 1, 2, 3, 4, 4A, 4B, 4C, 99
Path: 4, 4A, 4B, 4C

8F. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

Stage Group:
Clin: 1, 2, 3, 4, 4A, 4B, 4C, 99
Path: 4, 4A, 4B, 4C

9. Malignant Melanoma of Upper Aerodigestive Tract

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

Stage Group:
3, 4, 4A, 4B, 4C, 99, 88

10. Oesophagus and Oesophagogastric Junction

10A. Oesophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

10B. Oesophagogastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

Stage Group:

0, 1, 1A, 1B, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1, 1A, 1B, 2A, 2B, 3, 3A, 3B, 3C, 4,99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

1, 2, 3, 4, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189
C199
C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 99

15. Anal Canal

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169
C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

Stage Group:

1, 1A, 1B, 2, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159
C170-C172, C178, C179
C180-C189
C199
C209
C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3, 3A, 3B, 4, 99, 88

17. Gastric, Small & Large Intestinal Carcinoid Tumours

17A. Gastric, Small & Large Intestinal Carcinoid Tumours-Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

17B. Gastric, Small & Large Intestinal Carcinoid Tumours-
Duodenum/Ampulla/Jejunum/Ileum

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

17C. Gastric, Small & Large Intestinal Carcinoid Tumours-Large Intestine

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

18. Liver-Hepatocellular Carcinoma

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3, 3A, 3B, 3C, 4A, 4B, 99, 88

19. Liver-Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

21. Extrahepatic Bile Ducts-Perihilar

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 4A, 4B, 99

22. Extrahepatic Bile Ducts-Distal

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2, 2A, 2B, 3, 4, 99

24. Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1A, 1B, 2, 2A, 2B, 3, 4, 99

25. Lung

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:
9050-9053

Stage Group:
1, 1A, 1B, 2, 3, 4, 99

27. Bone

Sites:
C400-C403, C408-C409
C410-C414, C418-C419
Histologies Permitting AJCC Staging:
8800-9136, 9142-9582
Stage Group:
1A, 1B, 2A, 2B, 3, 4, 4A, 4B, 99

28. Soft Tissues

Peritoneum - not female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582
Sex = 1, 3-5, 9 (not female)

Peritoneum - female
Sites:
C481-C482, C488
Histologies:
8800-8820, 8823-8921, 9120-9136, 9142-9582
Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue
Sites:
C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499
Histologies:
8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum
Sites:
C480
Histologies:
8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 4, 99

29. Carcinoma of Skin

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

Clin: 0, 1B, 2B, 2C, 3B, 4, 99
Path: 0, 1A, 1B, 2A, 2B, 2C, 3, 3A, 3B, 4, 99

31. Malignant Melanoma of the Skin

Sites:

C440-C449
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 4, 99
Path: 0, 1, 1A, 1B, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

32. Breast Tumours

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

Clin: 0, 1A, 2A, 2B, 3, 3A, 3B, 3C, 4, 99
Path: 0, 1A, 1B, 2A, 2B, 3, 3A, 3B, 3C, 4, 99

33. Vulva

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4A, 4B, 99

36. Uterus

36A. Uterus-Endometrium

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C1, 3C2, 4, 4A, 4B, 99

36B. Uterus-Uterine Sarcomas: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4A, 4B, 99, 88

36C. Uterus-Uterine Sarcomas: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4A, 4B, 99, 88

37. Ovary

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

Stage Group:

3, 3A, 3B, 3C, 4, 99

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99, 88

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

Clin: 0, 1, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

Path: 0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal Cortex Tumours

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

Stage Group:

1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

Stage Group:

1, 2, 3, 4, 99, 88

48. Carcinoma of Skin of Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 3, 3A, 3B, 3C, 4, 99

49. Carcinoma of Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3, 3A, 3B, 3C, 4, 99, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Hodgkin and Non-Hodgkin Lymphoma (Ocular Adnexal Lymphoma)

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738

Sites/histologies are assigned to group 57A based on combinations of site and histology

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:
9811-9818, 9823, 9827, 9837
Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Mycosis Fungoides (EORTC Staging System)

Sites:
C440-C449
C510-C512, C518-C519
C600-C602, C608-C609, C632
Histologies Requiring EORTC Staging:
9700,9701
Stage Group:
1A, 1B, 2A,2B,3A, 3B, 4A, 4A1, 4A2, 4B, 4C, 99, 88

57C. Lymphoid/Hematopoietic

Sites:
C420, C421, C424
Histologies Requiring AJCC Staging:
9811-9818, 9837
Stage Group:
4, 4A, 4B, 88, 99

All Other Schemas and/or Primary Site/Histologies

Stage Group:
88

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF612

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, Stage groups 4,4A,4B,99,88. Groups 57A and 57C differ from definitions of these groups in pre-2016 edits in only allowing these stage group values for these site/histologies. Pre-2016 edits allowed all lymphoma stage group values for these sites/histologies.

Primary Site, T 2016 - Ed 7, ICD03 (COC-NPCR)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
NP7TCL16.DBF
NP7TPA16.DBF

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination

Description

TNM Clin T and TNM Path T may be blank. If TNM Clin T is entered, it is edited by the criteria below. If TNM Path T is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin T and TNM Path T are both empty

The allowable values for

Clinical T: (blank), cX, c0, pA, pIS, pISU, PISD, c1MI, c1, c1A, c1A1, c1A2, c1B, c1B1, c1B2, c1C, c1D, c2, c2A, c2A1, c2A2, c2B, c2C, c2D, c3, c3A, c3B, c3C, c3D, c4, c4A, c4B, c4C, c4D, c4E, 88

Path T: (blank), pX, p0, pA, pIS, pISU, PISD, p1MI, p1, p1A, p1A1, p1A2, p1B, p1B1, p1B2, p1C, p1D, p2, p2A, p2A1, p2A2, p2B, p2C, p2D, p3, p3A, p3B, p3C, p3D, p4, p4A, p4B, p4C, p4D, p4E, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM T defined and checks for "88" if the site/histology group does not have a TNM T defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The values for the clinical and pathologic T codes are listed under TNM T. All values listed must be prefixed with a "c" or "p" except code "88" and blank. All clinical T codes have a prefix of "c" except for IS, A, ISU, ISD which must have a prefix of "p". The Path T codes all have the prefix of "p". For cases where there is a difference in allowable values for clinical and pathologic T codes (Testis, Prostate, Melanoma Conjunctiva, and Retinoblastoma), the T codes are listed separately for clin and path.

For example for breast the edit lists

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

Which translates to allowable codes of:

Clin T: (blank),cX,c0,pIS,c1,c1A,c1B,c1C,c1MI,c2,c3,c4,c4A,c4B,c4C,c4D

Path T: (blank),pX,p0,pIS,p1,p1A,p1B,p1C,p1MI,p2,p3,p4,p4A,p4B,p4C,p4D

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the SEER edit of the same name in that it excludes TNOS categories that are not included in AJCC 7th Edition (for site/histology groups listed below: 3, 4A, 4D, 5A-B, 6, 7, 8A-F, 9, 12, 14, 18, 19, 21, 33, 36A, 48). The edit does not allow cX or c0 for Mucosal Melanoma of Head and Neck, and does not allow A and B designations for T1 and T2 categories, Primary Cutaneous Lymphoma.

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009

C020-C023,C028,C029

C030,C031,C039

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4A,4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM T:

X,0,IS,1,2,3,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980, 8981
TNM T:
X,0,IS,1,1A,1B,2,3,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:
C300, C310-C311
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,2,3,4A,4B

7. Major Salivary Glands

Sites:
C079
C080,C081,C088,C089
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8982
TNM T:
X,0,1,2,3,4A,4B, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM T:
X,0, 1,1A,1B,2,3,4A,4B,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:
C739
Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM T:
X,0,1,1A,1B,2,3,4A,4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM T:

X,0,1,1A,1B,2,3,4A,4B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,4A,4B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

Clin: X,0,1,1A,1B,2,3,4A,4B
Path: 4A,4B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM T:

Clin: X,0,1,1A,1B,2,3,4A,4B
Path: 4A,4B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109
C110-C113, C118-C119
C129, C130-C132
C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM T:
3,4A,4B, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981
Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 999
C163-C166, C168-C169

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4A,4B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

TNM T:

X,0,1,2,3,4, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,IS,1,2,3,4

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3A,3B,4, 88

19. Intrahepatic Bile Ducts

19. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2A,2B,3,4

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2,6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512,C518,C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1A,1B,2,3

34. Vagina

Sites:
C529
Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:
C530,C531,C538,C539
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas
Sites
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8000-8790, 8950-8951, 8980-8981
TNM T:
X,0,IS,1,1A,1B,2,3A,3B,4

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8800, 8890-8898, 8900-8921, 8930-8931, 8935
TNM T:
X,0,1,1A,1B,2,2A,2B,3,3A,3B,4, 88

36C. Corpus Uteri: Adenosarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8933
TNM T:
X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM T:

3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

Clin: X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4, 88

Path: X,0,2,2A,2B,2C,3,3A,3B,4, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

Clin: cX, pIS, p4

Path: pX,p0,pIS,p1,p2,p3,p4

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T: Clin: X,0,IS,A,1,2,3,4,4A,4B

Path: X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2,6 (female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 1,3-5,9 (not female)

TNM T:
X,0,IS,ISU,ISD,A,1,2,3,4

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X,0,1,2,3,4, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2A,2B,3A,3B,4

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4

Path: X,0,IS,1A,1B,1C,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM T:
X, 0, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4, 4A, 4B, 4C, 4D, 4E, 88

51B. Iris

Sites:
C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:
8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM T:
X, 0, 1, 1A, 1B, 1C, 2, 2A, 3, 3A, 4, 4A, 4B, 88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:
9510-9514

TNM T:
Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D
Path: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

53. Carcinoma of the Lacrimal Gland

Sites:
C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X, 0, 1, 2, 3, 4, 4A, 4B, 4C, 88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:
8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:
X, 0, 1, 2, 3, 4, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:
9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:
X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 2D, 3, 4, 4A, 4B, 4C, 4D

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM T:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM T:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM T:

1,2,3,4

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM T:

88

All Others

TNM T:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM T 88.

Primary Site, T 2016 - Ed 7, ICDO3 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
SR7TCL16.DBF
SR7TPA16.DBF

Default Error Message

[3280] TNM T code problem
TNM T code problem

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination

Description

TNM Clin T and TNM Path T may be blank. If TNM Clin T is entered, it is edited by the criteria below. If TNM Path T is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, or 88
6. TNM Clin T and TNM Path T are both empty

The allowable values for

Clinical T: (blank), cX, c0, pA, pIS, pISU, PISD, c1MI, c1, c1A, c1A1, c1A2, c1B, c1B1, c1B2, c1C, c1D, c2, c2A, c2A1, c2A2, c2B, c2C, c2D, c3, c3A, c3B, c3C, c3D, c4, c4A, c4B, c4C, c4D, c4E, 88

Path T: (blank), pX, p0, pA, pIS, pISU, PISD, p1MI, p1, p1A, p1A1, p1A2, p1B, p1B1, p1B2, p1C, p1D, p2, p2A, p2A1, p2A2, p2B, p2C, p2D, p3, p3A, p3B, p3C, p3D, p4, p4A, p4B, p4C, p4D, p4E, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM T defined and checks for "88" if the site/histology group does not have a TNM T defined.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. Site/histology group names are taken from UICC. The values for the clinical and pathologic T codes are listed under TNM T. All values listed must be prefixed with a "c" or "p" except code "88" and blank. All clinical T codes have a prefix of "c" except for IS, A, ISU, ISD which must have a prefix of "p". The Path T codes all have the prefix of "p". For cases where there is a difference in allowable values for clinical and pathologic T codes (Testis, Prostate, Melanoma Conjunctiva, and Retinoblastoma), the T codes are listed separately for clin and path.

For example for breast the edit lists

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

Which translates to allowable codes of:

Clin T: (blank),cX,c0,pIS,c1,c1A,c1B,c1C,c1MI,c2,c3,c4,c4A,c4B,c4C,c4D

Path T: (blank),pX,p0,pIS,p1,p1A,p1B,p1C,p1MI,p2,p3,p4,p4A,p4B,p4C,p4D

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

This edit differs from the COC-NPCR edit of the same name in that it includes NOS categories for T that are not included in AJCC 7th Edition.

3. Lip and Oral Cavity

Sites:

C000-C006,C008,C009

C020-C023,C028,C029

C030,C031,C039

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,2,3,4, 4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,2,3,4

4C. Nasopharynx

Sites:

C111

Discriminator (Site-Specific Factor25):
010

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,2,3,4

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (Site-Specific Factor25):
020

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

TNM T:

X,0,IS,1,2,3,4,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,2,3,4,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X,0,1,2,3,4,4A,4B, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM T:

X,0, 1,1A,1B,2,3,4,4A,4B,88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:

X,0,1,1A,1B,2,3,4,4A,4B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

Clin: X,0,1,1A,1B,2,3,4,4A,4B
Path: 4,4A,4B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM T:

Clin: X,0,1,1A,1B,2,3,4,4A,4B
Path: 4,4A,4B

9. Malignant Melanoma of Upper Aerodigestive TractOe

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132
C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM T:
X,3,4,4A,4B, 88, 0

10. Oesophagus and Oesophagogastric Junction

10A. Oesophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Oesophagogastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (Site-Specific Factor25):
020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor 25 as well as table lookup

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (Site-Specific Factor 25) =

000, 030,999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:
X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:
X,0,IS,1,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

15. Anal Canal

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

TNM T:

X,0,1,2,3,4, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:

X,0,1,2,3,4, 88

17. Gastric, Small & Large Intestinal Carcinoid Tumours

17A. Gastric, Small & Large Intestinal Carcinoid Tumours-Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,IS,1,2,3,4

17B. Gastric, Small & Large Intestinal Carcinoid Tumours-

Duodenum/Ampulla/Jejunum/Ileum

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4, 88

17C. Gastric, Small & Large Intestinal Carcinoid Tumours-Large Intestine

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4, 88

18. Liver-Hepatocellular Carcinoma

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4, 88

19. Liver-Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Intrahepatic Bile Ducts-Perihilar

Sites:

C240 and Discriminator (Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

22. Intrahepatic Bile Ducts-Distal

Sites:

C240 and Discriminator (Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 2A, 2B, 3, 4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X, 0, 1, 2, 3

28. Soft Tissues

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Carcinoma of Skin

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Malignant Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast Tumours

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,1A,1B,2,3

34. Vagina

Sites:
C529
Histologies Requiring AJCC Staging:
8000-8576, 8800-8801, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:
C530,C531,C538,C539
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Uterus-Endometrium

36A. Corpus Uteri: Carcinomas

Sites
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8000-8790, 8950-8951, 8980-8981
TNM T:
X,0,IS,1,1A,1B,2,3,3A,3B,4

36B. Uterus-Uterine Sarcomas: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8800, 8890-8898, 8900-8921, 8930-8931, 8935
TNM T:
X,0,1,1A,1B,2,2A,2B,3,3A,3B,4, 88

36C. Uterus-Uterine Sarcomas: Adenosarcoma

Sites:
C540-C543, C548-C549
C559
Histologies Requiring AJCC Staging:
8933
TNM T:
X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4, 88

37. Ovary

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM T: X, 0, 3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

Clin: X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4, 88

Path: X,0,2,2A,2B,2C,3,3A,3B,4, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

Clin: X, 4

Path: X,0,IS,1,2,3,4,

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T: Clin: X,0,IS,A,1,2,3,4,4A,4B

Path: X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2,6 (female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 1,3-5,9 (not female)

TNM T:

X,0,IS,ISU,ISD,A,1,2,3,4

47. Adrenal Cortex Tumours

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X,0,1,2,3,4, 88

48. Carcinoma of Skin of Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,3A,3B,4

49. Carcinoma of Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4

Path: X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM T:

X,0,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4,4A,4B,4C,4D,4E,88

51B. Iris

Sites:

C694 (Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM T:

X,0,1,1A,1B,1C,2,2A,3,3A,4,4A,4B,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,4A,4B,4C,4D

Path: X,0,1,2,2A,2B,3,3A,3B,4,4A,4B

53. Carcinoma of Lacrimal Gland

Sites:

C695 and Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,2,3,4,4A,4B,4C,88

54. Sarcoma of Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X,0,1,2,3,4,88

55. Hodgkin and Non-Hodgkin Lymphoma (Ocular Adnexal Lymphoma)

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,2D,3,4,4A,4B,4C,4D,88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9823, 9827

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM T:

88

57B. Mycosis Fungoides (EORTC Staging System)

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring EORTC Staging:

9700,9701

TNM T:

X, 0, 1,1A,1B,2,2A,2B,3,4,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM T:

88

All Other Schemas and/or Primary Site/Histologies

TNM T:

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF613

Modifications

NAACCR v16A

- Corrected typo in description, TNM Clin M corrected to TNM Clin T

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes

- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM T 88.

Primary Site, TNM Clin Stage Valid A- Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
CLST7VAL.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
[6009] Inconsistency between TNM categories T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M" and assigned TNM stage "value of TNM Clin Stage Group"
[6010] Combination of T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M" is invalid for TNM staging
[6011] T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M", staging parameter for "value of Primary Site", inconsistent with TNM stage "value of TNM Clin Stage Group"

[6027] Combination T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M", staging parameter for "value of Primary Site", invalid forTNM staging

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
2. TNM Edition Number is not = 07 and not = 88
5. TNM Clin Stage Group is blank
6. TNM Clin T, TNM Clin N, or TNM Clin M is blank

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 3 through 28. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if a required staging parameter is blank.

The edit compares the combination of TNM Clin T, TNM Clin N, TNM Clin M categories, and staging parameter where required, with TNM Clin Stage Group.

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Clin Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Clin Stage Group or the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include TONOMO/MOI+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,000 records.

3. Lip and Oral Cavity
4. Pharynx

- 4A. Oropharynx and Hypopharynx
- 4B. Nasopharynx
- 4C. Nasopharynx
- 4D. Oropharynx - Pharyngeal Tonsil

5. Larynx

- 5A. Supraglottis, Subglottis, Other
- 5B. Glottis

6. Nasal Cavity and Paranasal Sinuses

7. Major Salivary Glands

8. Thyroid Gland

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 8E. Thyroid: Anaplastic
- 8F. Thyroid: Anaplastic

9. Mucosal Melanoma of the Head and Neck

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Division for Staging:

10C. Esophagus Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507,
8514-8551, 8571-8574, 8576, 8940-8941

10D. Esophagus Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508,
8510-8513, 8560-8570, 8575, 8905, 8980-8981

Sites and TNM not included in 10E, 10H

10E. Esophagus Squamous Cell Carcinoma

Site, TNM: C150, C151, C153, C154,
cT2cN0cM0, cT3cN0cM0

10H: Esophagus Squamous Cell Carcinoma

Site, TNM: C152, C155, C158, C159
cT2cN0cM0, cT3cN0cM0

Staging Parameter: Grade

10B. Esophagus Gastric Junction

Division for Staging:

10F. Esophagus Gastric Junction Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507,
8514-8551, 8571-8574, 8576, 8940-8941

10G. Esophagus Gastric Junction Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508,
8510-8513, 8560-8570, 8575, 8905, 8980-8981

Staging Parameter: Grade

11. Stomach

12. Small Intestine

13. Appendix

13A. Appendix: Carcinoma

Staging Parameter: Grade for mucinous and non-mucinous tumors, as collected in CS SSF 11

13B. Appendix: Carcinoid

14. Colon and Rectum

15. Anus

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Stomach, CS SSF 5 for GIST Omentum

16B. GIST: Small Intestine

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Esophagus, CS SSF 11 for GIST

Small Intestine, GIST Colon and Rectum, CS SSF 5 for GIST

Mesentery

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18. Liver

19. Intrahepatic Bile Ducts

20. Gallbladder

21. Perihilar Bile Ducts

22. Distal Bile Duct

23. Ampulla of Vater

24. Exocrine and Endocrine Pancreas

25. Lung

26. Pleural Mesothelioma

27. Bone

Division for Staging:

27A. Bone Non-Ewing

Histologies: 8800-9136, 9142-9252, 9261-9363, 9365-9582

Staging Parameter: Grade, for Non-Ewing

27B. Bone Ewing
Histologies: 9260, 9364

28. Soft Tissue Sarcoma (not edited)

Staging Parameter: Grade

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Updated stage mapping in table referenced by logic for Thyroid, Esophagus, EsophagusGEJunction
- Updated description, edit logic to indicate that grade for site/histology group 028, Soft Tissue, is collected in the Grade field and not in CS Site-Specific Factor 1
- Removed "else" after special logic for TXN0M0 for site/histology group 025, causing edit to pass inappropriately for other sites
- Updated to not edit for site/histology group 028, Soft Tissue Sarcoma, issues with grade assignment, Description notes this group not edited
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 8 [Std# 2862]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
CLST7VAL.DBF
SVALTEST.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
[6009] Inconsistency between TNM categories T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M" and assigned TNM stage "value of TNM Clin Stage Group"

[6010] Combination of T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M" is invalid for TNM staging

[6011] T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M", staging parameter for "value of Primary Site", inconsistent with TNM stage "value of TNM Clin Stage Group"

[6027] Combination T"value of TNM Clin T" N"value of TNM Clin N" M"value of TNM Clin M", staging parameter for "value of Primary Site", invalid for TNM staging

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, 88
6. TNM Clin Stage Group is blank
7. TNM Clin T or TNM Clin M is blank

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 29 through 57. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if any of TNM Clin N or a required staging parameter is blank. (The exception for TNM Clin N allows for the possible coding of TNM Clin N as blank for site/histology group 39; if blank, TNM Clin N will be converted to "88" for the edit.)

The edit compares the combination of TNM Clin T, TNM Clin N, TNM Clin M categories, and staging parameter where required, with TNM Clin Stage Group.

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Clin Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Clin Stage Group or the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include T0N0M0/M0I+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include

the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,000 records.

Site/histology groups 49, Carcinoma of Conjunctiva, 50, Malignant Melanoma of Conjunctiva, 52, Retinoblastoma, 53, Carcinoma of Lacrimal Gland, 54, Sarcoma of Orbit, 55, Ocular Adnexal Lymphoma, are listed below. However, staging for these site/histology groups is not validated by this edit, as no stage grouping applies. The T, N, M codes for site/histology groups 49, 50, 52, 53, 54, and 55 are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7.

Site/histology group 57A, Lymphoid Neoplasms, is also listed below. However, staging for 57A does not include T, N, and M components, and stage is not validated in this edit. The T, N, M codes for site/histology group 57A are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7. Stage group for 57A is validated in the edit Primary Site, Stage Group 2016 - Ed 7. Site/histology group 55, Ocular Adnexal Lymphoma, will pass this edit if coded as Lymphoma (T=88,N=88,M=88,Stage Group = stage from Ch 57), or as Ocular Adnexal Lymphoma (T=T from Ch 55, N=N from Ch 55, M=M from Ch 55, Stage Group = 88).

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

30. Merkel Cell Carcinoma

31. Melanoma of the Skin

32. Breast

33. Vulva

34. Vagina

35. Cervix Uteri

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

36C. Corpus Uteri: Adenosarcoma

37. Ovary and Peritoneal Carcinomas

37A. Ovary

37B. Peritoneal Carcinomas

38. Fallopian Tube

39. Gestational Trophoblastic Tumors

Staging Parameter: Prognostic Scoring Index as collected in CS SSF 1

40. Penis

41. Prostate

Division for Staging:

41A. PSA: 988, 997, 998, 999

- 41B. PSA: 001-099
- 41C. PSA: 100-199
- 41D. PSA: 200-980

Staging Parameter: Gleason Score: As collected in CS SSF 8 for clinical stage

42. Testis

Staging Parameter: S value, based on calculation of:

post-orchietomy AFP value as collected in CS SSF 13,
post-orchietomy hCG value as collected in CS SSF 15,
post-orchietomy LDH range as collected in CS SSF 16

43. Kidney

44. Renal Pelvis and Ureter

45. Urinary Bladder

46. Urethra

47. Adrenal

- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma

48. Carcinoma of the Eyelid

49. Conjunctiva

50. Malignant Melanoma of the Conjunctiva

51. Malignant Melanoma of Uvea

- 51A. Ciliary Body and Choroid
- 51B. Iris

52. Retinoblastoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

55. Ocular Adnexal Lymphoma

57. Lymphoid Neoplasms

- 57A. Hodgkin and Non-Hodgkin Lymphoma
- 57B. Primary Cutaneous Lymphomas

Staging Parameter: Peripheral blood involvement, as collected in CS SSF 1

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Added stage mapping to table referenced by logic for T1A, T1B, T2A, T2B to site/group 57B, Primary Cutaneous Lymphoma
- Corrected site group in edit logic, 41E to 41A, defined for Prostate where CS Site-Specific Factor 1 = 988, 997, 998, 999
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

Primary Site, TNM M - c,p pre2016 (NPCR)

Agency: NPCR

Last changed: 07/29/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Type of Reporting Source [Std# 500]

Tables

AJC7MC.DBF
AJC7MP.DBF
AJC7SIGP.DBF

Default Error Message

[3290] TNM M code problem
TNM M code problem

Additional Messages

[3291] TNM Path M code is invalid for site/hist combination
[3292] TNM Clin M code is invalid for site/hist combination
[3293] TNM Clin M code should = "88" for site/hist combination
[3294] TNM Path M code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid or diagnosis date is greater than 2015.
 2. Type of Reporting Source = 7 (Death Certificate Only)
 4. Histologic Type ICD-O-3 is blank
 5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 6. TNM Edition Number is not = 07 and not = 88
 7. TNM Clin M and TNM Path M are both blank
-)

TNM Clin M and TNM Path M may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin M and TNM Path M codes either with or without the "c" or "p" component.

The site-specific TNM M values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic M codes are listed under TNM M. When there is a difference in allowable values for clinical and pathologic M codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:

Clin: 0,1

Path: 1

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM M:

Clin: 0,1, 88

Path: 1, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: less than 045
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
Sites:
C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
Sites:
C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981
Age at Diagnosis: equal 999
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8D. Thyroid: Medullary
Sites:
C739
Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513
Grade: 1-3 or 9

TNM M:
Clin: 0,1, 88
Path: 1, 88

8E. Thyroid: Anaplastic
Sites:
C739
Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

TNM M:
Clin: 0,1
Path: 1

8F. Thyroid: Anaplastic
Sites:
C739
Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM M:

Clin: 0,1

Path: 1

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1, 88

Path: 1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM M:

Clin: 0,1

Path: 1

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:

Clin: 0,1

Path: 1

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM M:

Clin: 0,1, 88

Path: 1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1

Path: 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

Clin: 0,1,88

Path: 1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

Clin: 0,1,88

Path: 1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

Clin: 0,1,88

Path: 1,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

Clin: 0,1

Path: 1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,

060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

TNM M:

Clin: 0,1

Path: 1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM M:

Clin: 0,1

Path: 1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM M:

Clin: 0,1
Path: 1

27. Bone

Sites:

C400-C403, C408-C409
C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM M:

Clin: 0,1.1A.1B
Path: 1.1A,1B

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM M:

Clin: 0,1
Path: 1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8270-8290

TNM M:

Clin: 0,1,1A,1B,1C
Path: 1,1A,1B,1C

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM M:

Clin: 0,0I+,1
Path: 1

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8276, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM M:

Clin: 0,1

Path: 1

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

Clin: 0,1,88

Path: 1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

Clin: 0,1,88

Path: 1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

Clin: 0,1, 88

Path: 1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific

Factor 25) = 002

Histologies Requiring AJCC Staging:
8000-8576, 8590-8671, 8930-8934, 8940-9110
TNM M:
Clin: 0,1
Path: 1

38. Fallopian Tube

Sites:
C570
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

39. Gestational Trophoblastic Tumors

Sites:
C589
Histologies Requiring AJCC Staging:
9100-9105
TNM M:
Clin: 0,1,1A,1B,88
Path: 1,1A,1B,88

40. Penis

Sites:
C600-C602,C608,C609
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1
Path: 1

41. Prostate

Sites:
C619
Histologies Requiring AJCC Staging:
8000-8110, 8140-8576, 8940-8950, 8980-8981
TNM M:
Clin: 0,1,1A,1B,1C, 88
Path: 1,1A,1B,1C, 88

42. Testis

Sites:
C620,C621,C629
Histologies Requiring AJCC Staging:
8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105
TNM M:

Clin: 0,1,1A,1B
Path: 1,1A,1B

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1, 88
Path: 1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1
Path: 1

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:
8010, 8140, 8370

TNM M:

Clin: 0,1, 88
Path: 1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1

Path: 1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM M:

Clin: 0,1,1A,1B,1C,1D,1E

Path: 1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

Clin: 0,1, 88

Path: 1, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

Clin: 0,1,1A,1B,1C

Path: 1,1A,1B,1C

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM M:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM M:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM M:

Clin: 0,1,88

Path: 1,88

All Others

TNM M:

88

Administrative Notes

New edit - added to NAACCR v16 metafile. This edit is based on

Primary Site, AJCC M - Ed 7 ICD03, but it checks TNM Clin M and TNM Path M values for pre-2016 diagnoses coded either with or without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

Primary Site, TNM N - c,p pre2016 (NPCR)

Agency: NPCR

Last changed: 06/14/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin N [Std# 950]
TNM Path N [Std# 890]
Type of Reporting Source [Std# 500]

Tables

AJC7NC.DBF
AJC7NP.DBF
AJC7SIGP.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3286] TNM Path N code is invalid for site/hist combination
[3287] TNM Clin N code is invalid for site/hist combination
[3288] TNM Clin N code should = "88" for site/hist combination
[3289] TNM Path N code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid, or date of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, 88
6. TNM Clin N and TNM Path N are both blank

TNM Clin N and TNM Path N may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The site-specific TNM N values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic N codes are listed under TNM N. When there is a difference in allowable values for clinical and pathologic N codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor²⁵):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3, 3A, 3B

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM N:

X,0,1,2,2A,2B,2C,3

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X,0,1,2,2A,2B,2C,3, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:
8720-8790

TNM N:
X,0,1, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2,3

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):
020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM N:
X,0,1,2,3

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:
X,0,1,2,3.3A,3B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:
8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:
X,0,1,2

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1, 88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM N:

X,0,1

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM N:

X, 0, 1, 2, 3

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM N:

X, 0, 1

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM N:
X,0,1

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:
C440, C442-C449, C632
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,2,2A,2B,2C,3

30. Merkel Cell Carcinoma

Sites:
C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632
Histologies Requiring AJCC Staging:
8247
TNM N:
X,0,1,1A,1B,2

31. Melanoma of the Skin

Sites:
C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632
Histologies Requiring AJCC Staging:
8720-8790
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

32. Breast

Sites:
C500-C506,C508,C509
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981, 9020
TNM N:
Clin: X,0,1,2,2A,2B,3,3A,3B,3C
Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

33. Vulva

Sites:
C510-C512,C518,C519
Histologies Requiring AJCC Staging:
8000-8246, 8248-8576, 8940-8950, 8980-8981
TNM N:
X,0,1,1A,1B,2,2A,2B,2C,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:

X,0,1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM N:

X,0,1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

0, 88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM N:

X,0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:

X,0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,0A,0B,1

Path: X,0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM N:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM N:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700,9701

TNM N:

X,0,1,1A,1B,2,2A,2B,3,88

All Others

TNM N:

88

Administrative Notes

New edit - added to NAACCR v16 metafile. This edit is based on Primary Site, AJCC N - Ed 7 ICD03, but it checks TNM Clin N and TNM Path N values for pre-2016 diagnoses coded either with or without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

Primary Site, TNM Path Stage Valid A-Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
TNM Path Descriptor [Std# 920]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
CS Site-Specific Factor 5 [Std# 2920]
CS Site-Specific Factor 6 [Std# 2930]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor11 [Std# 2865]
CS Site-Specific Factor25 [Std# 2879]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
PAST7VAL.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
[6009] Inconsistency between TNM categories T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M" and assigned TNM stage "value of TNM Path Stage Group"
[6010] Combination of T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M" is invalid for TNM staging

[6011] T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M", staging parameter for "value of Primary Site", inconsistent with TNM stage "value of TNM Path Stage Group"

[6027] Combination T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M", staging parameter for "value of Primary Site", invalid for TNM staging

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. TNM Edition Number is not = 07, 88
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Path Stage Group is blank
6. TNM Path T, TNM Path N, or TNM Path M is blank
6. TNM Path Descriptor = 4 or 6

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 3 through 28. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if a required staging parameter is blank.

The edit compares the combination of TNM Path T, TNM Path N, TNM Path M categories, and staging parameter where required, with TNM Path Stage Group. The edit is skipped if TNM Path Descriptor is 4 or 6, indicating stage assignment after neoadjuvant treatment. (With neoadjuvant treatment, combinations of T, N, M and staging parameters are allowed that would not be valid otherwise.)

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Path Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include T0N0M0/M0I+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,700 records.

3. Lip and Oral Cavity

4. Pharynx

- 4A. Oropharynx and Hypopharynx
- 4B. Nasopharynx
- 4C. Nasopharynx
- 4D. Oropharynx - Pharyngeal Tonsil

5. Larynx

- 5A. Supraglottis, Subglottis, Other
- 5B. Glottis

6. Nasal Cavity and Paranasal Sinuses

7. Major Salivary Glands

8. Thyroid Gland

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 8E. Thyroid: Anaplastic
- 8F. Thyroid: Anaplastic

9. Mucosal Melanoma of the Head and Neck

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Division for Staging:

10C. Esophagus Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507,
8514-8551, 8571-8574, 8576, 8940-8941

10D. Esophagus Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508,
8510-8513, 8560-8570, 8575, 8905, 8980-8981

Sites and TNM not included in 10E, 10H

10E. Esophagus Squamous Cell Carcinoma

Site, TNM: C150, C151, C153, C154,
pT2pN0cM0, pT3pN0cM0

10H: Esophagus Squamous Cell Carcinoma

Site, TNM: C152, C155, C158, C159
pT2pN0cM0, pT3pN0cM0

Staging Parameter: Grade

10B. Esophagus Gastric Junction

Division for Staging:

10F. Esophagus Gastric Junction Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507,
8514-8551, 8571-8574, 8576, 8940-8941

10G. Esophagus Gastric Junction Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508,

8510-8513, 8560-8570, 8575, 8905, 8980-8981

Staging Parameter: Grade

11. Stomach

12. Small Intestine

13. Appendix

13A. Appendix: Carcinoma

Staging Parameter: Grade for mucinous and non-mucinous tumors, as collected in CS SSF 11

13B. Appendix: Carcinoid

14. Colon and Rectum

15. Anus

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Stomach, CS SSF 5 for GIST Omentum

16B. GIST: Small Intestine

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Esophagus, CS SSF 11 for GIST

Small Intestine, GIST Colon and Rectum, CS SSF 5 for GIST Mesentery

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18. Liver

19. Intrahepatic Bile Ducts

20. Gallbladder

21. Perihilar Bile Ducts

22. Distal Bile Duct

23. Ampulla of Vater

24. Exocrine and Endocrine Pancreas

25. Lung

26. Pleural Mesothelioma

27. Bone

Division for Staging:

27A. Bone Non-Ewing

Histologies: 8800-9136, 9142-9252, 9261-9363, 9365-9582

Staging Parameter: Grade, for Non-Ewing

27B. Bone Ewing

Histologies: 9260, 9364

28. Soft Tissue Sarcoma (not edited)

Staging Parameter: Grade

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Updated stage mapping in table referenced by logic for Thyroid, Esophagus, EsophagusGEJunction
- Updated description, edit logic to indicate that grade for site/histology group 028, Soft Tissue, is collected in the Grade field and not in CS Site-Specific Factor 1
- Removed "else" after special logic for TXN0M0 for Lung, causing edit to pass inappropriately for other sites
- Updated to not edit for site/histology group 028, Soft Tissue Sarcoma, issues with grade assignment, Description notes this group not edited
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

Primary Site, TNM Path Stage Valid B- Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
TNM Path Descriptor [Std# 920]
Over-ride Site/TNM-StgGrp [Std# 1989]
Age at Diagnosis [Std# 230]
Grade [Std# 440]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor13 [Std# 2867]
CS Site-Specific Factor15 [Std# 2869]
CS Site-Specific Factor16 [Std# 2870]
CS Site-Specific Factor25 [Std# 2879]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
PAST7VAL.DBF
SVALTEST.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[3160] Over-ride applies only to pediatric cases (ages less than 25)
[3161] TNM data items must be coded 88 if over-ride is set for pediatric case
[6009] Inconsistency between TNM categories T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M" and assigned TNM stage "value of TNM Path Stage Group"

[6010] Combination of T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M" is invalid for TNM staging

[6011] T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M", staging parameter for "value of Primary Site", inconsistent with TNM stage "value of TNM Path Stage Group"

[6027] Combination T"value of TNM Path T" N"value of TNM Path N" M"value of TNM Path M", staging parameter for "value of Primary Site", invalid for TNM staging

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, 88
6. TNM Path Stage Group is blank
6. TNM Path T or TNM Path M is blank
6. TNM Path Descriptor = 4 or 6

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if any of TNM Clin N or a required staging parameter is blank. (The exception for TNM Path N allows for the possible coding of TNM Path N as blank for site/histology group 39; if blank, TNM Path N will be converted to "88" for the edit.)

The edit compares the combination of TNM Path T, TNM Path N, TNM Path M categories, and staging parameter where required, with TNM Path Stage Group. The edit is skipped if TNM Path Descriptor is 4 or 6, indicating stage assignment after neoadjuvant treatment. (With neoadjuvant treatment, combinations of T, N, M and staging parameters are allowed that would not be valid otherwise.)

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Path Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include T0N0M0/M0I+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology

in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,700 records.

Site/histology groups 49, Carcinoma of Conjunctiva, 50, Malignant Melanoma of Conjunctiva, 52, Retinoblastoma, 53, Carcinoma of Lacrimal Gland, 54, Sarcoma of Orbit, 55, Ocular Adnexal Lymphoma, are listed below. However, staging for these site/histology groups is not validated by this edit, as no stage grouping applies. The T, N, M codes for site/histology groups 49, 50, 52, 53, 54, and 55 are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7.

Site/histology group 57A, Lymphoid Neoplasms, is also listed below. However, staging for 57A does not include T, N, and M components, and stage is not validated in this edit. The T, N, M codes for site/histology group 57A are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7. Stage group for 57A is validated in the edit Primary Site, Stage Group 2016 - Ed 7. Site/histology group 55, Ocular Adnexal Lymphoma, will pass this edit if coded as Lymphoma (T=88,N=88,M=88,Stage Group = stage from Ch 57), or as Ocular Adnexal Lymphoma (T=T from Ch 55, N=N from Ch 55, M=M from Ch 55, Stage Group = 88).

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

30. Merkel Cell Carcinoma

31. Melanoma of the Skin

32. Breast

33. Vulva

34. Vagina

35. Cervix Uteri

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

36C. Corpus Uteri: Adenosarcoma

37. Ovary and Peritoneal Carcinomas

37A. Ovary

37B. Peritoneal Carcinomas

38. Fallopian Tube

39. Gestational Trophoblastic Tumors

Staging Parameter: Prognostic Scoring Index as collected in CS SSF 1

40. Penis

41. Prostate

Division for Staging:

- 41A. PSA: 988, 997, 998, 999
- 41B. PSA: 001-099
- 41C. PSA: 100-199
- 41D. PSA: 200-980

Staging Parameter: Gleason Score: As collected in CS SSF 10 for pathologic stage

42. Testis

Staging Parameter: S value, based on calculation of:

post-orchietomy AFP value as collected in CS SSF 13,
post-orchietomy hCG value as collected in CS SSF 15,
post-orchietomy LDH range as collected in CS SSF 16

43. Kidney

44. Renal Pelvis and Ureter

45. Urinary Bladder

46. Urethra

47. Adrenal

- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma

48. Carcinoma of the Eyelid

49. Conjunctiva

50. Malignant Melanoma of the Conjunctiva

51. Malignant Melanoma of Uvea

- 51A. Ciliary Body and Choroid
- 51B. Iris

52. Retinoblastoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

55. Ocular Adnexal Lymphoma

57. Lymphoid Neoplasms

- 57A. Hodgkin and Non-Hodgkin Lymphoma
- 57B. Primary Cutaneous Lymphomas

Staging Parameter: Peripheral blood involvement, as collected in CS SSF 1

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Added stage mapping to table referenced by logic for T1A, T1B, T2A, T2B to site/group 57B, Primary Cutaneous Lymphoma
- Corrected logic to only edit for site/histology groups 029 through 57B
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

Primary Site, TNM T - c,p pre2016 (NPCR)

Agency: NPCR

Last changed: 07/20/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AJC7SIGP.DBF
AJC7TC.DBF
AJC7TP.DBF

Default Error Message

[3280] TNM T code problem
TNM T code problem

Additional Messages

[3281] TNM Path T code is invalid for site/hist combination
[3282] TNM Clin T code is invalid for site/hist combination
[3283] TNM Clin T code should = "88" for site/hist combination
[3284] TNM Path T code should = "88" for site/hist combination

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, or blank (unknown), or invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin T and TNM Path T are both blank

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The site-specific TNM T values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic T codes are listed under TNM T. When there is a difference in allowable values for clinical and pathologic T codes, they will be specified separately.

3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009
C020-C023, C028, C029
C030, C031, C039
C040, C041, C048, C049
C050, C058, C059
C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4. Pharynx

4A. Oropharynx and Hypopharynx

Sites:

C019, C024
C051-C052
C090-C091, C098-C099
C100, C102-C104, C108-C109
C129
C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4

4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X,0,1,2,3,4,4A,4B, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045
Grade: 1-3 or 9

TNM T:
X,0,1,1A,1B,2,3,4,4A,4B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999
Grade: 1-3 or 9

TNM T:
X,0,1,1A,1B,2,3,4,4A,4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999
Grade: 1-3 or 9

TNM T:
X,0,1,1A,1B,2,3,4,4A,4B, 88

8D. Thyroid: Medullary
Sites:

C739

Histologies Requiring AJCC Staging:
8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:
X,0,1,1A,1B,2,3,4,4A,4B, 88

8E. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8020-8021, 8030-8032

TNM T:
4,4A,4B

8F. Thyroid: Anaplastic
Sites:

C739

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM T:
4,4A,4B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009
C019
C020-C024, C028-C029
C030-C031, C039
C040-C041, C048-C049
C050-C052, C058-C059
C060-C062, C068-C069
C090-C091, C098-C099
C100-C104, C108-C109
C110-C113, C118-C119
C129
C132, C138-C139
C140, C142, C148
C300
C310-C311
C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,3,4,4A,4B, 88

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =
000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =
981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X,0,1,1A,1B,2,3,4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:
X,0,1,2,3,4, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM T:
X,0,1,2,3,4, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:
X,0,IS,1,2,3,4

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:
X,0,1,2,3,4, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:
X,0,1,1A,1B,2,3,4, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:
X,0,1,2,3,3A,3B,4,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,4

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

25. Lung

Sites:

C340-C343, C348, C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388
C470-C476, C478-C479
C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM T:

X,0,1,1A,1B,2,2A,2B

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,
C510-C512, C518-C519
C600-C602, C608-C609
C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X,0,IS,1,2,3,4

31. Melanoma of the Skin

Sites:

C440-C449
C510-C512,C518,C519
C600-C602, C608, C609
C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,3A,3B,4,4A,4B

32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

Clin: X,0,IS,1,1A,1B,2,3

Path: X,0,IS,1,1A,1B,2,3

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,3,3A,3B,4

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,4,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X,0,1,2,88

40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,1A,1B,2,3,4

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,4, 88

42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

X,0,IS,1,2,3,4

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

46. Urethra

46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2(female)

TNM T:

X,0,IS,A,1,2,3,4

46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
Sex: not 2 (female)
TNM T:
X,0,IS,ISPU,ISPD,A,1,2,3,4

47. Adrenal

47A. Adrenal Cortex

Sites:
C740
Histologies Requiring AJCC Staging:
8010, 8140, 8370
TNM T:
X,0,1,2,3,4, 88

47B. Adrenal Cortical Carcinoma

Sites:
C749
Histologies Requiring AJCC Staging:
8370
TNM T:
X,0,1,2,3,4, 88

48. Carcinoma of the Eyelid

Sites:
C441
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,2,2A,2B,3,3A,3B,4

49. Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8000-8576, 8940-8950, 8980-8981
TNM T:
X,0,IS,1,2,3,4,4A,4B,4C,4D

50. Malignant Melanoma of the Conjunctiva

Sites:
C690
Histologies Requiring AJCC Staging:
8720-8790
TNM T:
Clin: X,0,IS,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4
Path: X,0,IS,1,1A,1B,1C,2,2A,2B,2C,3,4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,1,1A,1B,1C,1D,2,2A,2B,2C,2D,3,3A,3B,3C,3D,4,4A,4B,4C,4D,4E,88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X,0,1,1A,1B,1C,2,2A,3,3A,4,4A,4B,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,4A,4B,4C,4D

Path: X,0,1,2,2A,2B,3,3A,3B,4,4A,4B

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,2,3,4,4A,4B,4C,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X,0,1,2,3,4,88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,2D,3,4,4A,4B,4C,4D

56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:

88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM T:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700, 9701

TNM T:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 88

All Others

TNM T:

88

Administrative Notes

New edit - added to NAACCR v16 metafile. This edit is based on

Primary Site, AJCC N - Ed 7 ICD03, but it checks TNM Clin N and TNM Path N values for pre-2016 diagnoses coded either with or without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

Modifications

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

Race 1 (SEER RACE)

Agency: SEER

Last changed: 10/05/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Race 1 [Std# 160]

Default Error Message

[263] Race not valid
Race not valid

Description

Must be a valid Race 1 code (01-08, 10-17,20-22,25-28,30-32,96-99).

Administrative Notes

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

Race 1, Race 2, Race 3, Race 4, Race 5 (NAACCR)

Agency: NAACCR

Last changed: 11/14/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Race 1 [Std# 160]
Race 2 [Std# 161]
Race 3 [Std# 162]
Race 4 [Std# 163]
Race 5 [Std# 164]

Additional Messages

[1073] If a race code = 88, all subsequent race codes must = 88
[1074] If a race code = spaces, all subsequent race codes must = spaces
[1075] If a race code = 99, all race codes must = 99
[1076] A race code (other than spaces, 88, or 99) must not be entered more than once

Description

Race 1, Race 2, Race 3, Race 4, and Race 5 are compared as follows:

If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.

If more than the Race 1 code is entered, if any race = 99 (unknown), all race codes (Race 1, 2, 3, 4, and 5) must = 99.

If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.

A particular race code (other than spaces, 88, or 99) must not occur more than once.

Administrative Notes

This edit differs from the SEER edit of the same name in that the SEER has an additional check:

If a patient has a race code of 01 (white), it must be the last recorded race for that patient.

MODIFICATIONS:

NAACCR v11.2
7/2007

Added information on how this edit differs from SEER edit of the same name.

Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IF93)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Race 1 [Std# 160]
Race 2 [Std# 161]
Race 3 [Std# 162]
Race 4 [Std# 163]
Race 5 [Std# 164]

Default Error Message

[1073] If a race code = 88, all subsequent race codes must = 88
If a race code = 88, all subsequent race codes must = 88

Additional Messages

[1074] If a race code = spaces, all subsequent race codes must = spaces
[1075] If a race code = 99, all race codes must = 99
[1076] A race code (other than spaces, 88, or 99) must not be entered more than once
[3233] A race code of 01 (white) must be the last recorded race

Description

Race 1, Race 2, Race 3, Race 4, and Race 5 are compared as follows:

If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.

If more than the Race 1 code is entered, if any race = 99 (unknown), all race codes (Race 1, 2, 3, 4, and 5) must = 99.

If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.

A particular race code (other than spaces, 88, or 99) must not occur more than once.

If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces..

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF93

This edit differs from the NAACCR edit of the same name in that if a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

MODIFICATIONS:

NAACCR v11.2

7/2007

This edit was updated to match the logic in SEER*Edits:

1. The edit no longer checks Date of Diagnosis.
2. The following logic was added:
 - If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.
 - If more than the Race 1 code is entered, if any race = 99 (unknown), then all race codes (Race 1, 2, 3, 4, and 5) must = 99.
 - If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.
 - A particular race code (other than spaces, 88, or 99) must not occur more than once.
 - If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Race 2 (NAACCR)

Agency: NAACCR

Last changed: 12/11/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Race 2 [Std# 161]

Default Error Message

[1023] %F1 is not valid
Race 2 is not valid

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 2, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 2 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

Administrative Notes

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

Race 2, Date of DX (SEER IF89)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Race 2 [Std# 161]

Default Error Message

[1071] If year of %F1 is greater than 1999, then %F2 must not be blank
If year of Date of Diagnosis is greater than 1999, then Race 2 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 2 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF89

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 3 (NAACCR)

Agency: NAACCR

Last changed: 12/11/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Race 3 [Std# 162]

Default Error Message

[1023] %F1 is not valid
Race 3 is not valid

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 3, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 3 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

Administrative Notes

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

Race 3, Date of DX (SEER IF90)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Race 3 [Std# 162]

Default Error Message

[1071] If year of %F1 is greater than 1999, then %F2 must not be blank
If year of Date of Diagnosis is greater than 1999, then Race 3 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 3 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF90

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 4 (NAACCR)

Agency: NAACCR

Last changed: 12/11/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Race 4 [Std# 163]

Default Error Message

[1023] %F1 is not valid
Race 4 is not valid

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 4, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 4 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

Administrative Notes

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

Race 4, Date of DX (SEER IF91)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Race 4 [Std# 163]

Default Error Message

[1071] If year of %F1 is greater than 1999, then %F2 must not be blank
If year of Date of Diagnosis is greater than 1999, then Race 4 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 4 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF91

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 5 (NAACCR)

Agency: NAACCR

Last changed: 12/11/2009

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Race 5 [Std# 164]

Default Error Message

[1023] %F1 is not valid
Race 5 is not valid

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 5, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 5 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

Administrative Notes

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

Race 5, Date of DX (SEER IF92)

Agency: SEER

Last changed: 03/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Race 5 [Std# 164]

Default Error Message

[1071] If year of %F1 is greater than 1999, then %F2 must not be blank
If year of Date of Diagnosis is greater than 1999, then Race 5 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 5 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF92

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race Coding Sys--Curr, Race Coding Sys--Orig (COC)

Agency: COC

Last changed: 03/20/2006

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Race Coding Sys--Current [Std# 170]
Race Coding Sys--Original [Std# 180]

Default Error Message

[1021] %F1 must be greater than or equal to %F2
Race Coding Sys--Current must be greater than or equal to Race Coding Sys--Original

Description

This edit is skipped if either field is blank or equal to 9 (other).

Race Coding Sys--Current must be greater than or equal to Race Coding Sys--Original.

Race Coding Sys--Current (NAACCR)

Agency: NAACCR

Last changed: 12/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Race Coding Sys--Current [Std# 170]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Race Coding Sys--Current" is not a valid value for Race Coding Sys--Current

Description

Race Coding Sys--Current must = 7 [2010+ SEER & COC (added codes 15, 16, and 17; removed code 09)].

Note: Cases diagnosed prior to 2010 are expected to have been converted per the NAACCR 2010 Implementation Guidelines and Recommendations.

Administrative Notes

Modifications

NAACCR v12
4/2009

- Code 7 is required for this metafile since old cases are expected to have been converted and new cases will be coded based on 2010 rules.

[Code 7 = 2010+ SEER & COC (added codes 15, 16, and 17; removed code 09)]

Race Coding Sys--Original (NAACCR)

Agency: NAACCR

Last changed: 10/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Race Coding Sys--Original [Std# 180]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Race Coding Sys--Original" is not a valid value for Race Coding Sys--Original

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Race Coding Sys--Original, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002. Registries should include both edits in their edit set.

Must be a valid code for Race Coding Sys--Original (1-7, 9).

Administrative Notes

Modifications

NAACCR v12

4/2009

- Code 7 was added

Code 7 = 2010+ SEER & COC (added codes 15, 16, and 17; removed code 09)

Race Coding Sys--Original, Date of Diagnosis (COC)

Agency: COC

Last changed: 10/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Race Coding Sys--Original [Std# 180]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Race Coding Sys--Original cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is greater than 2002, then Race Coding Sys--Original cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race--NAPIIA(derived API) (NAACCR)

Agency: NAACCR

Last changed: 03/16/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Race--NAPIIA(derived API) [Std# 193]

Default Error Message

[1023] %F1 is not valid
Race--NAPIIA(derived API) is not valid

Description

Must be a valid Race--NAPIIA code (01-08, 10-17,20-22,25-28,30-32,96-99) or blank (if algorithm has not been run).

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

Modifications

NAACCR v12

4/2009

- Edit name changed from "Race--NAPIIA (NAACCR)" to "Race--NAPIIA(derived API)(NAACCR)".
- Data item name changed from "Race--NAPIIA" to "Race--NAPIIA(derived API)".
- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Rad--Boost Dose cGy (COC)

Agency: COC

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost Dose cGy [Std# 3210]

Default Error Message

[1025] %F1 must be a five-digit number
Rad--Boost Dose cGy must be a five-digit number

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Rad--Boost Dose cGy, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

This field must contain 5 digits or be blank.

Rad--Boost Dose cGy, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost Dose cGy [Std# 3210]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Rad--Boost Dose cGy cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Rad--Boost Dose cGy cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Rad--Boost RX Modality (COC)

Agency: COC

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost RX Modality [Std# 3200]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Rad--Boost RX Modality" is not a valid value for Rad--Boost RX Modality

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Rad--Boost RX Modality, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

This field must contain 00, 20-32, 40-43, 50-55, 60-62, 98, 99, or blanks.

Rad--Boost RX Modality, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost RX Modality [Std# 3200]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Rad--Boost RX Modality cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Rad--Boost RX Modality cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Rad--Location of RX (COC)

Agency: COC

Last changed: 01/20/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Location of RX [Std# 1550]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Rad--Location of RX" is not a valid value for Rad--Location of RX

Description

Must be a valid code for Rad--Location of RX (0-4,8,9).

Rad--Location of RX (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

Rad--Location of RX [Std# 1550]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Rad--Location of RX" is not a valid value for Rad--Location of RX

Description

Must be a valid code for Rad--Location of RX (0-4,8,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Rad--No of Treatments Vol (COC)

Agency: COC

Last changed: 11/19/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--No of Treatments Vol [Std# 1520]

Default Error Message

[1037] %F1 must be a three-digit number
Rad--No of Treatments Vol must be a three-digit number

Description

Must be a three-digit number for Rad--No of Treatments Vol.

Administrative Notes

Modifications

NAACCR v12

- Rad--No of Treatments Vol was expanded from a 2-digit to a 3-digit code.

Rad--No of Treatments Vol (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

Rad--No of Treatments Vol [Std# 1520]

Default Error Message

[1037] %F1 must be a three-digit number

Rad--No of Treatments Vol must be a three-digit number

Description

Must be a three-digit number for Rad--No of Treatments Vol or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Rad--Regional Dose: cGy (COC)

Agency: COC

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional Dose: cGy [Std# 1510]

Default Error Message

[1025] %F1 must be a five-digit number
Rad--Regional Dose: cGy must be a five-digit number

Description

Must be a 5-digit code for Regional Dose: cGy.

Rad--Regional Dose: cGy (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

Rad--Regional Dose: cGy [Std# 1510]

Default Error Message

[1025] %F1 must be a five-digit number

Rad--Regional Dose: cGy must be a five-digit number

Description

Must be a 5-digit code for Regional Dose: cGy or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Rad--Regional RX Modality (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional RX Modality [Std# 1570]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Rad--Regional RX Modality" is not a valid value for Rad--Regional RX Modality

Description

Must be a valid code for Rad--Regional RX Modality (00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99). Must be a two-digit number.

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Rad--Regional RX Modality (NPCR)

Agency: NPCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Rad--Regional RX Modality [Std# 1570]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Rad--Regional RX Modality" is not a valid value for Rad--Regional RX Modality

Description

Must be a valid code for Rad--Regional RX Modality (00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99). Must be a two-digit number. May be blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (Rad--Regional RX Modality, Date of Diagnosis (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

Rad--Regional RX Modality, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional RX Modality [Std# 1570]
Date of Diagnosis [Std# 390]

Default Error Message

[1179] If year of Diagnosis > 2002, %F1 cannot = 80 or 85
If year of Diagnosis > 2002, Rad--Regional RX Modality cannot = 80 or 85

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Rad--Regional RX Modality cannot = 80 or 85.

Administrative Notes

This edit differs from the NPCR edit of the same name in that it is only verifying that codes 80 and 85 are not used if year of Date of Diagnosis is greater than 2002. The NPCR edit of the same name verifies only that the field is not blank if Date of Diagnosis is greater than 2005.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Rad--Regional RX Modality, Date of Diagnosis(NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Rad--Regional RX Modality [Std# 1570]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Rad--Regional RX Modality cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, Rad--Regional RX Modality cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

Rad--Regional RX Modality cannot be blank for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2006-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require Rad--Regional RX Modality only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require Rad--Regional RX Modality for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, Rad--Regional RX Modality is required only for breast, colon, and rectum cases.

Rad--Regional RX Modality, Reason for No Rad (COC)

Agency: COC

Last changed: 01/14/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reason for No Radiation [Std# 1430]
Rad--Regional RX Modality [Std# 1570]

Default Error Message

[1016] %F1 and %F2 conflict
Reason for No Radiation and Rad--Regional RX Modality conflict

Description

This edit is skipped if either field is blank.

If Rad--Regional RX Modality = 00 (radiation treatment not performed), Reason for No Radiation must not = 0 (radiation performed).

If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to skip if either field is blank.

Rad--Treatment Volume (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Treatment Volume [Std# 1540]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Rad--Treatment Volume" is not a valid value for Rad--Treatment Volume

Description

Must be a valid code for Rad--Treatment Volume (00-41, 50, 60, 98, 99).

Administrative Notes

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated:
"dd " changed to "dd"

Rad--Treatment Volume (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Fields

Rad--Treatment Volume [Std# 1540]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Rad--Treatment Volume" is not a valid value for Rad--Treatment Volume

Description

Must be a valid code for Rad--Treatment Volume (00-41, 50, 60, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated:

"dd " changed to "dd"

Readm Same Hosp 30 Days (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Readm Same Hosp 30 Days [Std# 3190]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Readm Same Hosp 30 Days" is not a valid value for Readm Same Hosp 30 Days

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Readm Same Hosp 30 Days, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

This field must contain 0-3, 9, or be blank.

Readm Same Hosp 30 Days, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Readm Same Hosp 30 Days [Std# 3190]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Readm Same Hosp 30 Days cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then Readm Same Hosp 30 Days cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Reason for No Radiation (COC)

Agency: COC

Last changed: 01/21/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reason for No Radiation [Std# 1430]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Reason for No Radiation" is not a valid value for Reason for No Radiation

Description

Must be a valid code for Reason for No Radiation (0-2,5-9).

Reason for No Radiation (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Reason for No Radiation [Std# 1430]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Reason for No Radiation" is not a valid value for Reason for No Radiation

Description

Must be a valid code for Reason for No Radiation (0-2,5-9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Reason for No Radiation, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Reason for No Radiation [Std# 1430]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[3581] If DX year = 2011-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2011-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", Reason for No Radiation cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, Reason for No Radiation cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires Reason for No Radiation for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v12.2

- Modified to require Reason for No Radiation only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2011 and later.

NAACCR v12.2A

- Edit description corrected to state that Reason for No Radiation is required for breast, colon, and rectum cases if year of Date of Diagnosis is "2011 or later" instead of "2010 or later".

NAACCR v15

- Edit modified to require Reason for No Radiation for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, Reason for No Radiation is required only for breast, colon, and rectum cases.

Reason for No Radiation, RX Date Radiation (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reason for No Radiation [Std# 1430]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]
Date of Diagnosis [Std# 390]

Default Error Message

[3352] If %F3 = 15, then %F1 must = 8
If RX Date Radiation Flag = 15, then Reason for No Radiation must = 8

Additional Messages

[3355] If Reason for No Radiation = 8, then RX Date Radiation Flag must = 15
[3393] If RX Date Radiation Flag = 12 or RX Date Radiation is not empty, then Reason for No Radiation must = 0
[4084] If Reason for No Radiation = "value of Reason for No Radiation" and Date of Diagnosis > 2011, RX Date Radiation Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Reason for No Radiation is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

The edit works as follows:

1. If Reason for No Radiation equals 8 (radiation was recommended, but it is unknown if it was administered), then RX Date Radiation Flag must equal 15 (when radiation is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
2. If RX Date Radiation Flag equals 15, then Reason for No Radiation must equal 8.
3. If RX Date Radiation Flag equals 12 (date is unknown) or RX Date Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).
4. If Reason for No Radiation equals 9 (unknown if given):
 - If year of Date of Diagnosis is 2012 or later, then RX Date Radiation Flag must = 10 (unknown if given).

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag
- Also added logic that checks if date is unknown (RX Date--Radiation Flag equals 12) or RX Date--Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'Reason for No Radiation, RX Date--Radiation (COC)' to 'Reason for No Radiation, RX Date Radiation (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

Reason for No Radiation, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reason for No Radiation [Std# 1430]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
Reason for No Radiation and Vital Status conflict

Description

If Reason for No Radiation = 5 (radiation therapy was not administered because the patient died prior to planned or recommended treatment), then Vital Status cannot = 1 (alive).

Reason for No Surgery (NPCR)

Agency: NPCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Reason for No Surgery [Std# 1340]

Default Error Message

[284] Reason for No Surgery not valid
Reason for No Surgery not valid

Description

Must be a valid Reason for No Surgery code (0-2,5-9) or blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (Reason for No Surgery, Date of DX (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

Reason for No Surgery (SEER NCDSURG)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Reason for No Surgery [Std# 1340]

Default Error Message

[284] Reason for No Surgery not valid
Reason for No Surgery not valid

Description

Must be a valid Reason for No Surgery code (0-2,5-9).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Reason for No Surgery, Date of DX (NPCR)

Agency: NPCR

Last changed: 01/12/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Reason for No Surgery [Std# 1340]

Default Error Message

[2000] If year of %F1 > 2005, then %F2 cannot be blank
If year of Date of Diagnosis > 2005, then Reason for No Surgery cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2005, then Reason for No Surgery cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Reason for No Surgery, DateDX, RptSrc (SEER IF57)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Reason for No Surgery [Std# 1340]

Default Error Message

[399] Reason for No Surgery and Date of Diagnosis conflict
Reason for No Surgery and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank
1. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor):
 - A. If Type of Reporting Source is 6 (autopsy only), then Reason for No Surgery must equal 2
 - B. If Type of Reporting Source is 7 (death certificate only), then Reason for No Surgery must equal 9
 - C. For other values of Type of Reporting Source, the Reason for No Surgery may only be 0, 6, 8, 9
2. If year of Date of Diagnosis is equal to 1988-2002 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis is equal to 1984-2002):
 - A. If Type of Reporting Source is 6 (autopsy only), then Reason for No Surgery must equal 2
 - B. If Type of Reporting Source is 7 (death certificate only), then Reason for No Surgery must equal 9
 - C. For other values of Type of Reporting Source, the Reason for No Surgery may only be 0-2, 6-9
3. If year of Date of Diagnosis is equal to 2003+:
 - A. If Type of Reporting Source is 6 (autopsy only) or 7 (death certificate only), then Reason for No Surgery must equal 9
 - B. For other values of Type of Reporting Source, the Reason for No Surgery may only be 0-2, 5-9

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Reason for No Surgery, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reason for No Surgery [Std# 1340]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
Reason for No Surgery and Vital Status conflict

Description

If Reason for No Surgery = 5 (surgery of the primary site was not performed because the patient died prior to planned or recommended surgery), then Vital Status cannot = 1 (alive).

Record Type (NAACCR)

Agency: NAACCR

Last changed: 12/30/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Record Type [Std# 10]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Record Type" is not a valid value for Record Type

Description

Must be a valid Record Type code (I, C, A, U, M)

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Deleted code "R" and added code "L".

Recurrence Date--1st (COC)

Agency: COC

Last changed: 09/28/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Date--1st [Std# 1860]

Default Error Message

[1003] %F1 (%V1) is an invalid date
Recurrence Date--1st ("value of Recurrence Date--1st") is an invalid date

Additional Messages

ERROR_TEXT("Recurrence Date--1st : %DC")

Description

This edit is skipped if Recurrence Date--1st is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Date--1st Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Date--1st Flag [Std# 1861]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
Recurrence Date--1st Flag must be blank, 10, 11, or 12

Description

The Recurrence Date--1st Flag codes indicates why there is no appropriate value in the corresponding date field, Recurrence Date--1st.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if the patient had a first recurrence).

11 No proper value is applicable in this context (e.g., patient became disease-free after treatment, never had a recurrence; or patient was never disease-free; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., there was a recurrence, but the date is unknown).

Blank A valid date value is provided in item Recurrence Date--1st, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Recurrence Date--1st, Date 1st Crs RX COC (COC)

Agency: COC

Last changed: 11/15/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date 1st Crs RX COC [Std# 1270]
Recurrence Date--1st [Std# 1860]

Default Error Message

[1035] %F1 must be less than %F2
Date 1st Crs RX COC must be less than Recurrence Date--1st

Additional Messages

ERROR_TEXT("Date of 1st Crs RX--COC is invalid: %DC")
ERROR_TEXT("Recurrence Date--1st is invalid: %DC")

Description

This edit is skipped if either field is blank.

Recurrence Date--1st must be greater than Date 1st Crs RX COC. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Recurrence Date--1st, Date of 1st RX--COC (COC)' to 'Recurrence Date--1st, Date 1st Crs RX COC (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Recurrence Date--1st, Date Flag (COC)

Agency: COC

Last changed: 10/15/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Date--1st [Std# 1860]
Recurrence Date--1st Flag [Std# 1861]

Default Error Message

[1016] %F1 and %F2 conflict
Recurrence Date--1st and Recurrence Date--1st Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If Recurrence Date--1st is blank, corresponding Recurrence Date--1st Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Recurrence Date--1st; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If Recurrence Date--1st is populated, then Recurrence Date--1st Flag must be blank.
2. If Recurrence Date--1st is blank, then Recurrence Date--1st Flag must = 10 (unknown if the patient had a first recurrence), 11 (patient became disease-free after treatment, never had a recurrence; or patient was never disease-free; autopsy only case), or 12 (there was a recurrence but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Recurrence Date--1st, Date Initial RX SEER(NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

Date Initial RX SEER [Std# 1260]
Recurrence Date--1st [Std# 1860]

Default Error Message

[1035] %F1 must be less than %F2
Date Initial RX SEER must be less than Recurrence Date--1st

Additional Messages

ERROR_TEXT("Date of Initial RX--SEER is invalid: %DC")
ERROR_TEXT("Recurrence Date--1st is invalid: %DC")

Description

This edit is skipped if either field is blank.

Recurrence Date--1st must be greater than Date Initial RX SEER. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Recurrence Date--1st, Date of Init RX--SEER(NAACCR' to 'Recurrence Date--1st, Date Initial RX SEER(NAACCR)'.
- Data item name changed from 'Date of Initial RX--SEER to 'Date Initial RX SEER'.

Recurrence Date--1st, Date Last Contact (COC)

Agency: COC

Last changed: 12/16/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Date--1st [Std# 1860]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
Recurrence Date--1st ("value of Recurrence Date--1st") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("Recurrence Date--1st is invalid: %DC")

Description

This edit is skipped if Recurrence Date--1st or Date of Last Contact is blank.

Recurrence Date--1st must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Date--1st, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/13/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Recurrence Date--1st [Std# 1860]

Default Error Message

[1035] %F1 must be less than %F2
Date of Diagnosis must be less than Recurrence Date--1st

Additional Messages

ERROR_TEXT("Date of Diagnosis is invalid: %DC")
ERROR_TEXT("Recurrence Date--1st is invalid: %DC")

Description

This edit is skipped if either field is blank.

Recurrence Date--1st must be greater than Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Type--1st (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Type--1st [Std# 1880]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Recurrence Type--1st" is not a valid value for Recurrence Type--1st

Description

Must be a valid code for Recurrence Type--1st (00,04,06,10,13-17,20-22,25-27,30,36,40,46,51-60,62,70,88,99).

Recurrence Type--1st (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

Recurrence Type--1st [Std# 1880]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Recurrence Type--1st" is not a valid value for Recurrence Type--1st

Description

Must be a valid code for Recurrence Type--1st (00,04,06,10,13-17,20-22,25-27,30,36,40,46,51-60,62,70,88,99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Recurrence Type--1st, Cancer Status (COC)

Agency: COC

Last changed: 06/16/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Cancer Status [Std# 1770]
Recurrence Type--1st [Std# 1880]
Date of Last Contact [Std# 1750]

Default Error Message

[1016] %F1 and %F2 conflict
Cancer Status and Recurrence Type--1st conflict

Additional Messages

ERROR_TEXT("Date of Last Contact: %DC")

Description

This edit is skipped if any of the fields are blank.

This edit is also skipped if year of Date of Last Contact is less than 2006.

If Recurrence Type--1st = 00 (patient became disease-free after treatment and has not had a recurrence), then Cancer Status must = 1 (no evidence of this cancer).

If Recurrence Type--1st = 70 (patient has never been disease free), then Cancer Status must = 2 (evidence of this cancer).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12A

- Corrected sequence of fields in error message.

Recurrence Type--1st, Recurrence Date--1st (COC)

Agency: COC

Last changed: 05/23/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Recurrence Type--1st [Std# 1880]
Recurrence Date--1st [Std# 1860]
Recurrence Date--1st Flag [Std# 1861]

Additional Messages

[3338] If Recurrence Type--1st = "value of Recurrence Type--1st", then Recurrence Date--1st Flag must = 11
[3339] If Recurrence Date--1st Flag = 11, then Recurrence Type--1st must = 00 or 70

Description

This edit is skipped if any of the following conditions are true:

1. Recurrence Type--1st is blank
2. Both Recurrence Date--1st and Recurrence Date--1st Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "Recurrence Date--1st, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If Recurrence Type--1st = 00 (none, disease free) or 70 (never disease free), Recurrence Date--1st Flag must = 11 (patient became disease-free after treatment, never had a recurrence or patient was never disease-free). If Recurrence Type--1st is not = 00 or 70, Recurrence Date--1st Flag must not = 11.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use Recurrence Date--1st Flag

Reg Nodes Ex,Pos,Site,Hist ICD03,Rpt (SEER IF130)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]

Default Error Message

[1108] Regional Nodes Positive/Examined conflict
Regional Nodes Positive/Examined conflict

Additional Messages

[1109] Death Certificate Only, Regional Nodes Positive and Examined must both = 99
[1110] Regional Nodes Positive and Examined must both = 99 for this site/histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit would be used only by registries that chose not to convert the field Regional Nodes Positive. (See 2003 Implementation Guidelines, page 18, for conversion specifications.)

This edit is skipped if year of Date of Diagnosis is less than 1998 or greater than 2003 or blank.

This edit is skipped if Behavior Code ICD-O-3 is not 2 (in situ) or 3 (malignant).

This edit is also skipped if Regional Nodes Examined or Regional Nodes Positive is blank.

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following sites and histologies (ICD-O-3), Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

1. Hematopoietic: 9731-9734, 9740-9758, 9760-9989
2. Lymphomas: 9590-9699, 9702-9729
3. Brain (except for histology 9140 (Kaposi sarcoma)):
C700, C710-C719
4. Other CNS (except for histology 9140 (Kaposi sarcoma)):
C701, C709, C720-C725, C728, C729

5. Other and ill-defined (except for histology 9140 (Kaposi sarcoma)):
C760-C765, C767, C768, C809, C420-C429, C770-C779

For all cases, the following is checked:

1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 89, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
If Regional Nodes Examined = 90, then Regional Nodes Positive must = 00-96, 97, 99.
3. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 96, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.
5. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 97, or 99.

Administrative Notes

The edit differs from the corresponding CS version in that:

1. It is skipped if year of Date of Diagnosis is less than 1998 or greater than 2003.
2. In #2 (for all cases), it allows Regional Nodes Positive codes 91-96 if Regional Nodes Examined = 90. The CS version does not include 91-96.
3. In #3 (for all cases), it allows Regional Nodes Positive codes 91-96 if Regional Nodes Examined = 96, 97, 98. The CS version does not include 91-96.
4. In #5 (for all cases), it allows a Regional Nodes Positive code of 97 if Regional Nodes Examined = 95. The CS version allows the code 95 instead of 97 since it assumes the 97 was converted to 95.
5. This edit applies to data where Regional Nodes Positive was not converted.

Modifications:

NAACCR v11.2
8/2007

Edit logic was corrected: If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 96, 97, or 99. (The range for Regional Nodes Positive was changed from "00 - 90" to "00 - 96" to be consistent with the rules in effect for diagnosis years 1998-2003).

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Regional Nodes Ex, Reg Nodes Pos (COC)

Agency: COC

Last changed: 09/02/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Regional Nodes Examined [Std# 830]
Regional Nodes Positive [Std# 820]
Date of Diagnosis [Std# 390]
CS Version Input Original [Std# 2935]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among Regional Nodes Examined, Regional Nodes Positive, Date of Diagnosis and CS Version Input Original

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

1. Regional Nodes Examined is blank
2. Regional Nodes Positive is blank
3. Year of Date of Diagnosis is blank

If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

If year of Date of Diagnosis is 2010 or later OR if CS Version Input original is greater than 020000:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Administrative Notes

Modifications:

NACR110C

06/06/06

Condition 3 was changed to include code 95 in Regional Nodes Examined and Regional Nodes Positive:

Changed from:

If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive
must = 00 - 90, 97, or 99

to:

If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes
Positive must = 00 - 90, 95, 97, or 99

Condition 5 (If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99) was deleted

NAACCR v12.0:

Modified edit to be consistent with the CSV2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

- This additional logic applies to cases diagnosed 2010 or later and to cases with CS Version Input Original of greater than 020000.

- Changed "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined"

to "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined"

- Added "If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99"

- Changed "If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99"

to "If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99"

NAACCR v12C:

Updated description to state certain logic is performed if CS Version Input Original is less than 020000 or blank.

Regional Nodes Examined (COC)

Agency: COC

Last changed: 03/04/1998

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Regional Nodes Examined [Std# 830]

Default Error Message

[1038] %F1 must be numeric (00-90, 95-99)
Regional Nodes Examined must be numeric (00-90, 95-99)

Description

Regional Nodes Examined must be a two-digit number with values of 00-90, 95-99.

Regional Nodes Examined (NAACCR)

Agency: NAACCR

Last changed: 01/18/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Regional Nodes Examined [Std# 830]

Default Error Message

[1038] %F1 must be numeric (00-90, 95-99)
Regional Nodes Examined must be numeric (00-90, 95-99)

Description

Regional Nodes Examined must be a two-digit number with values of 00-90, 95-99, or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Regional Nodes Examined (SEER)

Agency: SEER

Last changed: 05/17/2007

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Regional Nodes Examined [Std# 830]

Default Error Message

[1023] %F1 is not valid

Regional Nodes Examined is not valid

Description

Regional Nodes Examined must be blank or 00-99.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank and allows any two-digit number with values of 00-99.

Regional Nodes Examined, Date of Dx (SEER)

Agency: SEER

Last changed: 06/08/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Regional Nodes Examined [Std# 830]

Default Error Message

[3053] If year of %F1 > 2003, then %F2 cannot be blank

If year of Date of Diagnosis > 2003, then Regional Nodes Examined cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if

1. Year of date of diagnosis is blank

If year of Date of Diagnosis is greater than 2003, then Regional Nodes Examined [830] cannot be blank.

Administrative Notes

New edit for v16 metafile

SEER IF538

Regional Nodes Positive (COC)

Agency: COC

Last changed: 02/10/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Regional Nodes Positive [Std# 820]

Default Error Message

[3142] Regional Nodes Positive must be numeric (00-90, 95, 97-99)
Regional Nodes Positive must be numeric (00-90, 95, 97-99)

Description

Regional Nodes Positive must be a two-digit number with values of 00-90, 95, 97-99.

Regional Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 01/18/2010

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Regional Nodes Positive [Std# 820]

Default Error Message

[3142] Regional Nodes Positive must be numeric (00-90, 95, 97-99)
Regional Nodes Positive must be numeric (00-90, 95, 97-99)

Description

Regional Nodes Positive must be a two-digit number with values of 00-90, 95, 97-99, or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 05/17/2007

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Regional Nodes Positive [Std# 820]

Default Error Message

[1023] %F1 is not valid
Regional Nodes Positive is not valid

Description

Regional Nodes Positive must be blank or a two-digit number with values of 00-99.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank and allows any two-digit number with values of 00-99.

Regional Nodes Positive, Date of Dx (SEER)

Agency: SEER

Last changed: 06/08/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Regional Nodes Positive [Std# 820]

Default Error Message

[3053] If year of %F1 > 2003, then %F2 cannot be blank

If year of Date of Diagnosis > 2003, then Regional Nodes Positive cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if

1. Year of date of diagnosis is blank

If year of Date of Diagnosis is greater than 2003, then Regional Nodes Positive [820] cannot be blank.

Administrative Notes

New edit for v16 metafile

SEER IF537

Registry ID (NAACCR)

Agency: NAACCR

Last changed: 03/01/2003

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]

Default Error Message

[1011] %F1 must be numeric and right justified
Registry ID must be numeric and right justified

Description

Must be numeric, right-justified, zero-filled.

Registry Type (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Registry Type [Std# 30]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Registry Type" is not a valid value for Registry Type

Description

Must be a valid code for Registry Type (1, 2, 3).

Registry Type, Registry ID (NAACCR)

Agency: NAACCR

Last changed: 01/21/2003

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Registry Type [Std# 30]

Registry ID [Std# 40]

Tables

REGID10.DBF

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1

"value of Registry ID" is not a valid Registry ID for a Registry Type of "value of Registry Type"

Description

If Registry Type = 1 or 2, then Registry ID must be a valid NAACCR central registry ID.

Registry Type, Sequence Number--Central (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Edit Sets

Canadian Council of Cancer Registries - Edits

Fields

Registry Type [Std# 30]

Sequence Number--Central [Std# 380]

Default Error Message

[1020] If %F1 = %V1, %F2 cannot be blank

If Registry Type = "value of Registry Type", Sequence Number--Central cannot be blank

Description

If Registry Type equals 1 or 2, Sequence Number--Central cannot be blank.

Registry Type, Sequence Number--Hospital (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Fields

Registry Type [Std# 30]

Sequence Number--Hospital [Std# 560]

Default Error Message

[1020] If %F1 = %V1, %F2 cannot be blank

If Registry Type = "value of Registry Type", Sequence Number--Hospital cannot be blank

Description

If Registry Type equals 3, Sequence Number--Hospital cannot be blank.

Reporting Facility (COC)

Agency: COC

Last changed: 02/20/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Reporting Facility [Std# 540]

Default Error Message

[3212] %F1 must be numeric, right justified, and begin with 0010, 0020, or 0006
Reporting Facility must be numeric, right justified, and begin with 0010, 0020, or 0006

Description

Must be numeric, right-justified, zero-filled. The first four digits must = 0010, 0020, or 0006.

Administrative Notes

This edit differs from the NPCR edit of the same name in that this edit requires the first four digits to = 0010, 0020, or 0006.

Modifications:

NAACCR v11.1A

02/2007

Data item name changed from "Reporting Hospital" to "Reporting Facility".

NAACCR v13A

Updated to allow first four digits to equal 0020.

Reporting Facility (NPCR)

Agency: NPCR

Last changed: 04/24/2013

Edit Sets

Central: Vs16 State Example - Incoming Abstracts

Fields

Reporting Facility [Std# 540]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Reporting Facility" is not a valid value for Reporting Facility

Description

Must be numeric, right-justified, zero-filled.

Administrative Notes

This edit differs from the COC edit of the same name in that this edit does not require the first four digits to = 0010, 020, or 0006.

Modifications:

NAACCR v11.1A

02/2007

Data item name changed from "Reporting Hospital" to "Reporting Facility".

NAACCR v13A

Updated Administrative Notes: "This edit differs from the COC edit of the same name in that this edit does not require the first four digits to = 0010, 020, or 0006."

RuralUrban Continuum 1993 (NAACCR)

Agency: NAACCR

Last changed: 01/20/2005

Fields

RuralUrban Continuum 1993 [Std# 3300]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RuralUrban Continuum 1993" is not a valid value for RuralUrban Continuum 1993

Description

Must be a valid RuralUrban Continuum 1993 code (00-09, 98, 99) or blank.

RuralUrban Continuum 2003 (NAACCR)

Agency: NAACCR

Last changed: 04/25/2007

Fields

RuralUrban Continuum 2003 [Std# 3310]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RuralUrban Continuum 2003" is not a valid value for RuralUrban Continuum 2003

Description

Must be a valid RuralUrban Continuum 2003 code (01-09, 98, 99) or blank.

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item and edit, RuralUrban Continuum 2000, changed to RuralUrban Continuum 2003.

NAACCR v11.1A

02/2007

Changed allowable range "00-09" to "01-09".

RuralUrban Continuum 2013 (NAACCR)

Agency: NAACCR

Last changed: 02/17/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

RuralUrban Continuum 2013 [Std# 3312]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RuralUrban Continuum 2013" is not a valid value for RuralUrban Continuum 2013

Description

Must be a valid RuralUrban Continuum 2013 code (01-09, 98, 99) or blank.

Administrative Notes

-New for NAACCR V16

RX Coding System--Current (COC)

Agency: COC

Last changed: 01/13/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Coding System--Current [Std# 1460]

Default Error Message

[1178] RX Coding System--Current must = 06 for this metafile
RX Coding System--Current must = 06 for this metafile

Description

RX Coding System--Current must = 06 (treatment data coded according to FORDS Manual).

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it requires an RX Coding System--Current code of 06 (Treatment data coded according to FORDS Manual). The NAACCR version requires only that RX Coding System--Current contain a valid code (00-06, 99).

Modifications:

NACR110C
08/21/06

The edit description was modified to explain how the COC version of this edit differs from the NAACCR edit of the same name.

NAACCR v12.0
- Modified description.

RX Coding System--Current (NAACCR)

Agency: NAACCR

Last changed: 01/12/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

RX Coding System--Current [Std# 1460]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Coding System--Current" is not a valid value for RX Coding System--Current

Description

Must be a valid RX Coding System--Current code (00-07, 99).

Administrative Notes

This edit differs from the COC edit of the same name in that it requires only that RX Coding System--Current contain a valid code (00-06, 99). The COC version requires a code of 06 (Treatment data coded according to FORDS Manual).

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the NAACCR version of this edit differs from the COC edit of the same name.

NAACCR v12.0 metafile.

- Added code 07 (treatment data coded according to 2010 SEER Manual).

RX Date BRM (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date BRM [Std# 1240]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date BRM ("value of RX Date BRM") is an invalid date

Additional Messages

ERROR_TEXT("RX Date BRM: %DC")

Description

This edit is skipped if RX Date BRM is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--BRM was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM (COC)' to 'RX Date BRM (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

RX Date BRM Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date BRM Flag [Std# 1241]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date BRM Flag must be blank, 10, 11, 12, or 15

Description

The RX Date BRM Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date BRM.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if immunotherapy administered).

11 No proper value is applicable in this context (e.g., no immunotherapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., immunotherapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., immunotherapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date BRM, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM Flag(NAACCR)' to 'RX Date BRM Flag(NAACCR)'.

- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

RX Date BRM, Date Flag (COC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date BRM Flag [Std# 1241]
RX Date BRM [Std# 1240]

Default Error Message

[3264] If date is present, corresponding date flag must be blank
If date is present, corresponding date flag must be blank

Additional Messages

[3279] If date is blank, corresponding flag must = blank, 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date BRM because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date BRM and its corresponding date flag, RX Date BRM Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date BRM is populated, then RX Date BRM Flag must be blank.
3. If RX Date BRM is blank and RX Date BRM Flag is not blank, then RX Date BRM Flag must = 10 (unknown if immunotherapy administered), 11 (immunotherapy not given), 12 (immunotherapy given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date BRM, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF511

This edit differs from the NAACCR edit of the same name in that it allows both RX Date BRM and RX Date BRM Flag to be blank.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Flag (COC)' to 'RX Date BRM, Date Flag (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

NAACCR v15

- Added SEER IF number (IF511)

RX Date BRM, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

RX Date BRM [Std# 1240]

RX Date BRM Flag [Std# 1241]

Default Error Message

[1016] %F1 and %F2 conflict

RX Date BRM and RX Date BRM Flag conflict

Additional Messages

[3269] If RX Date BRM is present, corresponding date flag must be blank

[3270] If RX Date BRM is blank, RX Date BRM Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date BRM for all cases regardless of year of diagnosis; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date BRM is not blank, then RX Date BRM Flag must be blank.
2. If RX Date BRM is blank, then RX Date BRM Flag must = 10 (unknown if immunotherapy administered), 11 (immunotherapy not given), 12 (immunotherapy given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it requires that either RX Date BRM or RX Date BRM Flag be populated.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Flag (NAACCR)' to 'RX Date BRM, Date Flag (NAACCR)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

RX Date BRM, Date Flag, Date DX (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date BRM [Std# 1240]
RX Date BRM Flag [Std# 1241]
Date of Diagnosis [Std# 390]

Additional Messages

[3308] If Date of Diagnosis is greater than 2009, RX Date BRM and RX Date BRM Flag cannot both be blank
[3309] If Date of Diagnosis is less than 2003, RX Date BRM and RX Date BRM Flag cannot both be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date BRM for cases diagnosed prior to 2003 and 2010 and later; that is, RX Date BRM must be populated OR its corresponding date flag, RX Date BRM Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Flag, Date DX (COC)' to 'RX Date BRM, Date Flag, Date DX (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

RX Date BRM, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date BRM [Std# 1240]
RX Date BRM Flag [Std# 1241]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4883] If DX year = 2011-2014, %F4=%V4 and %F5=%V5, %F1 and %F2 cannot both be blank
If DX year = 2011-2014, Primary Site="value of Primary Site" and Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", RX Date BRM and RX Date BRM Flag cannot both be blank

Additional Messages

[3579] If DX year = 2015 or later, RX Date BRM and RX Date BRM Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date BRM OR RX Date BRM Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date BRM, Date Flag, DX Date (COC)", in that NPCR requires RX Date BRM or RX Date BRM Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Flag, DX Date (NPCR)' to 'RX Date BRM, Date Flag, DX Date (NPCR)'.

- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date BRM, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date BRM [Std# 1240]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date BRM ("value of RX Date BRM") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date BRM is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date BRM must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF512

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Last Contact (COC)' to 'RX Date BRM, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

NAACCR v15

- Added SEER IF number (IF512)

RX Date BRM, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date BRM [Std# 1240]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date BRM ("value of RX Date BRM") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF513

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date of Diagnosis (COC)' to 'RX Date BRM, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

NAACCR v15

- Added SEER IF number (IF513)

RX Date BRM, RX Date Systemic (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date BRM [Std# 1240]
RX Date Systemic [Std# 3230]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date BRM ("value of RX Date BRM") must be > or = RX Date Systemic ("value of RX Date Systemic")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, RX Date--Systemic (COC)' to 'RX Date BRM, RX Date Systemic (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Chemo (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Chemo [Std# 1220]

Default Error Message

[3266] %F1 is an invalid date
RX Date Chemo is an invalid date

Additional Messages

ERROR_TEXT("RX Date Chemo: %DC")

Description

This edit is skipped if RX Date Chemo is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Chemo was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo (COC)' to 'RX Date Chemo (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

RX Date Chemo Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Chemo Flag [Std# 1221]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Chemo Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Chemo Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Chemo.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if chemotherapy administered).

11 No proper value is applicable in this context (e.g., no chemotherapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., chemotherapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., chemotherapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Chemo, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo Flag(NAACCR)' to 'RX Date Chemo Flag(NAACCR)'.

- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

RX Date Chemo, Date Flag (COC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]

Default Error Message

[3264] If date is present, corresponding date flag must be blank
If date is present, corresponding date flag must be blank

Additional Messages

[3279] If date is blank, corresponding flag must = blank, 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Chemo because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date Chemo and its corresponding date flag, RX Date Chemo Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Chemo is populated, then RX Date Chemo Flag must be blank.
3. If RX Date Chemo is blank and RX Date Chemo Flag is not blank, then RX Date Chemo Flag must = 10 (unknown if chemo given), 11 (chemo not given), 12 (chemo given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date Chemo, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF514

This edit differs from the NAACCR edit of the same name in that it allows both RX Date Chemo and RX Date Chemo Flag to be blank.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Flag (COC)' to 'RX Date Chemo, Date Flag (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

NAACCR v15

- Added SEER IF number (IF514)

RX Date Chemo, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Chemo and RX Date Chemo Flag conflict

Additional Messages

[3269] If RX Date Chemo is present, corresponding date flag must be blank
[3270] If RX Date Chemo is blank, RX Date Chemo Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Chemo for all cases regardless of year of diagnosis; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date Chemo is not blank, then RX Date Chemo Flag must be blank.
2. If RX Date Chemo is blank, the RX Date Chemo Flag must = 10 (unknown if chemo given), 11 (chemo not given), 12 (chemo given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it requires that either RX Date Chemo or RX Date Chemo Flag be populated.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Flag (NAACCR)' to 'RX Date Chemo, Date Flag (NAACCR)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

RX Date Chemo, Date Flag, Date DX (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]
Date of Diagnosis [Std# 390]

Additional Messages

[3308] If Date of Diagnosis is greater than 2009, RX Date Chemo and RX Date Chemo Flag cannot both be blank
[3309] If Date of Diagnosis is less than 2003, RX Date Chemo and RX Date Chemo Flag cannot both be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Chemo for cases diagnosed prior to 2003 and 2010 and later; that is, RX Date Chemo must be populated OR its corresponding date flag, RX Date Chemo Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Flag, Date DX (COC)' to 'RX Date Chemo, Date Flag, Date DX (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

RX Date Chemo, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4883] If DX year = 2011-2014, %F4=%V4 and %F5=%V5, %F1 and %F2 cannot both be blank
If DX year = 2011-2014, Primary Site="value of Primary Site" and Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", RX Date Chemo and RX Date Chemo Flag cannot both be blank

Additional Messages

[3579] If DX year = 2015 or later, RX Date Chemo and RX Date Chemo Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Chemo OR RX Date Chemo Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Chemo, Date Flag, DX Date (COC)", in that NPCR requires RX Date Chemo or RX Date Chemo Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for all cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Flag, DX Date (NPCR)' to 'RX Date Chemo, Date Flag, DX Date (NPCR)'.

- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date Chemo, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Chemo [Std# 1220]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Chemo ("value of RX Date Chemo") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Chemo is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Chemo must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF515

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Last Contact (COC)' to 'RX Date Chemo, Date Last Contact (COC)'
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

NAACCR v15

- Added SEER IF number (IF515)

RX Date Chemo, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Chemo [Std# 1220]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Chemo ("value of RX Date Chemo") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF516

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date of Diagnosis (COC)' to 'RX Date Chemo, Date of Diagnosis (COC)'
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

NAACCR v15

- Added SEER IF number (IF516)

RX Date Chemo, RX Date Systemic (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Chemo [Std# 1220]
RX Date Systemic [Std# 3230]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Chemo ("value of RX Date Chemo") must be > or = RX Date Systemic ("value of RX Date Systemic")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, RX Date--Systemic (COC)' to 'RX Date Chemo, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date DX/Stg Proc (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date DX/Stg Proc [Std# 1280]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date DX/Stg Proc ("value of RX Date DX/Stg Proc") is an invalid date

Additional Messages

ERROR_TEXT("RX Date DX/Stg Proc: %DC")

Description

This edit is skipped if RX Date DX/Stg Proc is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc (COC)' to 'RX Date DX/Stg Proc (COC)'.
- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.

RX Date Dx/Stg Proc Flag (NAACCR)

Agency: NAACCR

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Dx/Stg Proc Flag [Std# 1281]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
RX Date Dx/Stg Proc Flag must be blank, 10, 11, or 12

Description

The RX Date DX/Stg Proc Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date DX/Stg Proc.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any diagnostic or staging procedure performed).

11 No proper value is applicable in this context (e.g., no diagnostic or staging procedure performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., diagnostic or staging procedure performed but date is unknown).

Blank A valid date value is provided in item RX Date DX/Stg Proc, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc Flag(NAACCR)' to 'RX Date DX/Stg Proc Flag(NAACCR)'
- Data item name changed from 'RX Date--DX/Stg Proc Flag' to 'RX Date DX/Stg Proc Flag'.

RX Date DX/Stg Proc, Date Flag (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date DX/Stg Proc [Std# 1280]
RX Date Dx/Stg Proc Flag [Std# 1281]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date DX/Stg Proc and RX Date Dx/Stg Proc Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If RX Date DX/Stg Proc is blank, corresponding RX Date Dx/Stg Proc Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date DX/Stg Proc; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If RX Date DX/Stg Proc is populated, then RX Date DX/Stg Proc Flag must be blank.
2. If RX Date DX/Stg Proc is blank, then RX Date DX/Stg Proc Flag must = 10 (unknown if any diagnostic or staging procedure performed), 11 (no diagnostic or staging procedure performed; autopsy only case), or 12 (diagnostic or staging procedure performed but date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc, Date Flag (COC)' to 'RX Date DX/Stg Proc, Date Flag (COC)'.
- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.
- Data item name changed from 'RX Date--DX/Stg Proc Flag' to 'RX Date DX/Stg Proc Flag'.

RX Date DX/Stg Proc, Date Last Contact (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Last Contact [Std# 1750]
RX Date DX/Stg Proc [Std# 1280]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
Date of Last Contact ("value of Date of Last Contact") must be > or = RX Date DX/Stg Proc ("value of RX Date DX/Stg Proc")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date DX/Stg Proc is invalid: %DC")

Description

This edit is skipped if RX Date DX/Stg Proc or Date of Last Contact is blank.

Date of Last Contact must not precede RX Date DX/Stg Proc. If both years are known, but either month is unknown (99), then only the years are compared. If either day is unknown (99), then only the years and months are compared.

Date of Last Contact must be greater than or equal to RX Date DX/Stg Proc. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc, Date Last Contact (COC)' to 'RX Date DX/Stg Proc, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.

RX Date Hormone (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Hormone [Std# 1230]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Hormone ("value of RX Date Hormone") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Hormone: %DC")

Description

This edit is skipped if RX Date Hormone is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Hormone was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone (COC)' to 'RX Date Hormone (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

RX Date Hormone Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Hormone Flag [Std# 1231]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Hormone Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Hormone Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Hormone.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if hormone therapy administered).

11 No proper value is applicable in this context (e.g., no hormone therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., hormone therapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., hormone therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Hormone, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone Flag(NAACCR)' to 'RX Date Hormone Flag(NAACCR)'.

- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

RX Date Hormone, Date Flag (COC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]

Default Error Message

[3264] If date is present, corresponding date flag must be blank
If date is present, corresponding date flag must be blank

Additional Messages

[3279] If date is blank, corresponding flag must = blank, 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Hormone because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date Hormone and its corresponding date flag, RX Date Hormone Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Hormone is populated, then RX Date Hormone Flag must be blank.
3. If RX Date Hormone is blank and RX Date Hormone Flag is not blank, then RX Date Hormone Flag must = 10 (unknown if Hormone therapy given), 11 (Hormone therapy not given), 12 (Hormone therapy given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date Hormone, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF517

This edit differs from the NAACCR edit of the same name in that it allows both RX Date Hormone and RX Date Hormone Flag to be blank.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Flag (COC)' to 'RX Date Hormone, Date Flag (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

NAACCR v15

- Added SEER IF number (IF517)

RX Date Hormone, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Fields

RX Date Hormone [Std# 1230]

RX Date Hormone Flag [Std# 1231]

Default Error Message

[1016] %F1 and %F2 conflict

RX Date Hormone and RX Date Hormone Flag conflict

Additional Messages

[3269] If RX Date Hormone is present, corresponding date flag must be blank

[3270] If RX Date Hormone is blank, RX Date Hormone Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Hormone for all cases regardless of year of diagnosis; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date Hormone is not blank, then RX Date Hormone Flag must be blank.
2. If RX Date Hormone is blank, the RX Date Hormone Flag must = 10 (unknown if Hormone therapy given), 11 (Hormone therapy not given), 12 (Hormone therapy given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it requires that either RX Date Hormone or RX Date Hormone Flag be populated.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Flag (NAACCR)' to 'RX Date Hormone, Date Flag (NAACCR)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

RX Date Hormone, Date Flag, Date DX (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]
Date of Diagnosis [Std# 390]

Additional Messages

[3308] If Date of Diagnosis is greater than 2009, RX Date Hormone and RX Date Hormone Flag cannot both be blank
[3309] If Date of Diagnosis is less than 2003, RX Date Hormone and RX Date Hormone Flag cannot both be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Hormone for cases diagnosed prior to 2003 and 2010 and later; that is, RX Date Hormone must be populated OR its corresponding date flag, RX Date Hormone Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Flag (COC)' to 'RX Date Hormone, Date Flag (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

RX Date Hormone, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4883] If DX year = 2011-2014, %F4=%V4 and %F5=%V5, %F1 and %F2 cannot both be blank
If DX year = 2011-2014, Primary Site="value of Primary Site" and Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", RX Date Hormone and RX Date Hormone Flag cannot both be blank

Additional Messages

[3579] If DX year = 2015 or later, RX Date Hormone and RX Date Hormone Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Hormone OR RX Date Hormone Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Hormone, Date Flag, DX Date (COC)", in that NPCR requires RX Date Hormone or RX Date Hormone Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Flag, DX Date (NPCR)' to 'RX Date Hormone, Date Flag, DX Date (NPCR)'.

- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date Hormone, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Hormone [Std# 1230]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Hormone ("value of RX Date Hormone") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Hormone is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Hormone must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF518

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Last Contact (COC)' to 'RX Date Hormone, Date Last Contact (COC)'
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

NAACCR v15

- Added SEER IF number (IF518)

RX Date Hormone, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Hormone [Std# 1230]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Hormone ("value of RX Date Hormone") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF519

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date of Diagnosis (COC)' to 'RX Date Hormone, Date of Diagnosis (COC)'
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

NAACCR v15

- Added SEER IF number (IF519)

RX Date Hormone, RX Date Systemic (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Hormone [Std# 1230]
RX Date Systemic [Std# 3230]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Hormone ("value of RX Date Hormone") must be > or = RX Date Systemic ("value of RX Date Systemic")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, RX Date--Systemic (COC)' to 'RX Date Hormone, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Mst Defn Srg (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Most Defin Surg: %DC")

Description

This edit is skipped if RX Date Mst Defn Srg is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg (COC)' to 'RX Date Mst Defn Srg (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg Flag [Std# 3171]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
RX Date Mst Defn Srg Flag must be blank, 10, 11, or 12

Description

The RX Date Mst Defn Srg Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Mst Defn Srg.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure of the primary site was performed).

11 No proper value is applicable in this context (e.g., no surgical resection of the primary site was performed and for cases diagnosed at autopsy).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery of the primary site was performed but date is unknown).

Blank A valid date value is provided in item RX Date Mst Defn Srg, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Mst Defn Srg Flag(NAACCR)' to 'RX Date Mst Defn Srg Flag(NAACCR)'.

RX Date Mst Defn Srg, Date Flag (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]
RX Date Mst Defn Srg Flag [Std# 3171]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If RX Date Mst Defn Srg is blank, corresponding RX Date Mst Defn Srg Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Mst Defn Srg; that is, RX Date Mst Defn Srg and its corresponding date flag, RX Date Mst Defn Srg Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Mst Defn Srg is populated, then RX Date Mst Defn Srg Flag must be blank.
3. If RX Date Mst Defn Srg is blank and RX Date Mst Defn Srg Flag is not blank, then RX Date Mst Defn Srg Flag must = 10 (unknown if any surgical procedure of the primary site was performed), 11 (no surgical procedure of the primary site was performed; autopsy only case), or 12 (surgical treatment of the primary site was performed but the date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date Flag (COC)' to 'RX Date Mst Defn Srg, Date Flag (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, Date Flag, DX Date (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]
RX Date Mst Defn Srg Flag [Std# 3171]
Date of Diagnosis [Std# 390]

Default Error Message

[3275] If %F3 (%V3) is greater than 2002, %F1 (%V1) and %F2 (%V2) cannot both be blank
If Date of Diagnosis ("value of Date of Diagnosis") is greater than 2002, RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") and RX Date Mst Defn Srg Flag ("value of RX Date Mst Defn Srg Flag") cannot both be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires a RX Date Mst Defn Srg for cases diagnosed 2003 or later; that is, RX Date Mst Defn Srg must be populated OR its corresponding date flag, RX Date Mst Defn Srg Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Most Defn Surg, Date Flag, Date DX (COC)' to 'RX Date Mst Defn Srg, Date Flag, Date DX (COC)'.
- Data item name changed from 'RX Date--Most Defn Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Mst Defn Srg [Std# 3170]
RX Date Mst Defn Srg Flag [Std# 3171]
Date of Diagnosis [Std# 390]

Default Error Message

[3579] If DX year = 2015 or later, %F1 and %F2 cannot both be blank
If DX year = 2015 or later, RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag cannot both be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Mst Defn Srg for cases diagnosed 2015 or later; that is, RX Date Mst Defn Srg must be populated OR its corresponding date flag, RX Date Mst Defn Srg Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that NPCR requires RX Date Mst Defn Srg or RX Date Mst Defn Srg Flag only for cases diagnosed 2015 or later while the COC edit requires the date or flag for all cases.

RX Date Mst Defn Srg, Date Last Contact (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Most Defin Surg is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Mst Defn Srg must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date Last Contact (COC)' to 'RX Date Mst Defn Srg, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, Date Last Contact (NPCR)

Agency: NPCR

Last changed: 02/20/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Mst Defn Srg [Std# 3170]
Date of Last Contact [Std# 1750]
Date of Diagnosis [Std# 390]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Most Defin Surg is invalid: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Date Mst Defn Srg is blank
2. Date of Last Contact is blank
3. Year of Date of Diagnosis is less than 2015, empty (unknown), or invalid

RX Date Mst Defn Srg must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

RX Date Mst Defn Srg, Date of DX (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Additional Messages

ERROR_TEXT("Date of Diagnosis is invalid: %DC")
ERROR_TEXT("RX Date Most Defin Surg is invalid: %DC")

Description

This edit is skipped if RX Date Mst Defn Srg or Date of Diagnosis is blank.

RX Date Mst Defn Srg must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit no longer checks that RX Date--Most Defin Surg is populated for cases diagnosed 2003 and later. That particular processing is now performed in the edit 'RX Date--Most Defin Surg, Date Flag, DX Date (COC)'.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date of DX (COC)' to 'RX Date Mst Defn Srg, Date of DX (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, RX Date Surgery (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Mst Defn Srg [Std# 3170]
RX Date Surgery [Std# 1200]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") must be > or = RX Date Surgery ("value of RX Date Surgery")

Additional Messages

ERROR_TEXT("RX Date Most Defin Surg is invalid: %DC")
ERROR_TEXT("RX Date Surgery is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Mst Defn Srg must be greater than or equal to RX Date Surgery (date of first surgical procedure). If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, RX Date--Surgery (COC)' to 'RX Date Mst Defn Srg, RX Date Surgery (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

RX Date Mst Defn Srg, RX Date Surgery (NPCR)

Agency: NPCR

Last changed: 02/20/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Mst Defn Srg [Std# 3170]
RX Date Surgery [Std# 1200]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg") must be > or = RX Date Surgery ("value of RX Date Surgery")

Additional Messages

ERROR_TEXT("RX Date Most Defin Surg is invalid: %DC")
ERROR_TEXT("RX Date Surgery is invalid: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Date Mst Defn Srg is blank
2. RX Date Surgery is blank
3. Year of Date of Diagnosis is less than 2015, empty (unknown), or invalid

RX Date Mst Defn Srg must be greater than or equal to RX Date Surgery (date of first surgical procedure). If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

RX Date Mst Defn Srg, Surg Prim Site (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Date Mst Defn Srg [Std# 3170]
RX Date Mst Defn Srg Flag [Std# 3171]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", RX Date Mst Defn Srg Flag must = 11
[4065] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Mst Defn Srg is blank, if year of Date of Diagnosis < 2012, RX Date Mst Defn Srg Flag must = 10 or 12
[4066] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Mst Defn Srg is blank, if year of Date of Diagnosis > 2011, RX Date Mst Defn Srg Flag must = 12
[4074] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis < 2012, RX Date Mst Defn Srg Flag must = 10 or 12
[4075] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis > 2011, RX Date Mst Defn Srg Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Surg Prim Site is blank
2. Both RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

The edit works as follows:

1. If RX Summ--Surg Prim Site = 00 or 98, then RX Date Mst Defn Srg Flag must = 11 (no surgical resection of the primary site was performed).
2. If RX Summ--Surg Prim Site = 99:
 - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 10.
3. If RX Summ--Surg Prim Site not = 00, 98, 99 and RX Date Mst Defn Srg is blank:
 - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 12.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

Administrative Notes

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Date--Most Defn Surg, Surg Prim Site (COC)' to 'RX Date Mst Defn Srg, Surg Prim Site (COC)'.

- Data item name changed from 'RX Date--Most Defn Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, Surg Prim Site (NPCR)

Agency: NPCR

Last changed: 02/20/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Date Mst Defn Srg [Std# 3170]
RX Date Mst Defn Srg Flag [Std# 3171]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", RX Date Mst Defn Srg Flag must = 11
[4065] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Mst Defn Srg is blank, if year of Date of Diagnosis < 2012, RX Date Mst Defn Srg Flag must = 10 or 12
[4066] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Mst Defn Srg is blank, if year of Date of Diagnosis > 2011, RX Date Mst Defn Srg Flag must = 12
[4074] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis < 2012, RX Date Mst Defn Srg Flag must = 10 or 12
[4075] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis > 2011, RX Date Mst Defn Srg Flag must = 10

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Surg Prim Site is blank
2. Both RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag are blank, indicating the date was intentionally not collected.
3. Year of Date of Diagnosis is less than 2015, empty (unknown), or invalid

The edit works as follows:

1. If RX Summ--Surg Prim Site = 00 or 98, then RX Date Mst Defn Srg Flag must = 11 (no surgical resection of the primary site was performed).
2. If RX Summ--Surg Prim Site = 99:
 - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 10.
3. If RX Summ--Surg Prim Site not = 00, 98, 99 and RX Date Mst Defn Srg is blank:
 - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 12.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

RX Date Other (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Other [Std# 1250]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Other ("value of RX Date Other") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Other: %DC")

Description

This edit is skipped if RX Date Other is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other (COC)' to 'RX Date Other (COC)'.

- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

RX Date Other Flag (NAACCR)

Agency: NAACCR

Last changed: 10/07/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Other Flag [Std# 1251]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Other Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Other Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Other.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if other therapy performed).

11 No proper value is applicable in this context (e.g., no other treatment performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., other treatment performed but date is unknown).

15 Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up.

Blank A valid date value is provided in item RX Date Other, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Other Flag(NAACCR)' to 'RX Date Other Flag(NAACCR)'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

NAACCR v15

- Added code 15 'Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up'

RX Date Other, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Other and RX Date Other Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3270] If RX Date Other is blank, RX Date Other Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Other because it was not required by the COC until 1996; that is, RX Date Other and its corresponding date flag, RX Date Other Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Other is populated, then RX Date Other Flag must be blank.
3. If RX Date Other is blank and RX Date Other Flag is not blank, then RX Date Other Flag must = 10 (unknown if other therapy administered), 11 (no other treatment administered; autopsy only case), 12 (other therapy administered, but the date is unknown), or 15 (other therapy is planned as part of first course therapy, but not yet started at time of most recent follow-up).

Note: Another edit [RX Date Other, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed 1996 or later.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF520

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Flag (NAACCR)' to 'RX Date Other, Date Flag (NAACCR)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

NAACCR v15

- Added code 15 'Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up'
- Added SEER IF number (IF520)

RX Date Other, Date Flag, DX Date (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]
Date of Diagnosis [Std# 390]

Default Error Message

[3274] If %F3 is greater than 1995, %F1 and %F2 cannot both be blank
If Date of Diagnosis is greater than 1995, RX Date Other and RX Date Other Flag cannot both be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires a RX Date Other for cases diagnosed 1996 or later; that is, RX Date Other must be populated OR its corresponding date flag, RX Date Other Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Flag, Date DX (COC)' to 'RX Date Other, Date Flag, Date DX (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

RX Date Other, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4883] If DX year = 2011-2014, %F4=%V4 and %F5=%V5, %F1 and %F2 cannot both be blank
If DX year = 2011-2014, Primary Site="value of Primary Site" and Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", RX Date Other and RX Date Other Flag cannot both be blank

Additional Messages

[3579] If DX year = 2015 or later, RX Date Other and RX Date Other Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Other OR RX Date Other Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Other, Date Flag, DX Date (COC)", in that NPCR requires RX Date Other or RX Date Other Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed 1996 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Flag, DX Date (NPCR)' to 'RX Date Other, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date Other, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Other [Std# 1250]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Other ("value of RX Date Other") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Other is invalid: %DC")

Description

This edit is skipped if RX Date Other or Date of Last Contact is blank.

RX Date Other must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

In the SEER*Edits software, the title of this edit is: IF521

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Last Contact (COC)' to 'RX Date Other, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

NAACCR v15

- Added SEER IF number (IF521)

RX Date Other, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Other [Std# 1250]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Other ("value of RX Date Other") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Other must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF522

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Other, Date of Diagnosis (COC)' to 'RX Date Other, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

NAACCR v15

- Added SEER IF number (IF522)

RX Date Rad Ended (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Rad Ended [Std# 3220]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Rad Ended ("value of RX Date Rad Ended") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Radiation Ended: %DC")

Description

This edit is skipped if RX Date Rad Ended is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Radiation Ended (COC)' to 'RX Date Rad Ended (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Rad Ended Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Rad Ended Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Rad Ended.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if radiation therapy administered).

11 No proper value is applicable in this context (e.g., no radiation therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., radiation therapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., radiation therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Rad Ended, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended Flag(NAACCR)' to 'RX Date Rad Ended Flag(NAACCR)'.

RX Date Rad Ended, Date Flag (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Rad Ended and RX Date Rad Ended Flag conflict

Additional Messages

[3269] If RX Date Rad Ended is present, corresponding date flag must be blank
[3270] If RX Date Rad Ended is blank, RX Date Rad Ended Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Rad Ended; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date Rad Ended is not blank, then RX Date Radiation Flag must be blank.
2. If RX Date Rad Ended is blank, the RX Date Radiation Flag must = 10 (unknown if radiation given), 11 (radiation not given), 12 (radiation given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation Ended, Date Flag (COC)' to 'RX Date Rad Ended, Date Flag (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, Date Last Contact (COC)

Agency: COC

Last changed: 09/16/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Rad Ended [Std# 3220]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Rad Ended ("value of RX Date Rad Ended") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Radiation Ended is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Rad Ended must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Date Last Contact (COC)' to 'RX Date Rad Ended, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

RX Date Rad Ended, Rad--Location of RX (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Location of RX [Std# 1550]
RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Rad--Location of RX ("value of Rad--Location of RX"), RX Date Rad Ended ("value of RX Date Rad Ended"), and RX Date Rad Ended Flag ("value of RX Date Rad Ended Flag")

Additional Messages

[3341] If RX Date Rad Ended Flag = "value of RX Date Rad Ended Flag", then Rad--Location of RX must = 0

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Location of RX is blank
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Rad Ended, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Rad Ended Flag = 11 (radiation not given), then Rad--Location of RX must equal 0 (no radiation treatment).

If RX Date Rad Ended is populated (not blank), then Rad--Location of RX must not equal 0.

Note: The RX Date Rad Ended Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

- Flag value of 10 and 12 = traditional date of 99999999.
- Flag value of 11 = traditional date of 00000000.
- Flag value of 15 = traditional date of 88888888.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date Rad Ended Flag

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Rad--Location of RX (COC)' to 'RX Date Rad Ended, Rad--Location of RX (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, Rad--No of Treatments Vol (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--No of Treatments Vol [Std# 1520]
RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Rad--No of Treatments Vol ("value of Rad--No of Treatments Vol"), RX Date Rad Ended ("value of RX Date Rad Ended"), and RX Date Rad Ended Flag ("value of RX Date Rad Ended Flag")

Additional Messages

[3340] If RX Date Rad Ended Flag = "value of RX Date Rad Ended Flag", then Rad--No of Treatments Vol must = 000

Description

This edit is skipped if any of the following conditions are true:

1. Rad--No of Treatments Vol is blank
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Rad Ended, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Rad Ended Flag = 11 (radiation not given), then Rad--No of Treatments Vol must equal 000 (none).

If RX Date Rad Ended is populated (not blank), then then Rad--No of Treatments Vol must not equal 000.

Note: The RX Date Rad Ended Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

- Flag value of 10 and 12 = traditional date of 99999999.
- Flag value of 11 = traditional date of 00000000.
- Flag value of 15 = traditional date of 88888888.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date Rad Ended Flag

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)
- Corrected typo in edit description.

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Rad--No of Treatments Vol (COC' to 'RX Date--Rad Ended, Rad--No of Treatments Vol (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, Rad--Regional Dose: cGy (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional Dose: cGy [Std# 1510]
RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Rad--Regional Dose: cGy ("value of Rad--Regional Dose: cGy"), RX Date Rad Ended ("value of RX Date Rad Ended"), and RX Date Rad Ended Flag ("value of RX Date Rad Ended Flag")

Additional Messages

[3344] If RX Date Rad Ended Flag = "value of RX Date Rad Ended Flag", then Rad--Regional Dose: cGy must = 00000

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Regional Dose: cGy is blank
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Rad Ended, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Rad Ended Flag = 11 (radiation not given), then Rad--Regional Dose: cGy must equal 00000 (radiation therapy was not administered).

If RX Date Rad Ended is populated (not blank), then then Rad--Regional Dose: cGy must not equal 00000.

Note: The RX Date Rad Ended Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

- Flag value of 10 and 12 = traditional date of 99999999.
- Flag value of 11 = traditional date of 00000000.
- Flag value of 15 = traditional date of 88888888.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date Rad Ended Flag

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Rad--Regional Dose: cGy (COC)' to 'RX Date Rad Ended, Rad--Regional Dose: cGy (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, Rad--Regional RX Modality (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional RX Modality [Std# 1570]
RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Rad--Regional RX Modality ("value of Rad--Regional RX Modality"), RX Date Rad Ended ("value of RX Date Rad Ended"), and RX Date Rad Ended Flag ("value of RX Date Rad Ended Flag")

Additional Messages

[3342] If RX Date Rad Ended Flag = "value of RX Date Rad Ended Flag", then Rad--Regional RX Modality must = 00

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Regional RX Modality is blank
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Rad Ended, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Rad Ended Flag = 11 (radiation not given), then Rad--Regional RX Modality must equal 00 (none).

If RX Date Rad Ended is populated (not blank), then then Rad--Regional RX Modality must not equal 00.

Note: The RX Date Rad Ended Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

- Flag value of 10 and 12 = traditional date of 99999999.
- Flag value of 11 = traditional date of 00000000.
- Flag value of 15 = traditional date of 88888888.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date Rad Ended Flag

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Rad--Regional RX Modality (COC' to 'RX Date Rad Ended, Rad--Regional RX Modality (COC)'.
- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, Rad--Treatment Volume (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Treatment Volume [Std# 1540]
RX Date Rad Ended [Std# 3220]
RX Date Rad Ended Flag [Std# 3221]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Rad--Treatment Volume ("value of Rad--Treatment Volume"), RX Date Rad Ended ("value of RX Date Rad Ended"), and RX Date Rad Ended Flag ("value of RX Date Rad Ended Flag")

Additional Messages

[3342] If RX Date Rad Ended Flag = "value of RX Date Rad Ended Flag", then Rad--Treatment Volume must = 00

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Treatment Volume is blank
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Rad Ended, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Rad Ended Flag = 11 (radiation not given), then Rad--Treatment Volume must equal 00 (no radiation treatment).

If RX Date Rad Ended is populated (not blank), then then Rad--Treatment Volume must not equal 00.

Note: The RX Date Rad Ended Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

- Flag value of 10 and 12 = traditional date of 99999999.
- Flag value of 11 = traditional date of 00000000.
- Flag value of 15 = traditional date of 88888888.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date Rad Ended Flag

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, Rad--Treatment Volume (COC)' to 'RX Date Rad Ended, Rad--Treatment Volume (COC)'.

- Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.

RX Date Rad Ended, RX Date Radiation (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Rad Ended [Std# 3220]
RX Date Radiation [Std# 1210]
RX Date Rad Ended Flag [Std# 3221]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[1153] %F1 (%V1) must be greater than or equal to %F2 (%V2)
RX Date Rad Ended ("value of RX Date Rad Ended") must be greater than or equal to RX Date Radiation ("value of RX Date Radiation")

Additional Messages

[3347] If RX Date Radiation Flag = "value of RX Date Radiation Flag", then RX Date Rad Ended Flag must = 11
ERROR_TEXT("RX Date Radiation Ended is invalid: %DC")
ERROR_TEXT("RX Date Radiation is invalid: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.
2. Both RX Date Rad Ended and RX Date Rad Ended Flag are blank, indicating the date was intentionally not collected.

If RX Date Radiation Flag = 11 (no radiation treatment), then RX Date Rad Ended Flag must = 11 (no radiation treatment).

If RX Date Radiation Flag = 15 (radiation therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up), then RX Date Rad Ended Flag must = 11 (no radiation treatment).

If either RX Date Radiation or RX Date Rad Ended is blank, the remainder of the edit is skipped.

RX Date Rad Ended must be greater than or equal to RX Date Radiation. If either month is blank (unknown), then only the years are compared. If either day is blank (unknown), then only the years and months are compared.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Rad Ended, RX Date--Radiation (COC)' to 'RX Date Rad Ended, RX Date Radiation (COC)'.
 - Data item name changed from 'RX Date--Radiation Ended' to 'RX Date Rad Ended'.
 - Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

RX Date Radiation (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Radiation [Std# 1210]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Radiation ("value of RX Date Radiation") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Radiation: %DC")

Description

This edit is skipped if RX Date Radiation is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Radiation (COC)' to 'RX Date Radiation (COC)'.

- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

RX Date Radiation Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Radiation Flag [Std# 1211]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Radiation Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Radiation Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if radiation therapy administered).

11 No proper value is applicable in this context (e.g., no radiation therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., date radiation ended is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., radiation was administered and was ongoing at the time of most recent follow-up).

Blank A valid date value is provided in item RX Date Radiation, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation Flag(NAACCR)' to 'RX Date Radiation Flag(NAACCR)'.

- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Date Flag (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Radiation and RX Date Radiation Flag conflict

Additional Messages

[3269] If RX Date Radiation is present, corresponding date flag must be blank
[3270] If RX Date Radiation is blank, RX Date Radiation Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Radiation; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date Radiation is not blank, then RX Date Radiation Flag must be blank.
2. If RX Date Radiation is blank, the RX Date Radiation Flag must = 10 (unknown if radiation given), 11 (radiation not given), 12 (radiation given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Flag (COC)' to 'RX Date Radiation, Date Flag (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 01/08/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Date Radiation [Std# 1210]

RX Date Radiation Flag [Std# 1211]

Default Error Message

[1016] %F1 and %F2 conflict

RX Date Radiation and RX Date Radiation Flag conflict

Additional Messages

[3269] If RX Date Radiation is present, corresponding date flag must be blank

[3270] If RX Date Radiation is blank, RX Date Radiation Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Radiation; that is, RX Date Radiation and its corresponding flag, RX Date Radiation Flag may both be blank, indicating the date was intentionally not collected. However, if either field is populated, both fields must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Radiation is not blank, then RX Date Radiation Flag must be blank.
3. If RX Date Radiation is blank, the RX Date Radiation Flag must = 10 (unknown if radiation given), 11 (radiation not given), 12 (radiation given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF523

This edit differs from the COC edit of the same name in that both fields may be left blank.

RX Date Radiation, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4883] If DX year = 2011-2014, %F4=%V4 and %F5=%V5, %F1 and %F2 cannot both be blank
If DX year = 2011-2014, Primary Site="value of Primary Site" and Histologic Type ICD-O-3="value of Histologic Type ICD-O-3", RX Date Radiation and RX Date Radiation Flag cannot both be blank

Additional Messages

[3579] If DX year = 2015 or later, RX Date Radiation and RX Date Radiation Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Radiation OR RX Date Radiation Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Radiation, Date Flag (COC)", in that NPCR requires RX Date Radiation or RX Date Radiation Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for all cases.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Flag, DX Date (NPCR)' to 'RX Date Radiation, Date Flag, DX Date (NPCR)'.

- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date Radiation, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Radiation [Std# 1210]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Radiation ("value of RX Date Radiation") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Radiation is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Radiation must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF524

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Last Contact (COC)' to 'RX Date Radiation, Date Last Contact (COC)'
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

NAACCR v15

- Added SEER IF number (IF524)

RX Date Radiation, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Radiation [Std# 1210]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Radiation ("value of RX Date Radiation") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Radiation must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF525

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date of Diagnosis (COC)' to 'RX Date Radiation, Date of Diagnosis (COC)'
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

NAACCR v15

- Added SEER IF number (IF525)

RX Date Radiation, Rad--Boost Dose cGy (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost Dose cGy [Std# 3210]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3344] If %F3 = %V3, then %F1 must = 00000
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Boost Dose cGy must = 00000

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Boost Dose cGy is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Boost Dose cGy must equal 00000.

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Boost Dose cGy (COC)' to 'RX Date Radiation, Rad--Boost Dose cGy (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--Boost RX Modality (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Boost RX Modality [Std# 3200]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3342] If %F3 = %V3, then %F1 must = 00
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Boost RX Modality must = 00

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Boost RX Modality is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Boost RX Modality must equal 00 (none).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Boost RX Modality (COC)' to 'RX Date Radiation, Rad--Boost RX Modality (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--Location of RX (COC)

Agency: COC

Last changed: 06/10/2015

Fields

Rad--Location of RX [Std# 1550]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3341] If %F3 = %V3, then %F1 must = 0
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Location of RX must = 0

Additional Messages

[4345] If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Location of RX must = 9
[4346] If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Location of RX must not = 0

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Location of RX is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

1. If RX Date Radiation Flag = 11 (no radiation therapy administered) or 15 (Information is not available at this time, but it is expected that it will be available later), then Rad--Location of RX must = 0 (no radiation treatment).
2. If RX Date Radiation Flag = 10 (unknown if radiation therapy administered, then Rad--Location of RX must = 9 (unknown)
3. If RX Date Radiation Flag is blank or 12 (radiation administered, date is unknown), then Rad--Location of RX must not = 0

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Location of RX (COC)' to 'RX Date Radiation, Rad--Location of RX (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

NAACCR v15

- Edit updated to provide stricter editing of RX Date Radiation Flag against Rad--Location of RX

RX Date Radiation, Rad--Location of RX (OLD)

Agency: COC

Last changed: 06/10/2015

Fields

Rad--Location of RX [Std# 1550]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3341] If %F3 = %V3, then %F1 must = 0
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Location of RX must = 0

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Location of RX is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Location of RX must equal 0 (no radiation treatment).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Location of RX (COC)' to 'RX Date Radiation, Rad--Location of RX (COC)'.
 - Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
 - Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--No of Treatments Vol (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--No of Treatments Vol [Std# 1520]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3340] If %F3 = %V3, then %F1 must = 000
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--No of Treatments Vol must = 000

Description

This edit is skipped if any of the following conditions are true:

1. Rad--No of Treatments Vol is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--No of Treatments Vol must equal 000 (none).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Rad--No of Treatments Vol was expanded from a 2-digit to a 3-digit code.
- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--No of Treatments Vol (COC' to 'RX Date Radiation, Rad--No of Treatments Vol (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--Regional Dose: cGy (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional Dose: cGy [Std# 1510]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3344] If %F3 = %V3, then %F1 must = 00000
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Regional Dose: cGy must = 00000

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Regional Dose: cGy is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Regional Dose: cGy must equal 00000.

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Regional Dose: cGy (COC)' to 'RX Date Radiation, Rad--Regional Dose: cGy (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--Regional RX Modality (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Regional RX Modality [Std# 1570]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3342] If %F3 = %V3, then %F1 must = 00
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Regional RX Modality must = 00

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Regional RX Modality is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Regional RX Modality must equal 00 (none).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Regional RX Modality (COC' to 'RX Date Radiation, Rad--Regional RX Modality (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Radiation, Rad--Treatment Volume (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Rad--Treatment Volume [Std# 1540]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]

Default Error Message

[3342] If %F3 = %V3, then %F1 must = 00
If RX Date Radiation Flag = "value of RX Date Radiation Flag", then Rad--Treatment Volume must = 00

Description

This edit is skipped if any of the following conditions are true:

1. Rad--Treatment Volume is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Treatment Volume must equal 00 (no radiation).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

Administrative Notes

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Treatment Volume (COC)' to 'RX Date Radiation, Rad--Treatment Volume (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

RX Date Surg Disch (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Surg Disch ("value of RX Date Surg Disch") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Surgical Disch: %DC")

Description

This edit is skipped if RX Date Surg Disch is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surg Disch (COC)' to 'RX Date Surg Disch (COC)'.
- Data item name changed from 'RX Date--Surg Disch' to 'RX Date Surg Disch'.

RX Date Surg Disch Flag (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch Flag [Std# 3181]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
RX Date Surg Disch Flag must be blank, 10, 11, or 12

Description

The RX Date Surg Disch Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Surg Disch.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure of the primary site was performed).

11 No proper value is applicable in this context (e.g., no surgical procedure was performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery of the primary site was performed but date is unknown).

Blank A valid date value is provided in item RX Date Surg Disch, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surg Disch Flag (NAACCR)' to 'RX Date Surg Disch Flag (NAACCR)'.

RX Date Surg Disch, Date Flag (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]
RX Date Surg Disch Flag [Std# 3181]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Surg Disch and RX Date Surg Disch Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If RX Date Surg Disch is blank, corresponding RX Date Surg Disch Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Surg Disch; that is, RX Date Surg Disch and its corresponding date flag, RX Date Surg Disch Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Surg Disch is populated, then RX Date Surg Disch Flag must be blank.
3. If RX Date Surg Disch is blank and RX Date Surg Disch Flag is not blank, then RX Date Surg Disch Flag must = 10 (unknown if any surgical treatment was performed), 11 (no surgical procedure of the primary site was performed; autopsy only case), or 12 (surgical treatment performed but the date of discharge is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Date Flag (COC)' to 'RX Date Surg Disch, Date Flag (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

RX Date Surg Disch, Date Flag, DX Date (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]
RX Date Surg Disch Flag [Std# 3181]
Date of Diagnosis [Std# 390]

Default Error Message

[3275] If %F3 (%V3) is greater than 2002, %F1 (%V1) and %F2 (%V2) cannot both be blank
If Date of Diagnosis ("value of Date of Diagnosis") is greater than 2002, RX Date Surg Disch ("value of RX Date Surg Disch") and RX Date Surg Disch Flag ("value of RX Date Surg Disch Flag") cannot both be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires a RX Date Surg Disch for cases diagnosed 2003 or later; that is, RX Date Surg Disch must be populated OR its corresponding date flag, RX Date Surg Disch Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Date Flag, DX Date (COC)' to 'RX Date Surg Disch, Date Flag, DX Date (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

RX Date Surg Disch, Date Last Contact (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Surg Disch ("value of RX Date Surg Disch") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Surgical Disch is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Surg Disch must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Date Last Contact (COC)' to 'RX Date Surg Disch, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

RX Date Surg Disch, Date Mst Defn Srg (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]
RX Date Mst Defn Srg [Std# 3170]
RX Date Surg Disch Flag [Std# 3181]
RX Date Mst Defn Srg Flag [Std# 3171]

Default Error Message

[1153] %F1 (%V1) must be greater than or equal to %F2 (%V2)
RX Date Surg Disch ("value of RX Date Surg Disch") must be greater than or equal to RX Date Mst Defn Srg ("value of RX Date Mst Defn Srg")

Additional Messages

[3347] If RX Date Mst Defn Srg Flag = "value of RX Date Mst Defn Srg Flag", then RX Date Surg Disch Flag must = 11
ERROR_TEXT("RX Date Most Defin Surg Ended is invalid: %DC")
ERROR_TEXT("RX Date Surgical Disch is invalid: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Both RX Date Surg Disch and RX Date Surg Disch Flag are blank, indicating the date was intentionally not collected.
2. Both RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag are blank, indicating the date was intentionally not collected.

If RX Date Mst Defn Srg Flag equals = 11 (no surgical resection of the primary site was performed), then RX Date Surg Disch Flag must equal 11 (no surgical treatment of the primary site was performed).

If either RX Date Surg Disch or RX Date Mst Defn Srg is blank, the remainder of the edit is skipped.

RX Date Surg Disch must be greater than or equal to RX Date Mst Defn Srg. If either month is blank (unknown), then only the years are compared. If either day is blank (unknown), then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Date--Most Def Surg (COC)' to 'RX Date Surg Disch, Date Mst Defn Srg (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.
- Data item name changed from 'RX Date--Most Defn Surg' to 'RX Date Mst Defn Srg'.

RX Date Surg Disch, Date of DX (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surg Disch [Std# 3180]
Date of Diagnosis [Std# 390]

Default Error Message

[1153] %F1 (%V1) must be greater than or equal to %F2 (%V2)
RX Date Surg Disch ("value of RX Date Surg Disch") must be greater than or equal to Date of Diagnosis
("value of Date of Diagnosis")

Additional Messages

ERROR_TEXT("Date of Diagnosis is invalid: %DC")
ERROR_TEXT("RX Date Surgical Disch is invalid: %DC")

Description

This edit is skipped if RX Date Surg Disch or Date of Diagnosis is blank.

RX Date Surg Disch must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. RX Date-Surgical Disch is populated for cases diagnosed 2003 and later. That particular processing is now performed in the edit RX Date--Surgical Disch, Date Flag, DX Date (COC)'.
- Data item name changed from 'RX Date--Surgical Disch, Date of DX (COC)' to 'RX Date Surg Disch, Date of DX (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Date of DX (COC)' to 'RX Date Surg Disch, Date of DX (COC)'.
- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

RX Date Surg Disch, Surg Prim Site (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Date Surg Disch [Std# 3180]
RX Date Surg Disch Flag [Std# 3181]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", RX Date Surg Disch Flag must = 11
[4065] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Surg Disch is blank, if year of Date of Diagnosis < 2012, RX Date Surg Disch Flag must = 10 or 12
[4066] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site" and RX Date Surg Disch is blank, if year of Date of Diagnosis > 2011, RX Date Surg Disch Flag must = 12
[4074] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis < 2012, RX Date Surg Disch Flag must = 10 or 12
[4075] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", if year of Date of Diagnosis > 2011, RX Date Surg Disch Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Surg Prim Site is blank
2. Both RX Date Surg Disch and RX Date Surg Disch Flag are blank, indicating the date was intentionally not collected.

The edit works as follows:

1. If RX Summ--Surg Prim Site = 00 or 98, then RX Date Surg Disch Flag must = 11 (no surgical resection of the primary site was performed).
2. If RX Summ--Surg Prim Site = 99:
 - If year of Date of Diagnosis is < 2012, then RX Date Surg Disch Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Surg Disch Flag must = 10.
3. If RX Summ--Surg Prim Site not = 00, 98, 99 and RX Date Surg Disch is blank:
 - If year of Date of Diagnosis is < 2012, then RX Date Surg Disch Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Surg Disch Flag must = 12.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

Administrative Notes

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Date--Surgical Disch, Surg Prim Site (COC)' to 'RX Date Surg Disch, Surg Prim Site (COC)'.

- Data item name changed from 'RX Date--Surgical Disch' to 'RX Date Surg Disch'.

RX Date Surgery (COC)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Surgery [Std# 1200]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Surgery ("value of RX Date Surgery") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Surgery: %DC")

Description

This edit is skipped if RX Date Surgery is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery (COC)' to 'RX Date Surgery (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

RX Date Surgery Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Surgery Flag [Std# 1201]

Default Error Message

[3276] %F1 must be blank, 10, 11, or 12
RX Date Surgery Flag must be blank, 10, 11, or 12

Description

The RX Date Surgery Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Surgery.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure of the primary site was performed).

11 No proper value is applicable in this context (e.g., no surgical procedure was performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery of the primary site was performed but date is unknown).

Blank A valid date value is provided in item RX Date Surgery, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgery Flag(NAACCR)' to 'RX Date Surgery Flag(NAACCR)'.
- Data item name changed from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'.

RX Date Surgery, Date Flag (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Surgery and RX Date Surgery Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank
[3272] If RX Date Surgery is blank, corresponding RX Date Surgery Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Surgery; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If RX Date Surgery is populated, then RX Date Surgery Flag must be blank.
2. If RX Date Surgery is blank, then RX Date Surgery Flag must = 10 (unknown if any surgery was performed), 11 (no surgical procedure was performed;autopsy only case), or 12 (surgery was performed but the date is unknown).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Flag (COC)' to 'RX Date Surgery, Date Flag (COC)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.
- Data item name changed from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'.

RX Date Surgery, Date Flag (NAACCR)

Agency: NAACCR

Last changed: 01/08/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Date Surgery [Std# 1200]

RX Date Surgery Flag [Std# 1201]

Default Error Message

[1016] %F1 and %F2 conflict

RX Date Surgery and RX Date Surgery Flag conflict

Additional Messages

[3264] If date is present, corresponding date flag must be blank

[3272] If RX Date Surgery is blank, corresponding RX Date Surgery Flag must = 10, 11, or 12

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Surgery; that is, RX Date Surgery and its corresponding flag, RX Date Surgery Flag may both be blank, indicating the date was intentionally not collected. However, if either field is populated, both fields must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Surgery is populated, then RX Date Surgery Flag must be blank.
3. If RX Date Surgery is blank, then RX Date Surgery Flag must = 10 (unknown if any surgery was performed), 11 (no surgical procedure was performed;autopsy only case), or 12 (surgery was performed but the date is unknown).

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF526

This edit differs from the COC edit of the same name in that both fields may be left blank.

RX Date Surgery, Date Flag, DX Date (NPCR)

Agency: NPCR

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]
Date of Diagnosis [Std# 390]

Default Error Message

[3413] If %F3 (%V3) is greater than 2010, %F1 and %F2 cannot both be blank
If Date of Diagnosis ("value of Date of Diagnosis") is greater than 2010, RX Date Surgery and RX Date Surgery Flag cannot both be blank

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Surgery for cases diagnosed 2011 or later; that is, RX Date Surgery must be populated OR its corresponding date flag, RX Date Surgery Flag, must indicate the reason the field is blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Surgery, Date Flag (COC)", in that NPCR requires RX Date Surgery or RX Date Surgery Flag only for cases diagnosed 2011 or later while the COC edit requires the date or flag for all cases.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Flag, DX Date (NPCR)' to 'RX Date Surgery, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.
- Data item name changed from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'.

RX Date Surgery, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Surgery [Std# 1200]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Surgery ("value of RX Date Surgery") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Surgery is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Surgery must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

In the SEER*Edits software, the title of this edit is: IF527

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Last Contact (COC)' to 'RX Date Surgery, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

NAACCR v15

- Added SEER IF number (IF527)

RX Date Surgery, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Date Surgery [Std# 1200]
Date of Diagnosis [Std# 390]

Default Error Message

[3332] %F1 (%V1) must be > or = %F2 (%V2)
RX Date Surgery ("value of RX Date Surgery") must be > or = Date of Diagnosis ("value of Date of Diagnosis")

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Surgery must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF528

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date of Diagnosis (COC)' to 'RX Date Surgery, Date of Diagnosis (COC)'
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

NAACCR v15

- Added SEER IF number (IF528)

RX Date Surgery, RX Text--Surgery (NAACCR)

Agency: NAACCR

Last changed: 11/25/2012

Edit Sets

Text Edits

Fields

RX Date Surgery [Std# 1200]

RX Text--Surgery [Std# 2610]

Default Error Message

[1187] If %F1 = %V1, RX Text--Surgery cannot be blank

If RX Date Surgery = "value of RX Date Surgery", RX Text--Surgery cannot be blank

Description

If RX Date Surgery is blank, this edit is skipped.

The first 79 characters of RX Text--Surgery must not be blank.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--Surgery when verifying that text is not blank; the previously used field, RX Text--Surgery-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery, RX Text--Surgery (NAACCR)' to 'RX Date Surgery, RX Text--Surgery (NAACCR)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

RX Date Systemic (COC)

Agency: COC

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Systemic [Std# 3230]

Default Error Message

[1003] %F1 (%V1) is an invalid date
RX Date Systemic ("value of RX Date Systemic") is an invalid date

Additional Messages

ERROR_TEXT("RX Date Systemic: %DC")

Description

This edit is skipped if RX Date Systemic is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Systemic (COC)' to 'RX Date Systemic (COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Systemic Flag (NAACCR)

Agency: NAACCR

Last changed: 11/24/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Systemic Flag [Std# 3231]

Default Error Message

[3267] %F1 must be blank, 10, 11, 12, or 15
RX Date Systemic Flag must be blank, 10, 11, 12, or 15

Description

The RX Date Systemic Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Systemic.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if systemic therapy administered).

11 No proper value is applicable in this context (e.g., no systemic therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., systemic therapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., systemic therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Systemic, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Systemic Flag(NAACCR)' to 'RX Date Systemic Flag(NAACCR)'.

RX Date Systemic, Date Flag (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Systemic [Std# 3230]
RX Date Systemic Flag [Std# 3231]

Default Error Message

[1016] %F1 and %F2 conflict
RX Date Systemic and RX Date Systemic Flag conflict

Additional Messages

[3269] If RX Date Systemic is present, corresponding date flag must be blank
[3270] If RX Date Systemic is blank, RX Date Systemic Flag must be 10, 11, 12, or 15

Description

General information on the inter-field editing of date and date flag fields:
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Systemic; that is, it must always be populated OR its corresponding flag must indicate why it is blank.

1. If RX Date Systemic is not blank, then RX Date Systemic Flag must be blank.
2. If RX Date Systemic is blank, the RX Date Systemic Flag must = 10 (unknown if systemic therapy given), 11 (systemic therapy not given), 12 (systemic therapy given, but date is unknown), or 15 (planned, not yet given).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Systemic, RX Date Systemic Flag (COC)' to 'RX Date Systemic, Date Flag (COC)'
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'
- Data item name changed from 'RX Date--Systemic Flag' to 'RX Date Systemic Flag'

RX Date Systemic, Date Last Contact (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Date Systemic [Std# 3230]
Date of Last Contact [Std# 1750]

Default Error Message

[3333] %F1 (%V1) must be < or = %F2 (%V2)
RX Date Systemic ("value of RX Date Systemic") must be < or = Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Last Contact is invalid: %DC")
ERROR_TEXT("RX Date Systemic is invalid: %DC")

Description

This edit is skipped if any of the fields are blank.

RX Date Systemic must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Systemic, Date Last Contact (COC)' to 'RX Date Systemic, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Systemic, Systemic RX (COC)

Agency: COC

Last changed: 12/14/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Transplnt/Endocr [Std# 3250]
RX Date Systemic [Std# 3230]
RX Date Systemic Flag [Std# 3231]
Date of Diagnosis [Std# 390]

Default Error Message

[1160] Conflict between %F1 (%V1), %F2 (%V2) and Systemic RX items
Conflict between RX Summ--BRM ("value of RX Summ--BRM"), RX Summ--Chemo ("value of RX Summ--Chemo") and Systemic RX items

Additional Messages

[4076] If RX Summ--BRM = "value of RX Summ--BRM", RX Summ--Chemo = "value of RX Summ--Chemo", RX Summ--Hormone = "value of RX Summ--Hormone", and RX Summ--Transplnt/Endocr = "value of RX Summ--Transplnt/Endocr", RX Date Systemic Flag must = 11
[4077] If systemiic rx given & RX Date Systemic is blank, if year of Date of Diagnosis < 2012, RX Date Systemic Flag must = 10 or 12
[4078] If systemiic rx given & RX Date Systemic is blank, if year of Date of Diagnosis > 2011, RX Date Systemic Flag must = 12
[4079] If RX Summ--BRM, RX Summ--Chemo, RX Summ--Hormone, or RX Summ--Transplnt/Endocr = 88, & no systemic rx given, RX Date Systemic Flag must = 15
[4081] If all systemiic rx = 99, if year of Date of Diagnosis > 2011, RX Date Systemic Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Any of RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, or RX Summ--Transplnt/Endocr are blank
2. Both RX Date Systemic and RX Date Systemic Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

The edit works as follows:

1. If RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, and RX Summ--Transplnt/Endocr all = 00 or 82-87, then RX Date Systemic Flag must = 11 (no systemic rx).
2. If (RX Summ--Chemo = 01, 02, 03 or RX Summ--Hormone = 01 or RX Summ--BRM = 01 or RX Summ--Transplnt/Endocr = 10-40) AND RX Date Systemic is blank:

- If year of Date of Diagnosis is < 2012, then RX Date System Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
- If year of Date of Diagnosis is 2012 or later, then RX Date Systemic Flag must = 12.

3. If at least one of the summary treatment fields (RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM or RX Summ--Transplnt/Endocr) = 88, and:
If all of the remaining summary treatment fields = 00 or 82-88, then RX Date Systemic Flag must = 15 (planned, not yet given).

4. If RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, AND RX Summ--Transplnt/Endocr = 99:
- If year of Date of Diagnosis is 2012 or later, then RX Date Systemic Flag must = 10.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

Administrative Notes

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Date--Systemic, Systemic RX (COC)' to 'RX Date Systemic, Systemic RX(COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Hosp--BRM (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--BRM [Std# 720]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--BRM" is not a valid value for RX Hosp--BRM

Description

Must be a valid RX Hosp--BRM code (00, 01, 82, 85-88, 99).

RX Hosp--BRM (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--BRM [Std# 720]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--BRM" is not a valid value for RX Hosp--BRM

Description

Must be a valid RX Hosp--BRM code (00, 01, 82, 85-88, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--BRM, RX Summ--BRM (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--BRM [Std# 720]
RX Summ--BRM [Std# 1410]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--BRM and RX Summ--BRM conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--BRM is equal to 01, then RX Summ--BRM must also be equal to 01.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Chemo (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Chemo [Std# 700]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Chemo" is not a valid value for RX Hosp--Chemo

Description

Must be a valid RX Hosp--Chemo code (00,01,02,03,82,85,86,87,88,99).

RX Hosp--Chemo (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Chemo [Std# 700]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Chemo" is not a valid value for RX Hosp--Chemo

Description

Must be a valid RX Hosp--Chemo code (00,01,02,03,82,85,86,87,88,99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Chemo, RX Summ--Chemo (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Chemo [Std# 700]
RX Summ--Chemo [Std# 1390]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Chemo and RX Summ--Chemo conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Chemo is equal to 01-03 (given), then RX Summ--Chemo must equal 01-03 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--DX/Stg Proc (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--DX/Stg Proc [Std# 740]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--DX/Stg Proc" is not a valid value for RX Hosp--DX/Stg Proc

Description

Must be a numeric value (00-07, 09).

RX Hosp--DX/Stg Proc (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--DX/Stg Proc [Std# 740]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--DX/Stg Proc" is not a valid value for RX Hosp--DX/Stg Proc

Description

Must be a numeric value (00-07, 09) or blank

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--DX/Stg Proc, RX Summ--DX/Stg Proc (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--DX/Stg Proc [Std# 740]
RX Summ--DX/Stg Proc [Std# 1350]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--DX/Stg Proc and RX Summ--DX/Stg Proc conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--DX/Stg Proc = 01-07 (given) then RX Summ--DX/Stg Proc must also = 01-07 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Hormone (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Hormone [Std# 710]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Hormone" is not a valid value for RX Hosp--Hormone

Description

Must be a valid RX Hosp--Hormone code (00,01,82,85,86,87,88,99).

RX Hosp--Hormone (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Hormone [Std# 710]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Hormone" is not a valid value for RX Hosp--Hormone

Description

Must be a valid RX Hosp--Hormone code (00,01,82,85,86,87,88,99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Hormone, RX Summ--Hormone (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Hormone [Std# 710]
RX Summ--Hormone [Std# 1400]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Hormone and RX Summ--Hormone conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Hormone is equal to 01 (given), then RX Summ--Hormone must equal 01 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Other (COC)

Agency: COC

Last changed: 03/30/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Other [Std# 730]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Other" is not a valid value for RX Hosp--Other

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (RX Hosp--Other, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid RX Hosp--Other code (0-3, 6-9) or blank.

RX Hosp--Other, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Other [Std# 730]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then RX Hosp--Other cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then RX Hosp--Other cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Other, RX Summ--Other (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Other [Std# 730]
RX Summ--Other [Std# 1420]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Other and RX Summ--Other conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Other = 1-6 (given) then RX Summ--Other must = 1-6 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Palliative Proc (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Palliative Proc [Std# 3280]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Palliative Proc" is not a valid value for RX Hosp--Palliative Proc

Description

This field must contain 0-7, 9.

RX Hosp--Palliative Proc (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Palliative Proc [Std# 3280]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Palliative Proc" is not a valid value for RX Hosp--Palliative Proc

Description

This field must contain 0-7, 9, or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Palliative Proc, RX Summ--Pall Proc (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Palliative Proc [Std# 3280]
RX Summ--Palliative Proc [Std# 3270]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Palliative Proc and RX Summ--Palliative Proc conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Palliative Proc = 1-7 (given) then RX Summ--Palliative Proc must = 1-7 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Reg LN Examined (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Reg LN Removed [Std# 676]

Default Error Message

[1038] %F1 must be numeric (00-90, 95-99)
RX Hosp--Reg LN Removed must be numeric (00-90, 95-99)

Description

Note: This edit is not supported by a standard setter as of 1/1/2003.

RX Hosp--Reg LN Examined must be a numeric value (00-90, 95-99) or blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank, since the item is optional in the COC data set for diagnosis years before 2003 and is not included in the FORDS.

RX Hosp--Scope LN Sur, RX Summ--Scope LN Sur(COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg LN Sur [Std# 672]
RX Summ--Scope Reg LN Sur [Std# 1292]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Scope Reg LN Sur and RX Summ--Scope Reg LN Sur conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Scope Reg LN Sur is greater than 0, RX Summ--Scope Reg LN Sur must also be greater than 0. If RX Hosp--Scope Reg LN Sur = 1-7 (performed) then RX Summ--Scope Reg LN Sur must not = 0 (no regional lymph nodes removed) or 9 (unknown).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Scope Reg 98-02 (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg 98-02 [Std# 747]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Scope Reg 98-02" is not a valid value for RX Hosp--Scope Reg 98-02

Description

Must be a valid RX Hosp--Scope Reg 98-02 code (0-9) or blank.

RX Hosp--Scope Reg 98-02, Primary Site, ICD02(COC)

Agency: COC

Last changed: 01/21/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Hosp--Scope Reg 98-02 [Std# 747]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Tables

SCOPE98.DBF
SITGRP98.DBF

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, RX Hosp--Scope Reg 98-02 and Histology (92-00) ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

Histology (92-00) ICD-O-2 is empty.
RX Hosp--Scope Reg 98-02 is empty.
Date of Diagnosis is greater than 2000 or is blank.

Please note that this version of the edit was written after the release of the ROADS Surgery Code Clarification Table. If the year of Date of Diagnosis is greater than 1999, RX Hosp--Scope Reg 98-02 must be coded 9 for lymphomas, leukemias, brain primaries and unknown primaries. Please see last paragraph for details.

The valid RX Hosp--Scope Reg 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

The following change was added because of the ROADS Surgery Code Clarification Table:

If year of Date of Diagnosis > 1999, RX Hosp--Scope Reg 98-02 must be coded 9 for the following cases:

lymphoma (Histology (92-00) ICD-O-2 = 9590-9698, 9702-9717)
and Primary Site = C770-C779 (lymph nodes)

leukemia (Histology (92-00) ICD-O-2 = 9800-9989)

unknown primary (Primary Site = C809)

brain primary (Primary Site = C700, C710-C719)

*** Edit modified for NAACCR9B to allow 0 as well as 9 for above conditions... due to confusion in standards *****

Administrative Notes

This edit differs from the SEER edit of the same name in that the SEER edit requires blanks in the RX Hosp--Scope Reg 98-02 item if the year of the Date of Diagnosis is less than 1998 and the SEER edit does not yet require a 9 for lymphomas, leukemias, brain primaries and unknown primaries.

Modifications:

NAACCR v11.3

- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

RX Hosp--Scope Reg 98-02, Primary Site, ICD03(COC)

Agency: COC

Last changed: 01/25/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Hosp--Scope Reg 98-02 [Std# 747]
Date of Diagnosis [Std# 390]

Tables

SCOPE98.DBF
SITGRP98.DBF

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histologic Type ICD-O-3 and RX Hosp--Scope Reg 98-02

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis, Histologic Type ICD-O-3, or RX Hosp--Scope Reg 98-02 is blank, this edit is skipped.

Please note that this version of the edit was written after the release of the ROADS Surgery Code Clarification Table. If the year of Date of Diagnosis is greater than 1999, RX Hosp--Scope Reg 98-02 must be coded 9 for lymphomas, leukemias, brain primaries and unknown primaries. Please see last paragraph for details.

The valid RX Hosp--Scope Reg 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

The following change was added because of the ROADS Surgery Code Clarification Table:

If year of Date of Diagnosis > 1999, RX Hosp--Scope Reg 98-02 must be coded 9 for the following cases:

lymphoma (Histologic Type ICD-O-3 = 9590-9699, 9702-9729)
and Primary Site = C770-C779 (lymph nodes)

leukemia (Histologic Type ICD-O-3 = 9800-9989)

unknown primary (Primary Site = C809)

brain primary (Primary Site = C700, C710-C719)

*** Edit modified for NAACCR9B to allow 0 as well as 9 for above conditions... due to confusion in standards; also added 9733 and 9742 to leukemias

Administrative Notes

This edit differs from the SEER edit of the same name in that the SEER edit requires blanks in the RX Hosp--Scope Reg 98-02 item if the year of the Date of Diagnosis is less than 1998 and the SEER edit does not yet require a 9 for lymphomas, leukemias, brain primaries and unknown primaries.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Scope Reg 98-02, RX Hosp--Scope Reg (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg 98-02 [Std# 747]
RX Hosp--Scope Reg LN Sur [Std# 672]
Date of Diagnosis [Std# 390]

Default Error Message

[1164] If %F3 < 2003, if %F1 is blank, %F2 must = 0 or 9
If Date of Diagnosis < 2003, if RX Hosp--Scope Reg 98-02 is blank, RX Hosp--Scope Reg LN Sur must = 0 or 9

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is greater than 2002 or is blank.

If RX Hosp--Scope Reg 98-02 is blank, then RX Hosp--Scope Reg LN Sur must = 0 or 9 (per conversion program).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Scope Reg LN Sur (COC)

Agency: COC

Last changed: 02/13/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg LN Sur [Std# 672]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Scope Reg LN Sur" is not a valid value for RX Hosp--Scope Reg LN Sur

Description

Must be a valid RX Hosp--Scope Reg LN Sur (0-7,9).

RX Hosp--Scope Reg LN Sur (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Scope Reg LN Sur [Std# 672]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Scope Reg LN Sur" is not a valid value for RX Hosp--Scope Reg LN Sur

Description

Must be a valid RX Hosp--Scope Reg LN Sur (0-7,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Scope Reg LN Sur, Primary Site,ICD02(COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg LN Sur [Std# 672]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1180] %F1 must = 9 for this site/histology
RX Hosp--Scope Reg LN Sur must = 9 for this site/histology

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or is blank.

RX Hosp--Scope Reg LN Sur must = 9 for the following:

- A. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
- B. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Hosp--Scope Reg LN Sur must = 9.

If Primary Site = C420, C421, C423, or C424, then RX Hosp--Scope Reg LN Sur must = 9.

- C. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:

If Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717 AND Primary Site = C770-C779, then RX Hosp--Scope Reg LN Sur must = 9.

- D. Unknown and ill-defined sites (C760-C768, C809) must also = 9.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Scope Reg LN Sur, Primary Site,ICD03(COC)

Agency: COC

Last changed: 02/10/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Scope Reg LN Sur [Std# 672]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[1180] %F1 must = 9 for this site/histology
RX Hosp--Scope Reg LN Sur must = 9 for this site/histology

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if either Histologic Type ICD-O-3 or RX Hosp--Scope Reg LN Sur is empty.

RX Hosp--Scope Reg LN Sur must = 9 for the following:

- A. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
- B. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites:

1. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]:
RX Hosp--Scope Reg LN Sur must = 9.

2. If year of Date of Diagnosis is 2010 or later:

If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]:
RX Hosp--Scope Reg LN Sur must = 9.

If Primary Site = C420, C421, C423, or C424, then
RX Hosp--Scope Reg LN Sur must = 9.

- C. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:

1. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = 9590-9699,9702-9729 AND

Primary Site = C770-C779, then RX Summ--Surgical
Margins must = 9.

2. If year of Date of Diagnosis is 2010 or later:
If Histologic Type ICD-O-3 = [9590-9726, 9728-9732, 9734-9740,
9750-9762, 9811-9831, 9940, 9948, 9971] AND Primary Site = C770-C779:
RX Summ--Surgical Margins must = 9.

D. Unknown and ill-defined sites (C760-C768, C809) must also = 9.

Administrative Notes

Modifications:

NAACCR v12.0

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

RX Hosp--Surg App 2010 (COC)

Agency: COC

Last changed: 10/18/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg App 2010 [Std# 668]

Default Error Message

[3311] %F1 (%V1) is invalid
RX Hosp--Surg App 2010 ("value of RX Hosp--Surg App 2010") is invalid

Description

Must be a valid RX Hosp--Surg App 2010 code (0-5, 9) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

RX Hosp--Surg App 2010, Date of of Diagnosis (COC)

Agency: COC

Last changed: 12/11/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
RX Hosp--Surg App 2010 [Std# 668]

Default Error Message

[3262] If year of DX > 2009, %F2 cannot be blank
If year of DX > 2009, RX Hosp--Surg App 2010 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is 2010 or later, then RX Hosp--Surg App 2010 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

RX Hosp--Surg App 2010, Surg Prim Site (COC)

Agency: COC

Last changed: 09/10/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg App 2010 [Std# 668]
RX Hosp--Surg Prim Site [Std# 670]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Surg App 2010 and RX Hosp--Surg Prim Site conflict

Description

This edit is skipped if either RX Hosp--Surg App 2010 or RX Hosp--Surg Prim Site is blank.

If RX Hosp--Surg Prim Site = 00 (none) or 98 (not applicable), then RX Hosp--Surg App 2010 must = 0 (no surgical procedure of primary site at this facility).

If RX Hosp--Surg App 2010 = 0, then RX Hosp--Surg Prim Site must = 00 or 98.

If RX Hosp--Surg Prim Site = 99 (unknown if surgery performed; DCO), then RX Hosp--Surg App 2010 must = 9 (unknown if surgery performed; DCO)

If RX Hosp--Surg App 2010 = 9, then RX Hosp--Surg Prim Site must = 99.

Administrative Notes

New edit - added to NAACCR v12 metafile.

RX Hosp--Surg Oth 98-02 (COC)

Agency: COC

Last changed: 01/23/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Oth 98-02 [Std# 748]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Surg Oth 98-02" is not a valid value for RX Hosp--Surg Oth 98-02

Description

Must be a valid RX Hosp--Surg Oth 98-02 (0-9) or blank.

RX Hosp--Surg Oth 98-02, Primary Site (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Oth 98-02 [Std# 748]
Primary Site [Std# 400]

Tables

SITGRP98.DBF
SUROTH98.DBF

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Surg Oth 98-02 and Primary Site conflict

Description

This edit is skipped if RX Hosp--Surg Oth 98-02 is blank.

The valid RX Hosp--Surg Oth 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

RX Hosp--Surg Oth 98-02, RX Hosp--Surg Oth (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Oth 98-02 [Std# 748]
RX Hosp--Surg Oth Reg/Dis [Std# 674]
Date of Diagnosis [Std# 390]

Default Error Message

[1164] If %F3 < 2003, if %F1 is blank, %F2 must = 0 or 9
If Date of Diagnosis < 2003, if RX Hosp--Surg Oth 98-02 is blank, RX Hosp--Surg Oth Reg/Dis must = 0 or 9

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is greater than 2002 or blank.

If RX Hosp--Surg Oth 98-02 is blank, then RX Hosp--Surg Oth Reg/Dis must = 0 or 9 (per conversion program).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Surg Oth Reg, RX Summ--Surg Oth Reg (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Oth Reg/Dis [Std# 674]
RX Summ--Surg Oth Reg/Dis [Std# 1294]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Surg Oth Reg/Dis and RX Summ--Surg Oth Reg/Dis conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Surg Oth Reg/Dis is equal to 1-5 (given), then RX Summ--Surg Oth Reg/Dis must equal 1-5 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Surg Oth Reg/Dis (COC)

Agency: COC

Last changed: 01/23/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Oth Reg/Dis [Std# 674]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Surg Oth Reg/Dis" is not a valid value for RX Hosp--Surg Oth Reg/Dis

Description

Must be a valid RX Hosp--Surg Oth Reg/Dis (0-5,9).

RX Hosp--Surg Oth Reg/Dis (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Surg Oth Reg/Dis [Std# 674]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Surg Oth Reg/Dis" is not a valid value for RX Hosp--Surg Oth Reg/Dis

Description

Must be a valid RX Hosp--Surg Oth Reg/Dis (0-5,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Surg Pri Sit, RX Summ--Surg Pri Sit (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Prim Site [Std# 670]
RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Surg Prim Site and RX Summ--Surg Prim Site conflict

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Surg Prim Site is greater than 00, RX Summ--Surg Prim Site must also be greater than 00. If RX Hosp--Surg Prim Site = 10-90 (given) then RX Summ--Surg Prim Site must not = 00 (no surgery of primary site) or 99 (unknown if surgery of primary site performed).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Surg Prim Site (COC)

Agency: COC

Last changed: 08/15/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Prim Site [Std# 670]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Surg Prim Site" is not a valid value for RX Hosp--Surg Prim Site

Description

Must be a numeric value (00, 10-90, 98, 99).

RX Hosp--Surg Prim Site (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Hosp--Surg Prim Site [Std# 670]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Hosp--Surg Prim Site" is not a valid value for RX Hosp--Surg Prim Site

Description

Must be a numeric value (00, 10-90, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Surg Prim Site, Primary Site, ICDO2 (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Prim Site [Std# 670]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Tables

SITGRP03.DBF
SURG03.DBF

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among RX Hosp--Surg Prim Site, Primary Site, and Histology (92-00) ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or is blank.

The valid RX Hosp--Surg Prim Site codes for each Primary Site are specified in Appendix B of the FORDS Manual-2003.

Exceptions are as follows:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Hosp--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Hosp--Surg Prim Site must = 98.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Surg Prim Site, Primary Site, ICDO3 (COC)

Agency: COC

Last changed: 02/17/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Prim Site [Std# 670]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Tables

SITGRP03.DBF
SURG03.DBF

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among RX Hosp--Surg Prim Site, Primary Site, and Histologic Type ICD-O-3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if either Histologic Type ICD-O-3 or RX Hosp--Surg Prim Site is empty.

The valid RX Hosp--Surg Prim Site codes for each Primary Site are specified in Appendix B of the FORDS Manual-2003.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Hosp--Surg Prim Site must = 98.
2. If year of Date of Diagnosis is 2010 or later and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Hosp--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Hosp--Surg Prim Site must = 98.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Hosp--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699.

Unknown and ill-defined sites (C760-C768, C809) must also = 98.

Administrative Notes

Modifications:

NAACCR v12.0

- Hematopoietic end range code was changed from 9989 to 9992.
- Modified to skip if either Histologic Type ICD-O-3 or RX Hosp--Surg Prim Site is empty.

NAACCR v12D

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98:
 - For cases diagnosed prior to 2010, codes remain the same.
 - For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98:
9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

NAACCR v12.1:

Added code 76 as allowable surgery code for primary site of breast.

RX Hosp--Surg Site 98-02 (COC)

Agency: COC

Last changed: 01/22/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Site 98-02 [Std# 746]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Hosp--Surg Site 98-02" is not a valid value for RX Hosp--Surg Site 98-02

Description

Must be a numeric value (00, 10-90, 99) or blank.

RX Hosp--Surg Site 98-02, Primary Site (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Hosp--Surg Site 98-02 [Std# 746]

Tables

SITGRP98.DBF
SURG98.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Primary Site and RX Hosp--Surg Site 98-02 conflict

Description

This edit is skipped if RX Hosp--Surg Site 98-02 is blank.

The valid RX Hosp--Surg Site 98-02 for each Primary Site are specified in Appendix D of the ROADS Manual. This item may be blank.

RX Hosp--Surg Site 98-02, RX Hosp--Surg Site (COC)

Agency: COC

Last changed: 11/02/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Hosp--Surg Site 98-02 [Std# 746]
RX Hosp--Surg Prim Site [Std# 670]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
RX Hosp--Surg Site 98-02 and RX Hosp--Surg Prim Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is greater than 2002 or is blank.

If RX Hosp--Surg Site 98-02 is blank, then RX Hosp--Surg Prim Site must = 00, 98 or 99 (per conversion program).

If RX Hosp--Surg Site 98-02 = 00, then RX Hosp--Surg Prim Site must not = 10-90 or 99.

If RX Hosp--Surg Site 98-02 = 10-90 or 99, then RX Hosp--Surg Prim Site must not = 00.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--BRM (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--BRM [Std# 1410]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--BRM" is not a valid value for RX Summ--BRM

Description

Must be a valid RX Summ--BRM code (00, 01, 82, 85-88, 99).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

RX Summ--BRM (NPCR)

Agency: NPCR

Last changed: 12/09/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--BRM [Std# 1410]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--BRM" is not a valid value for RX Summ--BRM

Description

Must be a valid RX Summ--BRM code (00, 01, 82, 85-88, 99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--BRM, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

RX Summ--BRM, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--BRM [Std# 1410]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--BRM cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--BRM cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--BRM for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014

AND

Case is one of the following site/histologies

- A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
- B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
- C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--BRM only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--BRM for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--BRM is required only for breast, colon, and rectum cases.

RX Summ--BRM, DateDX, RptSrc (SEER IF63)

Agency: SEER

Last changed: 11/20/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--BRM [Std# 1410]

Default Error Message

[405] RX Summ--BRM and Date of Diagnosis conflict
RX Summ--BRM and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and not blank and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank and Type of Reporting Source not equal 6 or 7
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--BRM must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--BRM must be 99 (unknown).
3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--BRM must be 00, 01, 88, 99.
 - B. If year of Date of Diagnosis is equal to 1988-2002 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis is less than 2003), RX Summ--BRM must be 00, 01, 87, 88, 99.
 - C. If year of Date of Diagnosis is greater than 2002, RX Summ--BRM must be 00, 01, 82, 85-88, 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF63

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--BRM, RX Date BRM (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--BRM [Std# 1410]
RX Date BRM [Std# 1240]
RX Date BRM Flag [Std# 1241]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--BRM = "value of RX Summ--BRM", RX Date BRM Flag must = 11
[4065] If RX Summ--BRM = "value of RX Summ--BRM" and RX Date BRM is blank, if year of Date of Diagnosis < 2012, RX Date BRM Flag must = 10 or 12
[4066] If RX Summ--BRM = "value of RX Summ--BRM" and RX Date BRM is blank, if year of Date of Diagnosis > 2011, RX Date BRM Flag must = 12
[4067] If RX Summ--BRM = "value of RX Summ--BRM" and Date of Diagnosis < 2012, RX Date BRM Flag must = 10, 11, 12, 15
[4068] If RX Summ--BRM = "value of RX Summ--BRM" and Date of Diagnosis > 2011, RX Date BRM Flag must = 15
[4069] If RX Summ--BRM = "value of RX Summ--BRM", RX Date BRM Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--BRM is blank
2. Both RX Date BRM and RX Date BRM Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date BRM, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--BRM code of 88 was allowed historically to be coded with RX Date BRM codes of 00000000 and 99999999.

1. If RX Summ--BRM = 00, 82, or 85-87 (BRM not given), then RX Date BRM Flag field must = 11 (no BRM).
2. If RX Summ--BRM = 01 (BRM given) and RX Date BRM is blank, then RX Date BRM Flag field must indicate why the date is blank.
 - If year of Date of Diagnosis is < 2012, then RX Date BRM Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 12.

3. If RX Summ--BRM = 88 (recommended, but unknown if given), then RX Date BRM Flag must indicate the reason.

- If year of Date of Diagnosis < 2012, then RX Date BRM Flag may = 10 (unknown if administered), 11 (no BRM), 12 (administered, but date is unknown), or 15 (planned, not yet given).

- If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 15.

4. If RX Summ--BRM = 99 (unknown if given), then RX Date BRM Flag must = 10 (unknown if administered).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--BRM, RX Date--BRM (COC)' to 'RX Summ--BRM, RX Date BRM (COC)'.

- Data item name changed from from "RX Date--BRM" to "RX Date BRM".

- Data item name changed from from "RX Date--BRM Flag" to "RX Date BRM Flag".

RX Summ--BRM, RX Text--BRM (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

RX Summ--BRM [Std# 1410]
RX Text--BRM [Std# 2660]

Default Error Message

[1188] If %F1 = %V1, RX Text--BRM cannot be blank
If RX Summ--BRM = "value of RX Summ--BRM", RX Text--BRM cannot be blank

Description

If RX Summ--BRM = 01 (biological response modifier administered), the first 79 characters of RX Text--BRM must not be blank.

Administrative Notes

Modifications:

NACR110C
07/19/06

Updated to check the first 79 characters of RX Text--BRM when verifying that text is not blank; the previously used field, RX Text--BRM-80, has been deleted since it is not a NAACCR standard data item.

RX Summ--BRM, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--BRM [Std# 1410]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--BRM and Vital Status conflict

Description

If RX Summ--BRM = 85 (immunotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Chemo (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Chemo [Std# 1390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Chemo" is not a valid value for RX Summ--Chemo

Description

Must be a valid RX Summ--Chemo code (00-03,82,85-88,99).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

RX Summ--Chemo (NPCR)

Agency: NPCR

Last changed: 12/09/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Chemo [Std# 1390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Chemo" is not a valid value for RX Summ--Chemo

Description

Must be a valid RX Summ--Chemo code (00-03,82,85-88,99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Chemo, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

RX Summ--Chemo, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Chemo [Std# 1390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--Chemo cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--Chemo cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Chemo for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Chemo only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Chemo for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Chemo is required only for breast, colon, and rectum cases.

RX Summ--Chemo, DateDX, RptSrc (SEER IF61)

Agency: SEER

Last changed: 11/20/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Chemo [Std# 1390]

Default Error Message

[403] RX Summ--Chemo and Date of Diagnosis conflict
RX Summ--Chemo and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank and Type of Reporting Source not equal 6 or 7
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Chemo must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Chemo must be 99 (unknown).
3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Chemo must be 00, 01, 88, 99.
 - B. If year of Date of Diagnosis is equal to 1988-2002 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis is less than 2003), RX Summ--Chemo must be 00-03, 87, 88, 99.
 - C. If year of Date of Diagnosis is greater than 2002, RX Summ--Chemo must be 00-03, 82, 85-88, 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF61

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Chemo, RX Date Chemo (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Chemo [Std# 1390]
RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--Chemo = "value of RX Summ--Chemo", RX Date Chemo Flag must = 11
[4065] If RX Summ--Chemo = "value of RX Summ--Chemo" and RX Date Chemo is blank, if year of Date of Diagnosis < 2012, RX Date Chemo Flag must = 10 or 12
[4066] If RX Summ--Chemo = "value of RX Summ--Chemo" and RX Date Chemo is blank, if year of Date of Diagnosis > 2011, RX Date Chemo Flag must = 12
[4067] If RX Summ--Chemo = "value of RX Summ--Chemo" and Date of Diagnosis < 2012, RX Date Chemo Flag must = 10, 11, 12, 15
[4068] If RX Summ--Chemo = "value of RX Summ--Chemo" and Date of Diagnosis > 2011, RX Date Chemo Flag must = 15
[4069] If RX Summ--Chemo = "value of RX Summ--Chemo", RX Date Chemo Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Chemo is blank
2. Both RX Date Chemo and RX Date Chemo Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date Chemo, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Chemo code of 88 was allowed historically to be coded with RX Date Chemo codes of 00000000 and 99999999.

1. If RX Summ--Chemo = 00, 82, or 85-87 (chemo not given) then RX Date Chemo Flag field must = 11 (no chemo).
2. If RX Summ--Chemo = 01-03 (chemo given) and RX Date Chemo is blank, then RX Date Chemo Flag field must indicate why the date is blank.
 - If year of Date of Diagnosis is < 2012, then RX Date Chemo Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 12.

3. If RX Summ--Chemo = 88 (recommended, but unknown if administered), then RX Date Chemo Flag must indicate the reason.

- If year of Date of Diagnosis < 2012, then RX Date Chemo Flag may = 10 (unknown if administered), 11 (no Chemo), 12 (administered, but date is unknown), or 15 (planned, not yet given).

- If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 15.

4. If RX Summ--Chemo = 99 (unknown if given), then RX Date Chemo Flag must = 10 (unknown if administered).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--Chemo, RX Date--Chemo (COC)' to 'RX Summ--Chemo, RX Date Chemo (COC)'.

- Data item name changed from from "RX Date--Chemo" to "RX Date Chemo".

- Data item name changed from from "RX Date--Chemo Flag" to "RX Date Chemo Flag".

RX Summ--Chemo, RX Text--Chemo (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

RX Summ--Chemo [Std# 1390]
RX Text--Chemo [Std# 2640]

Default Error Message

[1189] If %F1 = %V1, RX Text--Chemo cannot be blank
If RX Summ--Chemo = "value of RX Summ--Chemo", RX Text--Chemo cannot be blank

Description

If RX Summ--Chemo = 01-03 (chemotherapy administered), the first 79 characters of RX Text--Chemo must not be blank.

Administrative Notes

Modifications:

NACR110C
07/19/06

Updated to check the first 79 characters of RX Text--Chemo when verifying that text is not blank; the previously used field, RX Text--Chemo-80, has been deleted since it is not a NAACCR standard data item.

RX Summ--Chemo, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Chemo [Std# 1390]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Chemo and Vital Status conflict

Description

If RX Summ--Chemo = 85 (chemotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--DX/Stg Proc (COC)

Agency: COC

Last changed: 06/24/2002

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--DX/Stg Proc [Std# 1350]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--DX/Stg Proc" is not a valid value for RX Summ--DX/Stg Proc

Description

Must be a numeric value (00-07, 09).

RX Summ--DX/Stg Proc (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Summ--DX/Stg Proc [Std# 1350]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--DX/Stg Proc" is not a valid value for RX Summ--DX/Stg Proc

Description

Must be a numeric value (00-07, 09) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Summ--DX/Stg Proc, RX Date DX/Stg Proc (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--DX/Stg Proc [Std# 1350]
RX Date DX/Stg Proc [Std# 1280]
RX Date Dx/Stg Proc Flag [Std# 1281]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--DX/Stg Proc = "value of RX Summ--DX/Stg Proc", RX Date Dx/Stg Proc Flag must = 11
[4065] If RX Summ--DX/Stg Proc = "value of RX Summ--DX/Stg Proc" and RX Date DX/Stg Proc is blank, if year of Date of Diagnosis < 2012, RX Date Dx/Stg Proc Flag must = 10 or 12
[4066] If RX Summ--DX/Stg Proc = "value of RX Summ--DX/Stg Proc" and RX Date DX/Stg Proc is blank, if year of Date of Diagnosis > 2011, RX Date Dx/Stg Proc Flag must = 12
[4069] If RX Summ--DX/Stg Proc = "value of RX Summ--DX/Stg Proc", RX Date Dx/Stg Proc Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--DX/Stg Proc is blank
2. Both RX Date DX/Stg Proc and RX Date DX/Stg Proc Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date DX/Stg Proc, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The edit works as follows:

1. If RX Summ--DX/Stg Proc = 00 (no diagnostic or staging procedure performed), then RX Date DX/Stg Proc Flag must = 11 (no diagnostic or staging procedure performed).
2. If RX Summ--DX/Stg Proc = 01-07 (diagnostic or staging procedure performed) and RX Date DX/Stg Proc is blank, then RX Date DX/Stg Proc Flag must indicate why the date is blank.
 - If year of Date of Diagnosis is < 2012, then RX Date DX/Stg Proc Flag may = 10 (unknown if performed) or 12 (performed, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date DX/Stg Proc Flag must = 12.
3. If RX Summ--DX/Stg Proc = 09 (no information about whether a diagnostic or staging procedure was performed), then RX Date DX/Stg Proc Flag must = 10 (unknown if diagnostic or staging procedure performed).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--DX/Stg Proc, RX Date--DX/Stg Proc (COC)' to 'RX Summ--DX/Stg Proc, RX Date DX/Stg Proc (COC)'.
 - Data item name changed from from "RX Date--DX/Stg Proc" to "RX Date DX/Stg Proc".
 - Data item name changed from from "RX Date--DX/Stg Proc Flag" to "RX Date DX/Stg Proc Flag".

RX Summ--Hormone (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Hormone [Std# 1400]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Hormone" is not a valid value for RX Summ--Hormone

Description

Must be a valid RX Summ--Hormone code (00, 01, 82, 85-88, 99).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

RX Summ--Hormone (NPCR)

Agency: NPCR

Last changed: 12/09/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Hormone [Std# 1400]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Hormone" is not a valid value for RX Summ--Hormone

Description

Must be a valid RX Summ--Hormone code (00, 01, 82, 85-88, 99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Hormone, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

RX Summ--Hormone, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Hormone [Std# 1400]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--Hormone cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--Hormone cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Hormone for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Hormone only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Hormone for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Hormone is required only for breast, colon, and rectum cases.

RX Summ--Hormone, DateDX, RptSrc (SEER IF62)

Agency: SEER

Last changed: 11/20/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Hormone [Std# 1400]

Default Error Message

[404] RX Summ--Hormone and Date of Diagnosis conflict
RX Summ--Hormone and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank and Type of Reporting Source not equal 6 or 7
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Hormone must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Hormone must be 99 (unknown).
3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Hormone must be 00, 01, 88, 99.
 - B. If year of Date of Diagnosis is equal to 1988-2002 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis is less than 2003), RX Summ--Hormone must be 00, 01, 87, 88, 99.
 - C. If year of Date of Diagnosis is greater than 2002, RX Summ--Hormone must be 00, 01, 82, 85-88, 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF62

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Hormone, RX Date Hormone (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Hormone [Std# 1400]
RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]
Date of Diagnosis [Std# 390]

Additional Messages

[4064] If RX Summ--Hormone = "value of RX Summ--Hormone", RX Date Hormone Flag must = 11
[4065] If RX Summ--Hormone = "value of RX Summ--Hormone" and RX Date Hormone is blank, if year of Date of Diagnosis < 2012, RX Date Hormone Flag must = 10 or 12
[4066] If RX Summ--Hormone = "value of RX Summ--Hormone" and RX Date Hormone is blank, if year of Date of Diagnosis > 2011, RX Date Hormone Flag must = 12
[4067] If RX Summ--Hormone = "value of RX Summ--Hormone" and Date of Diagnosis < 2012, RX Date Hormone Flag must = 10, 11, 12, 15
[4068] If RX Summ--Hormone = "value of RX Summ--Hormone" and Date of Diagnosis > 2011, RX Date Hormone Flag must = 15
[4069] If RX Summ--Hormone = "value of RX Summ--Hormone", RX Date Hormone Flag must = 10
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Hormone is blank
2. Both RX Date Hormone and RX Date Hormone Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date Hormone, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Hormone code of 88 was allowed historically to be coded with RX Date Hormone codes of 00000000 and 99999999.

1. If RX Summ--Hormone = 00, 82, or 85-87 (Hormone not given) then RX Date Hormone Flag field must = 11 (no Hormone).
2. If RX Summ--Hormone = 01-03 (Hormone rx given) and RX Date Hormone is blank, then RX Date Hormone Flag field must indicate why the date is blank.
 - If year of Date of Diagnosis is < 2012, then RX Date Hormone Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 12.

3. If RX Summ--Hormone = 88 (recommended, but unknown if given), then RX Date Hormone Flag must indicate the reason.
 - If year of Date of Diagnosis < 2012, then RX Date Hormone Flag may = 10 (unknown if administered), 11 (no Hormone), 12 (administered, but date is unknown), or 15 (planned, not yet given).
 - If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 15.
4. If RX Summ--Hormone = 99 (unknown if given), then RX Date Hormone Flag must = 10 (unknown if administered).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--Hormone, RX Date--Hormone (COC)' to 'RX Summ--Hormone, RX Date Hormone (COC)'.

- Data item name changed from from "RX Date--Hormone" to "RX Date Hormone".

- Data item name changed from from "RX Date--Hormone Flag" to "RX Date Hormone Flag".

RX Summ--Hormone, RX Text--Hormone (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

RX Summ--Hormone [Std# 1400]
RX Text--Hormone [Std# 2650]

Default Error Message

[1190] If %F1 = %V1, RX Text--Hormone cannot be blank
If RX Summ--Hormone = "value of RX Summ--Hormone", RX Text--Hormone cannot be blank

Description

If RX Summ--Hormone = 01 (hormone treatment administered), the first 79 characters of RX Text--Hormone must not be blank.

Administrative Notes

Modifications:

NACR110C
07/19/06

Updated to check the first 79 characters of RX Text--Hormone when verifying that text is not blank; the previously used field, RX Text--Hormone-80, has been deleted since it is not a NAACCR standard data item.

RX Summ--Hormone, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Hormone [Std# 1400]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Hormone and Vital Status conflict

Description

If RX Summ--Hormone = 85 (hormone therapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Other (NPCR)

Agency: NPCR

Last changed: 12/09/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Other [Std# 1420]

Default Error Message

[290] RX Summ--Other not valid
RX Summ--Other not valid

Description

Must be a valid RX Summ--Other code (0-3, 6-9) or blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Other, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from SEER edit of the same name.

RX Summ--Other (SEER OTHERRX)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Other [Std# 1420]

Default Error Message

[290] RX Summ--Other not valid
RX Summ--Other not valid

Description

Must be a valid RX Summ--Other code (0-3, 6-9).

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

RX Summ--Other, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Other [Std# 1420]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--Other cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--Other cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Other for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Other only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Other for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Other is required only for breast, colon, and rectum cases.

RX Summ--Other, DateDX, RptSrc (SEER IF64)

Agency: SEER

Last changed: 11/22/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Other [Std# 1420]

Default Error Message

[406] RX Summ--Other and Date of Diagnosis conflict
RX Summ--Other and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank and Type of Reporting Source not equal 6 or 7
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Other must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Other must be 99 (unknown).
3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Other must be 0-3, 6, 8, 9.
 - B. If year of Date of Diagnosis is greater than 1987 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Other must be 0-3, 6-9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF64

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Other, RX Date Other (COC)

Agency: COC

Last changed: 10/08/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Other [Std# 1420]
RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]
Date of Diagnosis [Std# 390]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among RX Summ--Other ("value of RX Summ--Other"), RX Date Other ("value of RX Date Other"), and RX Date Other Flag ("value of RX Date Other Flag")

Additional Messages

[4241] If RX Summ--Other = "value of RX Summ--Other" and Date of Diagnosis < 2015, RX Date Other Flag must = 10, 11, 12, 15
[4242] If RX Summ--Other = "value of RX Summ--Other" and Date of Diagnosis > 2014, RX Date Other Flag must = 15
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. RX Summ--Other is blank
2. Both RX Date Other and RX Date Other Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Other, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Summ--Other = 0 or 7 (no other treatment), then RX Date Other Flag must = 11 (no other treatment).

2. If RX Summ--Other = 1-3 or 6 (other treatment given), then the RX Date Other Flag field must = 10 (unknown if administered) or 12 (given, but date is unknown).

3. If RX Summ--Other = 8 (recommended):

- If year of Date of Diagnosis < 2015, then RX Date Other Flag may = 10 (unknown if administered), 11 (no other treatment), 12 (given, but date is unknown), or 15 (planned, not yet given).
- If year of Date of Diagnosis is 2015 or later, then RX Date Other Flag must = 15.

4. If RX Summ--Other = 9 (unknown if given), then RX Date Other Flag must = 10.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

NAACCR v13

- Edit name changed from 'RX Summ--Other, RX Date--Other (COC)' to 'RX Summ--Other, RX Date Other (COC)'.
- Data item name changed from from "RX Date--Other" to "RX Date Other".
- Data item name changed from from "RX Date--Other Flag" to "RX Date Other Flag".

NAACCR v15

- Edit modified to allow date flag code of 15 when RX Summ--Other = 8; for cases diagnosed 2015+, date flag must = 15 when RX Summ--Other = 8

RX Summ--Other, RX Text--Other (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

RX Summ--Other [Std# 1420]
RX Text--Other [Std# 2670]

Default Error Message

[1191] If %F1 = %V1, RX Text--Other cannot be blank
If RX Summ--Other = "value of RX Summ--Other", RX Text--Other cannot be blank

Description

If RX Summ--Other = 1-3, or 6 (other cancer-directed surgery administered), the first 79 characters of RX Text--Other must not be blank.

Administrative Notes

Modifications:

NACR110C
07/19/06

Updated to check the first 79 characters of RX Text--Other when verifying that text is not blank; the previously used field, RX Text--Other-80, has been deleted since it is not a NAACCR standard data item.

RX Summ--Palliative Proc (COC)

Agency: COC

Last changed: 01/27/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Palliative Proc [Std# 3270]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Palliative Proc" is not a valid value for RX Summ--Palliative Proc

Description

This field must contain 0-7, 9.

RX Summ--Palliative Proc (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Summ--Palliative Proc [Std# 3270]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--Palliative Proc" is not a valid value for RX Summ--Palliative Proc

Description

This field must contain 0-7, 9, or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Summ--Rad to CNS (SEER RBCNSYS)

Agency: SEER

Last changed: 03/10/1997

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Rad to CNS [Std# 1370]

Default Error Message

[308] RX Summ--Rad to CNS not valid
RX Summ--Rad to CNS not valid

Description

Must be a valid RX Summ--Rad to CNS code (0,1,7-9).

RX Summ--Rad to CNS, Prim Site, RptSrc (SEER IF59)

Agency: SEER

Last changed: 11/22/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Rad to CNS [Std# 1370]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]

Default Error Message

[401] RX Summ--Rad to CNS, Primary Site, and Date of Diagnosis conflict
RX Summ--Rad to CNS, Primary Site, and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank
1. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Rad to CNS must be unknown (9) for all cases.
2. If year of Date of Diagnosis is equal to 1988-1997 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis is less than 1998):
 - A. If Primary Site is lung (C340-C349) or the Histology indicates a leukemia (9800-9941)
 1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Rad to CNS must be 0
 2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Rad to CNS must be 9
 3. For all other values of Type of Reporting Source, RX Summ--Rad to CNS must be 0, 1, 7-9
 - B. Otherwise, RX Summ--Rad to CNS must be unknown (9)
3. If year of Date of Diagnosis is greater than 1997, RX Summ--Rad to CNS must be unknown (9) for all cases

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF59

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Radiation (NAACCR)

Agency: NAACCR

Last changed: 03/30/1997

Fields

RX Summ--Radiation [Std# 1360]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--Radiation" is not a valid value for RX Summ--Radiation

Description

Must be a valid RX Summ--Radiation code (0-5,7-9).

RX Summ--Radiation (SEER RADIATN)

Agency: SEER

Last changed: 02/11/1997

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Radiation [Std# 1360]

Default Error Message

[285] RX Summ--Radiation not valid
RX Summ--Radiation not valid

Description

Must be a valid RX Summ--Radiation code (0...9).

RX Summ--Radiation, DateDX, RptSrc (SEER IF58)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Radiation [Std# 1360]

Default Error Message

[400] RX Summ--Radiation and Date of Diagnosis conflict
RX Summ--Radiation and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 (and not blank) and Registry ID is equal to 0000001544 (New Jersey)
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Radiation must be 0 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Radiation must be 9 (unknown).
3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and not blank and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Radiation must be 0, 1, 4-6, 8, 9.
 - B. If year of Date of Diagnosis is greater than 1987 and not blank or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis not equal to 9999), RX Summ--Radiation must be 0-5, 7-9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF58

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Radiation, RX Text--Radiation (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Edit Sets

Text Edits

Fields

RX Summ--Radiation [Std# 1360]

RX Text--Radiation (Beam) [Std# 2620]

RX Text--Radiation Other [Std# 2630]

Default Error Message

[1192] If %F1 = %V1, RX Text--Radiation fields cannot both be blank

If RX Summ--Radiation = "value of RX Summ--Radiation", RX Text--Radiation fields cannot both be blank

Description

If RX Summ--Radiation = 1-5 (radiation treatment administered), then the first 79 characters of either RX Text--Radiation (Beam) or RX Text--Radiation Other must not be blank.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--Radiation (Beam) and RX Text--Radiation Other when verifying that text is not blank; the previously used fields, RX Text--Radiation (Beam)-80 and RX Text--Radiation Oth-80, have been deleted since they are not NAACCR standard data items.

RX Summ--Reconstruct 1st (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Fields

RX Summ--Reconstruct 1st [Std# 1330]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--Reconstruct 1st" is not a valid value for RX Summ--Reconstruct 1st

Description

Must be a valid code for RX Summ--Reconstruct 1st (0-9).

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

RX Summ--Reconstruct 1st (SEER RECONST)

Agency: SEER

Last changed: 05/17/2005

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Reconstruct 1st [Std# 1330]

Default Error Message

[326] Reconstruction--First Course not valid
Reconstruction--First Course not valid

Description

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Must be a valid code for RX Summ--Reconstruct 1st (0-9) or blank.

RX Summ--Reconstruct 1st, Date of DX (COC)

Agency: COC

Last changed: 11/22/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Reconstruct 1st [Std# 1330]
Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank
If Date of Diagnosis < 2003, RX Summ--Reconstruct 1st cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by a standard setter as of 1/1/2003.

If year of Date of Diagnosis is greater than 1997 and less than 2003, RX Summ--Reconstruct 1st cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Reconstruct 1st, Primary Site (COC)

Agency: COC

Last changed: 03/16/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Summ--Reconstruct 1st [Std# 1330]

Tables

REST98.DBF
SITGRP98.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Primary Site and RX Summ--Reconstruct 1st conflict

Description

Note: This edit is not supported by a standard setter as of 1/1/2003.

This edit is skipped if RX Summ--Reconstruct 1st is blank.

The valid RX Summ--Reconstruct 1st codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

RX Summ--Reconstruct 1st,DateDx,RptSrc (SEER IF81)

Agency: SEER

Last changed: 11/22/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
RX Summ--Reconstruct 1st [Std# 1330]

Default Error Message

[538] RX Summ--Reconstruct 1st, Primary Site, Date of DX conflict
RX Summ--Reconstruct 1st, Primary Site, Date of DX conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank
1. If Year of Date of Diagnosis less than 1998, RX Summ--Reconstruct 1st must be blank for all cases.
2. If Year of Date of Diagnosis equals 1998-2002:
 - A. If Primary Site is breast (C500-C509),
 1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Reconstruct 1st must be 0.
 2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Reconstruct 1st must be 9.
 3. For all other value of Type of Reporting Source, RX Summ--Reconstruct 1st must be 0-9.
 - B. For any other site, RX Summ--Reconstruct 1st must be blank.
3. If Year of Date of Diagnosis greater than 2002, RX Summ--Reconstruct must be blank for all cases.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF81

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Reg LN Ex,DateDX,RptSrc,ICD03 (SEER IF97)

Agency: SEER

Last changed: 09/16/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
RX Summ--Reg LN Examined [Std# 1296]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Date of Diagnosis, RX Summ--Reg LN Examined and Type of Reporting Source

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is equal to 2003 and RX Summ--Reg LN Examined is blank
2. Year of Date of Diagnosis is blank

If the year of Date of diagnosis is less than 1998 or greater than 2003, then RX Summ--Reg LN Examined must be blank.

If the year of Date of diagnosis is 1998-2003:

1. If Type of Reporting Source is 6 (autopsy only)
 - A. For Primary Site of brain (C700, C710-C719), unknown site (C809), lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9989), RX Summ--Reg LN Examined must specify none (00) or unknown (99).
 - B. For all other sites/histologies, RX Summ--Reg LN Examined must specify none (00).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Reg LN Examined must be 99 (unknown).
3. For all other values of Type of Reporting Source:
RX Summ--Reg LN Examined cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF97_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Update to check for empty field (RX Summ--Reg LN Examined) by using function EMPTY instead of checking for " "

RX Summ--Reg LN Examined (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Reg LN Examined [Std# 1296]

Default Error Message

[1038] %F1 must be numeric (00-90, 95-99)
RX Summ--Reg LN Examined must be numeric (00-90, 95-99)

Description

Note: This edit is not supported by a standard setter as of 1/1/2003.

RX Summ--Reg LN Examined must be a numeric value (00-90, 95-99) or blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was no longer required by the COC for diagnoses made after 2002. Another edit (RX Summ-Reg LN Examined, Date of DX) verifies that this item is not blank if year of Date of diagnosis is less than 2003.

RX Summ--Reg LN Examined (SEER SURGNODE)

Agency: SEER

Last changed: 07/24/2003

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Reg LN Examined [Std# 1296]

Default Error Message

[307] Number of Reg Lymph Nodes Exam not valid
Number of Reg Lymph Nodes Exam not valid

Description

RX Summ--Reg LN Examined must be a numeric value (00-90, 95-99) or blank.

RX Summ--Reg LN Examined, Date of DX (COC)

Agency: COC

Last changed: 11/06/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Reg LN Examined [Std# 1296]
Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank
If Date of Diagnosis < 2003, RX Summ--Reg LN Examined cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by a standard setter as of 1/1/2003.

If the year of Date of diagnosis is less than 2003, then this field cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg 98-02 (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Scope Reg 98-02 [Std# 1647]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Scope Reg 98-02" is not a valid value for RX Summ--Scope Reg 98-02

Description

Must be a valid RX Summ--Scope Reg 98-02 (0-9) or blank. Another edit (RX Summ--Scope Reg 98-02, Date of Diagnosis (COC)) checks that it is not blank for all cases diagnosed before 2003.

RX Summ--Scope Reg 98-02, Date of DX (COC)

Agency: COC

Last changed: 11/06/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Scope Reg 98-02 [Std# 1647]
Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank
If Date of Diagnosis < 2003, RX Summ--Scope Reg 98-02 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2003, then RX Summ--Scope Reg 98-02 cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Scope Reg 98-02 for all cases diagnosed prior to 2003. The SEER edit requires RX Summ--Scope Reg 98-02 for cases diagnosed 1998-2002 and requires that the field be blank for all other years of diagnosis.

Modifications:

NACR110C
09/18/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg 98-02, Date of DX (SEER IF98)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

RX Summ--Scope Reg 98-02 [Std# 1647]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and RX Summ--Scope Reg 98-02 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 1998 or greater than 2002, then RX Summ--Scope Reg 98-02 must be blank.

If year of Date of Diagnosis is equal to 1998-2002, then RX Summ--Scope Reg 98-02 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF98

This edit differs from the COC edit of the same name in that it requires RX Summ--Scope Reg 98-02 for cases diagnosed 1998-2002 and requires that the field be blank for all other years of diagnosis. The COC edit requires RX Summ--Scope Reg 98-02 for all cases diagnosed prior to 2003.

Modifications:

NACR110C

07/24/06

- RX Summ--Scope Reg 98-02 must be blank for 2003 cases.

- The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg 98-02, Primary Site, ICD02(COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
RX Summ--Scope Reg 98-02 [Std# 1647]
Date of Diagnosis [Std# 390]

Tables

SCOPE98.DBF
SITGRP98.DBF

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histology (92-00) ICD-O-2 and RX Summ--Scope Reg 98-02

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

Histology (92-00) ICD-O-2 is empty.
RX Summ--Scope Reg 98-02 is empty.
Date of Diagnosis is greater than 2000 or empty.

Please note that this version of the edit was written after the release of the ROADS Surgery Code Clarification Table. If the year of Date of Diagnosis is greater than 1999, RX Summ--Scope Reg 98-02 must be coded 9 for lymphomas, leukemias, brain primaries and unknown primaries. Please see last paragraph for details.

The valid RX Summ--Scope Reg 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

The following change was added because of the ROADS Surgery Code Clarification Table:

If year of Date of Diagnosis > 1999, RX Summ--Scope Reg 98-02 must be coded 9 for the following cases:

lymphoma (Histology (92-00) ICD-O-2 = 9590-9698, 9702-9717) and
Primary Site = C770-C779 (lymph nodes)

leukemia (Histology (92-00) ICD-O-2 = 9800-9989)

unknown primary (Primary Site = C809)

brain primary (Primary Site = C700, C710-C719)

*** Edit modified for NAACCR9B to allow 0 as well as 9 for above conditions... due to confusion in standards *****

Administrative Notes

This edit differs from the SEER edit of the same name in that the SEER edit requires blanks in the RX Summ--Scope Reg 98-02 item if the year of the Date of Diagnosis is less than 1998 and the SEER edit does not yet require a 9 for lymphomas, leukemias, brain primaries and unknown primaries.

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg 98-02, Primary Site, ICD03(COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Scope Reg 98-02 [Std# 1647]
Date of Diagnosis [Std# 390]

Tables

SCOPE98.DBF
SITGRP98.DBF

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histologic Type ICD-O-3 and RX Summ--Scope Reg 98-02

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.
This edit is skipped if RX Summ--Scope Reg 98-02 is empty.

Please note that this version of the edit was written after the release of the ROADS Surgery Code Clarification Table. If year of Date of Diagnosis is greater than 1999, RX Summ--Scope Reg 98-02 must be coded 9 for lymphomas, leukemias, brain primaries and unknown primaries. Please see last paragraph for details.

The valid RX Summ--Scope Reg 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

The following change was added because of the ROADS Surgery Code Clarification Table:

If year of Date of Diagnosis > 1999 or blank, RX Summ--Scope Reg 98-02 must be coded 9 for the following cases:

lymphoma (Histologic Type ICD-O-3 = 9590-9699, 9702-9729) and
Primary Site = C770-C779 (lymph nodes)

leukemia (Histologic Type ICD-O-3 = 9800-9989)

unknown primary (Primary Site = C809)

brain primary (Primary Site = C700, C710-C719)

*** Edit modified for NAACCR9B to allow 0 as well as 9 for above conditions... due to confusion in standards; also added 9733 and 9742 to leukemias

Administrative Notes

This edit differs from the SEER edit of the same name in that the SEER edit requires blanks in the RX Summ--Scope Reg 98-02 item if the year of the Date of Diagnosis is less than 1998 and the SEER edit does not yet require a 9 for lymphomas, leukemias, brain primaries and unknown primaries.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg 98-02,Site,Rpt,ICD03(SEER IF79)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Scope Reg 98-02 [Std# 1647]

Tables

SCOPE98.DBF
SITGRP98.DBF

Default Error Message

[533] RX Summ--Scope Reg 98-02, Primary Site/Histology conflict
RX Summ--Scope Reg 98-02, Primary Site/Histology conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. RX Summ--Scope Reg 98-02 is blank
1. If Type of Reporting Source is 6 (autopsy only)
 - A. For Primary Site of brain (C700, C710-C719), unknown site (C809), lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9989), RX Summ--Scope Reg 98-02 must specify none (0) or unknown (9)
 - B. For all other sites/histologies, RX Summ--Scope Reg 98-02 must specify none (0).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Scope Reg 98-02 must be 9 (unknown).
3. For all other values of Type of Reporting Source:
The valid RX Summ--Scope Reg 98-02 codes for each Primary Site are specified in Appendix C of the SEER Program Code Manual, 3rd Edition.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF79_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg LN Sur (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Scope Reg LN Sur [Std# 1292]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Scope Reg LN Sur" is not a valid value for RX Summ--Scope Reg LN Sur

Description

Must be a valid RX Summ--Scope Reg LN Sur code (0-7, 9).

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

RX Summ--Scope Reg LN Sur (SEER SCOPE)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Scope Reg LN Sur [Std# 1292]

Default Error Message

[300] Scope of Reg Lymph Nodes Exam not valid
Scope of Reg Lymph Nodes Exam not valid

Description

Must be a valid RX Summ--Scope Reg LN Sur (0-7,9) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank. Another edit (RX Summ--Scope Reg LN Sur, Date of DX (SEER IF100)) verifies that this item is filled in correctly based on the year of Date of Diagnosis.

Modifications:

NACR110C

08/21/06

1. The edit was modified to no longer allow codes 8. (Valid values are now 0-7, 9, and blank.)
2. The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

RX Summ--Scope Reg LN Sur, Date of DX (NPCR)

Agency: NPCR

Last changed: 01/18/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Scope Reg LN Sur [Std# 1292]

Default Error Message

[1161] If year of %F1 > 2002, then %F2 cannot be blank
If year of Date of Diagnosis > 2002, then RX Summ--Scope Reg LN Sur cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Scope Reg LN Sur cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Scope Reg LN Sur for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg LN Sur, Date of DX (SEER IF100)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

RX Summ--Scope Reg LN Sur [Std# 1292]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and RX Summ--Scope Reg LN Sur conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2003, then RX Summ--Scope Reg LN Sur must be blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Scope Reg LN Sur must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF100

This edit differs from the NPCR edit of the same name in that although it requires RX Summ--Scope Reg LN Sur for cases diagnosed 2003+, it also requires that the field be blank for pre-2003 cases.

Modifications:

NACR110C

07/24/06

-RX Summ--Scope Reg LN Sur cannot be blank for 2003 cases.

- The edit description was modified to explain how the NPCR version of this edit differs from the SEER edit of the same name.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg LN Sur, Site, ICDO2(COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Scope Reg LN Sur [Std# 1292]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1180] %F1 must = 9 for this site/histology
RX Summ--Scope Reg LN Sur must = 9 for this site/histology

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

Histology (92-00) ICD-O-2 is empty.
RX Summ--Scope Reg LN Sur is empty.
Date of Diagnosis is greater than 2000 or empty.

RX Summ--Scope Reg LN Sur must = 9 for the following:

- A. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
- B. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Summ--Scope Reg LN Sur must = 9.

If Primary Site = C420, C421, C423, or C424, then RX Summ--Scope Reg LN Sur must = 9.

- C. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:

If Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717 AND Primary Site = C770-C779, then RX Summ--Scope Reg LN Sur must = 9.

- D. Unknown and ill-defined sites (C760-C768, C809) must also = 9.

Administrative Notes

Modifications:

NACR110C:

9/8/06

Edit updated so that it will be skipped if RX Summ--Scope Reg LN Sur is empty.

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)

Agency: SEER

Last changed: 02/10/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Scope Reg LN Sur [Std# 1292]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[537] RX Summ--Scope Reg LN Sur, Primary Site/Histology conflict
RX Summ--Scope Reg LN Sur, Primary Site/Histology conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if RX Summ--Scope Reg LN Sur, Histologic Type ICD-O-3 or Date of Diagnosis is empty.

RX Summ--Scope Reg LN Sur must = 9 for the following:

1. Primaries of the meninges, brain, spinal cord, cranial nerves, other parts of the central nervous system, and intracranial other endocrine(Primary Site = C700-C729, C751-C753)
2. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:
 - A. If year of Date of Diagnosis < 2010:
If Histologic Type ICD-O-3 = 9590-9729 AND Primary Site = C770-C779
 - B. If year of Date of Diagnosis is 2010 or later:
If Histologic Type ICD-O-3 = [9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971] AND Primary Site = C770-C779
3. Unknown and ill-defined sites (C760-C768, C809) must also = 9.
4. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites:

A. If year of Date of Diagnosis < 2010:
If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]

B. If year of Date of Diagnosis is 2010 or later:
If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809,
9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]

If Primary Site = C420, C421, C423, or C424

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF109

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NACR111

10/23/06

Changed histology grouping for hodgkin and non-hodgkin lymphoma from "9590-9699, 9702-9729" to "9590-9729"; that is 9700 and 9701 are now included.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 9.

NAACCR v12.0

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

- For cases diagnosed prior to 2010, codes remain the same.

- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

- For cases diagnosed prior to 2010, codes remain the same.

- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

RX Summ--Surg Approch,RX Summ--Surg Site 98-02(COC

Agency: COC

Last changed: 04/12/2007

Fields

RX Summ--Surgical Approch [Std# 1310]

RX Summ--Surg Site 98-02 [Std# 1646]

Default Error Message

[1016] %F1 and %F2 conflict

RX Summ--Surgical Approch and RX Summ--Surg Site 98-02 conflict

Description

This edit is skipped if RX Summ--Surgical Approch or RX Summ--Surg Site 98-02 is blank.

If RX Summ--Surgical Approch = 0, RX Summ--Surg Site 98-02 must = 00 and vice versa.

Administrative Notes

Note: This edit is not supported by a standard setter as of 1/1/2003.

RX Summ--Surg Oth 98-02 (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Oth 98-02 [Std# 1648]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Surg Oth 98-02" is not a valid value for RX Summ--Surg Oth 98-02

Description

Must be a valid RX Summ--Surg Oth 98-02 (0-9) or blank. Another edit (RX Summ--Surg Oth 98-02, Date of Diagnosis (COC)) checks that it is not blank for all cases diagnosed before 2003.

RX Summ--Surg Oth 98-02, Date of DX (COC)

Agency: COC

Last changed: 11/06/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Oth 98-02 [Std# 1648]
Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank
If Date of Diagnosis < 2003, RX Summ--Surg Oth 98-02 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2003, then RX Summ--Surg Oth 98-02 cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Oth 98-02 for all cases diagnosed prior to 2003. The SEER edit requires RX Summ--Surg Oth 98-02 for cases diagnosed 1998-2002 and requires that the field be blank for all other years of diagnosis.

Modifications:

NACR110C
09/18/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Oth 98-02, Date of DX (SEER IF99)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

RX Summ--Surg Oth 98-02 [Std# 1648]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and RX Summ--Surg Oth 98-02 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 1998 or greater than 2002, then RX Summ--Surg Oth 98-02 must be blank.

If year of Date of Diagnosis is equal to 1998-2002, then RX Summ--Surg Oth 98-02 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF99

This edit differs from the COC edit of the same name in that it requires RX Summ--Surg Oth 98-02 for cases diagnosed 1998-2002 and requires that the field be blank for all other years of diagnosis. The COC edit requires RX Summ--Surg Oth 98-02 for all cases diagnosed prior to 2003.

Modifications:

NACR110C

07/24/06

- RX Summ--Surg Oth 98-02 must be blank for 2003 cases.

- The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Oth 98-02, Primary Site (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Summ--Surg Oth 98-02 [Std# 1648]

Tables

SITGRP98.DBF
SUROTH98.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Primary Site and RX Summ--Surg Oth 98-02 conflict

Description

This edit is skipped if RX Summ--Surg Oth 98-02 is empty.

The valid RX Summ--Surg Oth 98-02 codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

RX Summ--Surg Oth 98-02,Site,Rpt,ICD03 (SEER IF80)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Surg Oth 98-02 [Std# 1648]

Tables

SITGRP98.DBF
SUROTH98.DBF

Default Error Message

[534] RX Summ--Surg Oth 98-02, Primary Site/Histology conflict
RX Summ--Surg Oth 98-02, Primary Site/Histology conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. RX Summ--Surg Oth 98-02 is blank
1. If Type of Reporting Source is 6 (autopsy only)
 - A. For Primary Site of brain (C700, C710-C719), unknown site (C809), lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9989), RX Summ--Surg Oth 98-02 must specify none (0) or unknown (9).
 - B. For all other sites/histologies, RX Summ--Surg Oth 98-02 must specify none (0).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Surg Oth 98-02 must be 9 (unknown).
3. For all other values of Type of Reporting Source:
The valid RX Summ--Surg Oth 98-02 codes for each Primary Site are specified in Appendix C of the SEER Program Code Manual, 3rd Edition.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF80_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Oth Reg/Dis (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Oth Reg/Dis [Std# 1294]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Surg Oth Reg/Dis" is not a valid value for RX Summ--Surg Oth Reg/Dis

Description

Must be a valid RX Summ--Surg Oth Reg/Dis code (0-5,9).

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

RX Summ--Surg Oth Reg/Dis (SEER SURGOTH)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Oth Reg/Dis [Std# 1294]

Default Error Message

[325] Surgery of Other sites not valid
Surgery of Other sites not valid

Description

Must be a valid RX Summ--Surg Oth Reg/Dis (0-5, 9) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that allows the field to be blank.

Modifications:

NACR110C

08/21/06

1. The edit was modified to no longer allow codes 6, 7, and 8. (Valid values are now 0-5, 9, and blank.)
2. The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

RX Summ--Surg Oth Reg/Dis, Date of DX (NPCR)

Agency: NPCR

Last changed: 01/18/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Surg Oth Reg/Dis [Std# 1294]

Default Error Message

[1161] If year of %F1 > 2002, then %F2 cannot be blank
If year of Date of Diagnosis > 2002, then RX Summ--Surg Oth Reg/Dis cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Surg Oth Reg/Dis cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Oth Reg/Dis for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Oth Reg/Dis,DateDX,RptSrc(SEER IF101)

Agency: SEER

Last changed: 01/10/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
RX Summ--Surg Oth Reg/Dis [Std# 1294]

Default Error Message

[535] RX Summ--Surg Oth Reg/Dis, Primary Site/Histology, Date of DX conflict
RX Summ--Surg Oth Reg/Dis, Primary Site/Histology, Date of DX conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2003, then RX Summ--Surg Oth Reg/Dis must be blank.

If year of Date of Diagnosis is greater than 2002, then:

1. If Type of Reporting Source is 6 (autopsy only),
 - A. For Primary Site of brain (C700, C710-C719), unknown site (C809), lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9992), RX Summ--Surg Oth Reg/Dis must specify none (0) or unknown (9).
 - B. For all other sites/histologies, RX Summ--Surg Oth Reg/Dis must specify none (0).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Surg Oth Reg/Dis must be 9 (unknown).
3. For all other reporting source values, RX Summ--Surg Oth Reg/Dis must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF101

Modifications:

NACR110C

07/24/06

This edit is no longer skipped if Year of Date of Diagnosis is equal to 2003 and RX Summ--Surg Oth Reg/Dis is blank.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.

RX Summ--Surg Prim Site (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Surg Prim Site" is not a valid value for RX Summ--Surg Prim Site

Description

Must be a numeric value (00, 10-90, 98, 99).

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

RX Summ--Surg Prim Site (SEER SURGPRIM)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[299] Surgery of Primary Site not valid
Surgery of Primary Site not valid

Description

Must be a numeric value (00, 10-90, 98, 99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank. Another edit (RX Summ--Surg Prim Site, Date of DX (SEER IF102)) verifies that this item is filled in correctly based on the year of Date of Diagnosis.

Modifications:

NACR110C
08/21/06

The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

RX Summ--Surg Prim Site, Date of DX (NPCR)

Agency: NPCR

Last changed: 01/18/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[1161] If year of %F1 > 2002, then %F2 cannot be blank
If year of Date of Diagnosis > 2002, then RX Summ--Surg Prim Site cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Surg Prim Site cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Prim Site for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Prim Site, Date of DX (SEER IF102)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]

Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict

RX Summ--Surg Prim Site and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

SEER requires RX Summ--Surg Prim Site for diagnosis years beginning with 1998. The field should be blank for earlier years.

If year of Date of Diagnosis is less than 1998, then RX Summ--Surg Prim Site must be blank.

If year of Date of Diagnosis is greater than 1997 or blank, then RX Summ--Surg Prim Site must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF102

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Prim Site, Diag Conf (SEER IF76)

Agency: SEER

Last changed: 02/25/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]
Diagnostic Confirmation [Std# 490]
Over-ride Surg/DxConf [Std# 2020]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Surg Prim Site and Diagnostic Confirmation conflict

Description

This edit is skipped if RX Summ--Surg Prim Site is blank.

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with RX Summ--Surg Prim Site = 20-90 the diagnosis should be histologically confirmed (Diagnostic Confirmation 1-4).

Additional Information:

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summ--Surg Prim Site field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Surg/DxConf to indicate that the coding is correct.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF76

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.1

- Added code 3 to list of Diagnostic Confirmation codes that indicate histologic confirmation.

RX Summ--Surg Prim Site, Primary Site, ICD02 (COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Tables

SITGRP03.DBF
SURG03.DBF

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among RX Summ--Surg Prim Site, Primary Site, and Histology (92-00) ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

Histology (92-00) ICD-O-2 is empty.
RX Summ--Surg Prim Site is empty.
Date of Diagnosis is greater than 2000 or empty.

The valid RX Summ--Surg Prim Site codes for each Primary Site are specified in Appendix B of the FORDS Manual-2003.

Exceptions are as follows:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Summ--Surg Prim Site must = 98. Please note that these ICD-O-2 histologies correspond to the ICD-O-3 histologies listed in the FORDS Manual.

If Primary Site = C420, C421, C423, or C424, then RX Summ--Surg Prim Site must = 98.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699.

Unknown and ill-defined sites (C760-C768, C809) must also = 98.

Administrative Notes

Modifications:

NACR110C:

9/8/06

Edit updated so that it will be skipped if RX Summ--Surg Prim Site is empty.

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Prim Site, Primary Site, ICD03 (COC)

Agency: COC

Last changed: 02/17/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Tables

SITGRP03.DBF
SURG03.DBF

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among RX Summ--Surg Prim Site, Primary Site, and Histologic Type ICD-O-3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histologic Type ICD-O-3, RX Summ--Surg Prim Site, or Date of Diagnosis is blank.

The valid RX Summ--Surg Prim Site codes for each Primary Site are specified in Appendix B of the FORDS Manual-2003.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Summ--Surg Prim Site must = 98.
2. If year of Date of Diagnosis is 2010 or later and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Summ--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Summ--Surg Prim Site must = 98.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699.

Unknown and ill-defined sites (C760-C768, C809) must also = 98.

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow a code of 99 for the hematopoietic histologies/sites and the ill-defined sites.

Please note that this edit should not be used on Death Certificate Only cases. It is meant to be used on data collected at a hospital. At the central registry level, it can be used on incoming abstracts from hospitals. (Hospitals do not collect Death Certificate Only cases.)

Modifications:

NACR110C:

9/8/06

Edit updated so that it will be skipped if RX Summ--Surg Prim Site is empty.

NAACCR v12.0

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

NAACCR v12.1:

Added code 76 as allowable surgery code for primary site of breast.

RX Summ--Surg Prim Site, Site, ICDO3 (SEER IF108)

Agency: SEER

Last changed: 02/17/2011

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]

Primary Site [Std# 400]

Histologic Type ICD-O-3 [Std# 522]

Date of Diagnosis [Std# 390]

Tables

SITGRP03.DBF

SURG03.DBF

Default Error Message

[1166] Conflict among %F1, %F2, and %F3

Conflict among RX Summ--Surg Prim Site, Primary Site, and Histologic Type ICD-O-3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if RX Summ--Surg Prim Site or Date of Diagnosis is empty.

The valid RX Summ--Surg Prim Site codes for each Primary Site are specified in SEER Program Code Manual, 3rd Edition, Revision 1.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Summ--Surg Prim Site must = 98 or 99.
2. If year of Date of Diagnosis is 2010 or later and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Summ--Surg Prim Site must = 98 or 99.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699 (eye and adnexa).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF108

This edit differs from COC edit of the same name in that 1) it is skipped if RX Summ--Surg Prim Site is blank and 2) it allows a code of 99 (as well as 98) for the hematopoietic histologies and sites and the ill-defined sites.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98 or 99:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98 or 99:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

NAACCR v12.1:

Added code 76 as allowable surgery code for primary site of breast.

RX Summ--Surg Site 98-02 (COC)

Agency: COC

Last changed: 03/11/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Site 98-02 [Std# 1646]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Surg Site 98-02" is not a valid value for RX Summ--Surg Site 98-02

Description

Must be a numeric value (00, 10-90, 99) or blank. Another edit (RX Summ--Surg Site 98-02, Date of Diagnosis (COC)) checks that it is not blank for all cases diagnosed before 2003.

RX Summ--Surg Site 98-02, Date of DX (COC)

Agency: COC

Last changed: 11/06/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Site 98-02 [Std# 1646]
Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank
If Date of Diagnosis < 2003, RX Summ--Surg Site 98-02 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2003, then RX Summ--Surg Site 98-02 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg Site 98-02, Date of DX (SEER IF103)

Agency: SEER

Last changed: 08/26/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

RX Summ--Surg Site 98-02 [Std# 1646]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and RX Summ--Surg Site 98-02 conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 1998 or greater than 2002, then RX Summ--Surg Site 98-02 must be blank.

If year of Date of Diagnosis is equal to 1998-2002, then RX Summ--Surg Site 98-02 cannot be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF103

Modifications:

NACR110C

07/24/06

RX Summ--Surg Site 98-02 must be blank for 2003 cases.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

NAACCR v12C

- Modified edit logic to refer to RX Summ--Surg Site 98-02 instead of RX Summ--Surg Oth 98-02

RX Summ--Surg Site 98-02, Diag Conf (SEER IF106)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Site 98-02 [Std# 1646]

Diagnostic Confirmation [Std# 490]

Over-ride Surg/DxConf [Std# 2020]

Default Error Message

[1016] %F1 and %F2 conflict

RX Summ--Surg Site 98-02 and Diagnostic Confirmation conflict

Description

This edit is skipped if RX Summ--Surg Site 98-02 is blank.

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with RX Summ--Surg Site 98-02 = 10-90 the diagnosis should be histologically confirmed (Diagnostic Confirmation 1,2,4).

Additional Information:

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summ--Surg Prim Site field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Surg/DxConf to indicate that the coding is correct.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF106

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

RX Summ--Surg Site 98-02, Primary Site (COC)

Agency: COC

Last changed: 03/24/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
RX Summ--Surg Site 98-02 [Std# 1646]

Tables

SITGRP98.DBF
SURG98.DBF

Default Error Message

[1016] %F1 and %F2 conflict
Primary Site and RX Summ--Surg Site 98-02 conflict

Description

The valid RX Summ--Surg Site 98-02 for each Primary Site are specified in Appendix D of the ROADS Manual. This item may be blank. Another edit (RX Summ--Surg Site 98-02, Date of DX (COC)) checks that it is not blank for all cases diagnosed before 2003.

RX Summ--Surg Site 98-02, RX Summ--Surg Site (COC)

Agency: COC

Last changed: 02/22/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Site 98-02 [Std# 1646]
RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Surg Site 98-02 and RX Summ--Surg Prim Site conflict

Description

This edit is skipped if either RX Summ--Surg Site 98-02 or RX Summ--Surg Prim Site is blank.

If RX Summ--Surg Site 98-02 = 00, then RX Summ--Surg Prim Site must not = 10-90 or 99.

If RX Summ--Surg Site 98-02 = 10-90 or 99, then RX Summ--Surg Prim Site must not = 00.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF139

Modifications:

NAACCR v12.1

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

RX Summ--Surg Site 98-02, Site, RptSrc (SEER IF78)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Surg Site 98-02 [Std# 1646]
Primary Site [Std# 400]

Tables

SITGRP98.DBF
SURG98.DBF

Default Error Message

[539] RX Summ--Surg Site 98-02, Primary Site, Date of DX conflict
RX Summ--Surg Site 98-02, Primary Site, Date of DX conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. RX Summ--Surg Site 98-02 is blank
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Surg Site 98-02 must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Surg Site 98-02 must be 99 (unknown).
3. For all other values of Type of Reporting Source:
The valid RX Summ--Surg Site 98-02 codes for each Primary Site are specified in Appendix C of the SEER Program Code Manual, 3rd Edition.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF78

Modifications:

NACR110B
Added new error message (539).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surg/Rad Seq (NPCR)

Agency: NPCR

Last changed: 12/12/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Surg/Rad Seq [Std# 1380]

Default Error Message

[286] RX Summ--Surg/Rad Seq not valid
RX Summ--Surg/Rad Seq not valid

Description

Must be a valid RX Summ--Surg/Rad Seq code (0,2-7,9) or blank.

Codes

- 0 No radiation and/or no surgery; unknown if surgery and/or radiation given
- 2 Radiation before surgery
- 3 Radiation after surgery
- 4 Radiation both before and after surgery
- 5 Intraoperative radiation
- 6 Intraoperative radiation with other radiation given before and/or after surgery
- 7 Surgery both before and after radiation
- 9 Sequence unknown, but both surgery and radiation were given

Administrative Notes

This edit differs from the SEER edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Surg/Rad Seq, Date of DX (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005.

Modifications:

NAACCR v12.2
- Added code 7.

RX Summ--Surg/Rad Seq (SEER RADSEQ)

Agency: SEER

Last changed: 12/12/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg/Rad Seq [Std# 1380]

Default Error Message

[286] RX Summ--Surg/Rad Seq not valid
RX Summ--Surg/Rad Seq not valid

Description

Must be a valid RX Summ--Surg/Rad Seq code (0,2-7,9).

Codes

- 0 No radiation and/or no surgery; unknown if surgery and/or radiation given
- 2 Radiation before surgery
- 3 Radiation after surgery
- 4 Radiation both before and after surgery
- 5 Intraoperative radiation
- 6 Intraoperative radiation with other radiation given before and/or after surgery
- 7 Surgery both before and after radiation
- 9 Sequence unknown, but both surgery and radiation were given

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v12.2
- Added code 7.

RX Summ--Surg/Rad Seq, Date of DX (NPCR)

Agency: NPCR

Last changed: 03/30/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Surg/Rad Seq [Std# 1380]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1020] If %F1 = %V1, %F2 cannot be blank
If Date of Diagnosis = "value of Date of Diagnosis", RX Summ--Surg/Rad Seq cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Surg/Rad Seq not be blank for

1. Year of Date of Diagnosis is 2006 - 2015 and Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2016 and later, for all cases.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Surg/Rad Seq only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v12.2A

- Edit description corrected to state that RX Summ--Surg/Rad Seq is required for breast, colon, and rectum cases if year of Date of Diagnosis is "2006 or later" instead of "2010 or later".

NAACCR v16

- For cases diagnosed 2016 or later RX Summ--Surg/Rad Seq is required for all cases

RX Summ--Surg/Rad Seq, DateDX, RptSrc (SEER IF60)

Agency: SEER

Last changed: 01/11/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Surg/Rad Seq [Std# 1380]

Default Error Message

[402] RX Summ--Surg/Rad Seq and Date of Diagnosis conflict
RX Summ--Surg/Rad Seq and Date of Diagnosis conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

1. If Type of Reporting Source is 6 (autopsy only) or 7 (death certificate only), then RX Summ--Surg/Rad Seq must be 0 (no radiation and/or no surgery).
2. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and Registry ID is not equal to 0000001529 (SEER Alaska Native Tumor), RX Summ--Surg/Rad Seq must be 0, 2-4, 9.
 - B. If year of Date of Diagnosis is 1988-2011 or (Registry ID is equal to 0000001529 (SEER Alaska Native Tumor) and year of Date of Diagnosis less than 2012), RX Summ--Surg/Rad Seq must be 0, 2-6, 9.
 - C. If year of Date of Diagnosis is 2012 or later and not blank RX Summ--Surg/Rad Seq must be 0, 2-7, 9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF60

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to allow code 7 for cases diagnosed 2012 and later.

NAACCR v12.2A

- Description items B. and C. updated to specify "less than 2012" instead of "less than 2011". (Logic is correct as is.)

RX Summ--Surgery Type (SEER SURGRX)

Agency: SEER

Last changed: 08/26/1998

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surgery Type [Std# 1640]

Default Error Message

[283] RX Summ--Surgery Type not valid
RX Summ--Surgery Type not valid

Description

Must be a numeric value (00-99) or blank.

RX Summ--Surgery Type, Diag Conf (SEER IF46)

Agency: SEER

Last changed: 07/19/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surgery Type [Std# 1640]
Over-ride Surg/DxConf [Std# 2020]
Diagnostic Confirmation [Std# 490]
Date of Diagnosis [Std# 390]
Registry ID [Std# 40]

Default Error Message

[389] Ss_surg & Dx_conf conflict
Ss_surg & Dx_conf conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with a surgical procedure coded in the surgery field (RX Summ--Surgery Type = 01-02, 05-07, 10-98) the diagnosis should be histologically confirmed (Diagnostic Confirmation < 5).

Additional Information:

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summary--Surgery Type field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Surg/DxConf to indicate that the coding is correct.

EXAMPLE

RX SUMMARY--SURGERY TYPE	02, BX OF PRIMARY SITE
DIAGNOSTIC CONFIRMATION	7, RADIOGRAPHY
OVER-RIDE SURG/DXCONF	BLANK, NOT REVIEWED

Review of the abstract showed that this was a case of lung cancer diagnosed on x-ray. A bronchial biopsy was done, but was negative for cancer. Clinicians did not believe that malignancy was ruled out, but rather believed that the tumor had not been sampled by the biopsy. Set the Over-ride flag to 1 to indicate that the case is correct as coded.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF46

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v16A

- Description and edit logic updated to skip if Registry ID is 0000001544 (New Jersey) and Year of Diagnosis less than 2000

RX Summ--Surgery Type, Radiation (SEER IF44)

Agency: SEER

Last changed: 01/09/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surgery Type [Std# 1640]

RX Summ--Radiation [Std# 1360]

RX Summ--Rad to CNS [Std# 1370]

RX Summ--Surg/Rad Seq [Std# 1380]

Default Error Message

[387] Ss_surg, Radiatn, Rad_surg conflict

Ss_surg, Radiatn, Rad_surg conflict

Description

If cancer-directed surgery was performed (RX Summ--Surgery Type > 09), and if radiation was given (RX Summ--Radiation = 1-6 or RX Summ--Rad to CNS = 1) then RX Summ--Surg/Rad Seq must specify sequence (codes 2-9).

If no cancer directed surgery or no radiation, then RX Summ--Surg/Rad Seq must specify no (0).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF44

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

RX Summ--Surgery Type, Site, RptSrc (SEER IF29)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Registry ID [Std# 40]
Type of Reporting Source [Std# 500]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Behavior (92-00) ICD-O-2 [Std# 430]
RX Summ--Surgery Type [Std# 1640]

Tables

IF29_1.DBF
IF29_2.DBF

Default Error Message

[541] Primary Site, RX Summ--Surgery Type conflict
Primary Site, RX Summ--Surgery Type conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank.
2. Year of Date of Diagnosis is less than 2000 and Registry ID = 0000001544 (New Jersey).
3. Year of Date of Diagnosis is less than 1998 and Registry ID = 0000001541 (California, except LA, SF-Oak, and San Jose/Monterey).

If year of Date of Diagnosis is less than 1998 and Type of Reporting Source equals 6 (autopsy only), then RX Summ--Surgery Type must equal 00.

If year of Date of Diagnosis is less than 1998 and Type of Reporting Source equals 7 (death certificate only), then RX Summ--Surgery Type must equal 09.

If year of Date of Diagnosis is greater than 1997, then RX Summ--Surgery Type must be blank.

If Primary Site = Brain and CNS (C700-C729) and Year of Diagnosis 1992-1997, then RX summ--Surgery Type must NOT be 35 or 55.

The valid RX Summ--Surgery Type codes for each Primary Site and time period are specified under in Appendix D of the SEER Program Code Manual, 3rd Edition. The Date of Diagnosis is used to discriminate among changes to the codes over time.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF29

Modifications:

NACR110C

07/24/06

1. Deleted logic that required pre-1988 cases with RX Summ--Surgery Type = 00 to have Type of Reporting Source of 6 (autopsy only)
2. Added logic for pre-1998 cases:
 - A. If Type of Reporting Source = 6 (autopsy only), then
RX Summ--Surgery Type must = 00
 - B. If Type of Reporting Source = 7 (death certificate only), then
RX Summ--Surgery Type must = 09

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Added: RX Summ--Surgery Type codes of 35 and 55 are NOT valid for Brain and CNS (C700-C729) for years of diagnosis 1992 to 1997.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic updated to use DBF tables instead of binary tables

NAACCR v16A

- Corrected edit logic to check for RX Summ--Surgery Type = 09, 90 for diagnosis year before 1983, instead of 09, 99

RX Summ--Surgery, Reason for No Surgery(SEER IF51)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surgery Type [Std# 1640]

Reason for No Surgery [Std# 1340]

Default Error Message

[394] Ss_surg & No_surg conflict

Ss_surg & No_surg conflict

Description

For non-cancer-directed surgery (RX Summ--Surgery Type 01-07), Reason for No Surgery must specify that cancer-directed surgery was not performed (1, 2, 6,7, or 8).

For cancer-directed surgery performed (RX Summ--Surgery Type is greater than 09), Reason for No Surgery must specify that cancer-directed surgery was performed (0).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF51

Modifications:

NACR111

10/23/06

Edit name changed from "RX Summ--Surgery, Reason for Surgery (SEER IF51)" to "RX Summ--Surgery, Reason for No Surgery(SEER IF51)".

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

RX Summ--Surgical Approach (COC)

Agency: COC

Last changed: 04/12/2007

Fields

RX Summ--Surgical Approach [Std# 1310]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--Surgical Approach" is not a valid value for RX Summ--Surgical Approach

Description

Must be a valid RX Summ--Surgical Approach (0-9) or blank.

Administrative Notes

Note: This edit is not supported by a standard setter as of 1/1/2003.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was no longer required by the COC for diagnoses made after 2002. Another edit (RX Summ-Surgical Approach, Date of DX) verifies that this item is not blank if year of Date of diagnosis is less than 2003.

RX Summ--Surgical Approach, Date of DX (COC)

Agency: COC

Last changed: 11/06/2009

Fields

RX Summ--Surgical Approach [Std# 1310]

Date of Diagnosis [Std# 390]

Default Error Message

[1156] If %F2 < 2003, %F1 cannot be blank

If Date of Diagnosis < 2003, RX Summ--Surgical Approach cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If the year of Date of diagnosis is less than 2003, then this field cannot be blank.

Administrative Notes

Note: This edit is not supported by a standard setter as of 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surgical Approach, Primary Site (COC)

Agency: COC

Last changed: 04/12/2007

Fields

Primary Site [Std# 400]

RX Summ--Surgical Approach [Std# 1310]

Tables

SITGRP98.DBF

SURAPP98.DBF

Default Error Message

[1016] %F1 and %F2 conflict

Primary Site and RX Summ--Surgical Approach conflict

Description

This edit is skipped if RX Summ--Surgical Approach is blank.

The valid RX Summ--Surgical Approach codes for each Primary Site are specified in Appendix D of the ROADS Manual-1998.

Administrative Notes

Note: This edit is not supported by a standard setter as of 1/1/2003.

RX Summ--Surgical Margins (COC)

Agency: COC

Last changed: 01/22/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surgical Margins [Std# 1320]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Surgical Margins" is not a valid value for RX Summ--Surgical Margins

Description

Must be a valid code for RX Summ--Surgical Margins (0-3,7-9).

RX Summ--Surgical Margins (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Fields

RX Summ--Surgical Margins [Std# 1320]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of RX Summ--Surgical Margins" is not a valid value for RX Summ--Surgical Margins

Description

Must be a valid code for RX Summ--Surgical Margins (0-3,7-9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Summ--Surgical Margins, Primary Site,ICDO2 (COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surgical Margins [Std# 1320]
RX Summ--Surg Prim Site [Std# 1290]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among RX Summ--Surgical Margins, RX Summ--Surg Prim Site, Primary Site and Histology (92-00)
ICD-O-2

Additional Messages

[1180] RX Summ--Surgical Margins must = 9 for this site/histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or blank.

1. RX Summ--Surgical Margins must = 9 for the following:
 - A. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Summ--Surgical Margins must = 9.

If Primary Site = C420, C421, C423, or C424, then RX Summ--Surgical Margins must = 9.
 - B. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:

If Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717 AND Primary Site = C770-C779, then RX Summ--Surgical Margins must = 9.
 - C. Unknown and ill-defined sites (C760-C768, C809) must also = 9.
2. If RX Summ--Surg Prim Site = 00, then RX Summ--Surgical Margins must = 8 and vice versa.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Surgical Margins, Primary Site,ICDO3 (COC

Agency: COC

Last changed: 02/10/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surgical Margins [Std# 1320]
RX Summ--Surg Prim Site [Std# 1290]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among RX Summ--Surgical Margins, RX Summ--Surg Prim Site, Primary Site and Histologic Type ICD-O-3

Additional Messages

[1180] RX Summ--Surgical Margins must = 9 for this site/histology
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if either Histologic Type ICD-O-3, RX Summ--Surgical Margins, or Date of Diagnosis is empty.

1. RX Summ--Surgical Margins must = 9 for the following:
 - A. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites:

 1. If year of Date of Diagnosis < 2010:
If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]:
RX Summ--Surgical Margins must = 9.
 2. If year of Date of Diagnosis is 2010 or later:
If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]:
RX Summ--Surgical Margins must = 9.

If Primary Site = C420, C421, C423, or C424, then
RX Summ--Surgical Margins must = 9.
 - B. Hodgkin and non-hodgkin lymphoma with a lymph node primary site:
 1. If year of Date of Diagnosis < 2010:
If Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729 AND Primary Site = C770-C779, then RX Summ--Surgical Margins must = 9.

2. If year of Date of Diagnosis is 2010 or later:
If Histologic Type ICD-O-3 = [9590-9726, 9728-9732, 9734-9740,
9750-9762, 9811-9831, 9940, 9948, 9971] AND Primary Site = C770-C779:
RX Summ--Surgical Margins must = 9.

C. Unknown and ill-defined sites (C760-C768, C809) must also = 9.

2. If RX Summ--Surg Prim Site = 00, then RX Summ--Surgical Margins
must = 8 and vice versa.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to skip if either Histologic Type ICD-O-3, RX Summ--Surgical Margins, or Date of Diagnosis is empty.

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

RX Summ--Systemic/Sur Seq (COC)

Agency: COC

Last changed: 12/12/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Systemic/Sur Seq [Std# 1639]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Systemic/Sur Seq" is not a valid value for RX Summ--Systemic/Sur Seq

Description

This field is allowed to be blank because the item is not required until 2006. Another edit (RX Summ--Systemic/Sur Seq, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005.

Must be a valid RX Summ--Systemic/Sur Seq code (0, 2-7, 9) or blank.

Codes

- 0 No systemic therapy and/or surgical procedures; unknown if surgery and/or systemic therapy given
- 2 Systemic therapy before surgery
- 3 Systemic therapy after surgery
- 4 Systemic therapy both before and after surgery
- 5 Intraoperative systemic therapy
- 6 Intraoperative systemic therapy with other therapy administered before and/or after surgery
- 7 Surgery both before and after systemic therapy
- 9 Sequence unknown, but both surgery and systemic therapy given

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v12.2

- Added code 7.

RX Summ--Systemic/Sur Seq, Date of DX (COC)

Agency: COC

Last changed: 11/23/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
RX Summ--Systemic/Sur Seq [Std# 1639]

Default Error Message

[2000] If year of %F1 > 2005, then %F2 cannot be blank
If year of Date of Diagnosis > 2005, then RX Summ--Systemic/Sur Seq cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is greater than 2005 and not blank, then RX Summ--Systemic/Sur Seq cannot be blank.

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Systemic/Sur Seq, Date of DX (NPCR)

Agency: NPCR

Last changed: 07/19/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Systemic/Sur Seq [Std# 1639]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1020] If %F1 = %V1, %F2 cannot be blank
If Date of Diagnosis = "value of Date of Diagnosis", RX Summ--Systemic/Sur Seq cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Systemic/Sur Seq not be blank for:

1. Year of Date of Diagnosis is 2006-2015 and case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2016 and later, for all cases.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

Modifications

NAACCR v16

- For cases diagnosed 2016 or later RX Summ--Systemic/Sur Seq is required for all cases
- Name changed from RX Summ--Systemic/Sur Seq, Date of DX (NPCR) to RX Summ--Systemic/Sur Seq, Date of DX - 2016 (NPCR)

NAACCR V16A

- Administrative Note for v16 updated to indicate name changed from RX Summ--Systemic/Sur Seq, Date of DX (NPCR) to RX Summ--Systemic/Sur Seq, Date of DX (NPCR) - 2016
- Name changed from RX Summ-Systemic/Sur Seq, Date of DX (NPCR) - 2016 to RX Summ--Systemic/Sur Seq, Date of DX (NPCR)

RX Summ--Systemic/Sur Seq, Date of DX (SEER IF154)

Agency: SEER

Last changed: 01/11/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

RX Summ--Systemic/Sur Seq [Std# 1639]

Default Error Message

[2005] If year of %F1 > 2006, then %F2 cannot be blank

If year of Date of Diagnosis > 2006, then RX Summ--Systemic/Sur Seq cannot be blank

Additional Messages

[3244] If year of Date of Diagnosis < 2006, then RX Summ--Systemic/Sur Seq must be blank

[4876] If year of Date of Diagnosis < 2012, then RX Summ--Systemic/Sur Seq cannot be 7
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2006, then RX Summ--Systemic/Sur Seq must be blank.

If year of Date of Diagnosis is greater than 2006 and less than 2012, then RX Summ--Systemic/Sur Seq must = 0, 2, 3, 4, 5, 6, 9.

If year of Date of Diagnosis is greater than 2011, then RX Summ--Systemic/Sur Seq must = 0, 2, 3, 4, 5, 6, 7, 9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF154

Modifications:

NACR111

09/2006

1. The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.
2. The edit was modified to generate correct error messages.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that the field is optional if year of Date of Diagnosis is equal 2006.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to allow code 7 only for cases diagnosed 2012 and later.

NAACCR v12.2A

- Edit description reworked to make it more comparable to other similar SEER edits.

RX Summ--Transplnt/Endocr (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Transplnt/Endocr [Std# 3250]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Transplnt/Endocr" is not a valid value for RX Summ--Transplnt/Endocr

Description

This field must contain 00, 10-12, 20, 30, 40, 82, 85-88, or 99.

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

RX Summ--Transplnt/Endocr (NPCR)

Agency: NPCR

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

RX Summ--Transplnt/Endocr [Std# 3250]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of RX Summ--Transplnt/Endocr" is not a valid value for RX Summ--Transplnt/Endocr

Description

This field must contain 00, 10-12, 20, 30, 40, 82, 85-88, 99 or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Transplnt/Endocr, Date of DX (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

RX Summ--Transplnt/Endocr, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Transplnt/Endocr [Std# 3250]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4884] If DX year = 2006-2014, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year = 2006-2014, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--Transplnt/Endocr cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--Transplnt/Endocr cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Transplnt/Endocr for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014
AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
- All cases

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Transplnt/Endocr only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Transplnt/Endocr for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Transplnt/Endocr is required only for breast, colon, and rectum cases.

RX Summ--Transplnt/Endocr, DateDX, Rpt (SEER IF104)

Agency: SEER

Last changed: 11/23/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Transplnt/Endocr [Std# 3250]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Type of Reporting Source conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Transplnt/Endocr must be 00 (none).
2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Transplnt/Endocr must be 99 (unknown).
3. For all othr values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 2003 and not blank, then RX Summ--Transplnt/Endocr must be 00, 10-12, 20, 30, 40, 87, 88, or 99.
 - B. If year of Date of Diagnosis is greater than 2002 and not blank, then RX Summ--Transplnt/Endocr may be 00, 10-12, 20, 30, 40, 82, 85-88, or 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF104

Modifications:

NAACCR v11.2
08/2007

Codes 87 and 88 were added to the list of allowable codes for pre-2003 cases.

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Transplnt/Endocr, Primary Site (SEER IF28)

Agency: SEER

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
RX Summ--Transplnt/Endocr [Std# 3250]
Date of Diagnosis [Std# 390]
Registry ID [Std# 40]

Default Error Message

[1181] Codes 30 and 40 allowed only for breast and prostate sites
Codes 30 and 40 allowed only for breast and prostate sites

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank

Endocrine surgery and/or endocrine radiation are only reported for prostate and breast. If Primary Site is not breast (C500-C509) or prostate (C619), then RX Summ--Transplnt/Endocr may not be coded '30' or 40.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF128

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v16A

- Description and logic updated to skip if Registry ID is 0000001544 (New Jersey) and Year of Diagnosis less than 2000, or Year of Diagnosis is blank.

RX Summ--Transplnt/Endocr, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Transplnt/Endocr [Std# 3250]
Vital Status [Std# 1760]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Transplnt/Endocr and Vital Status conflict

Description

If RX Summ--Transplnt/Endocr = 85 (hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Treatment Stat, Date 1st Crs RX COC (COC)

Agency: COC

Last changed: 11/05/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Treatment Status [Std# 1285]
Date 1st Crs RX COC [Std# 1270]
Date 1st Crs RX COC Flag [Std# 1271]
Class of Case [Std# 610]

Additional Messages

[3310] Conflict between RX Summ--Treatment Status ("value of RX Summ--Treatment Status") and Class of Case ("value of Class of Case")
[3322] Conflict between RX Summ--Treatment Status ("value of RX Summ--Treatment Status") and Date 1st Crs RX COC Flag ("value of Date 1st Crs RX COC Flag")
[4859] Conflict among RX Summ--Treatment Status ("value of RX Summ--Treatment Status"), Date 1st Crs RX COC Flag ("value of Date 1st Crs RX COC Flag") and Class of Case ("value of Class of Case")

Description

The purpose of this edit is to verify that RX Summ--Treatment Status and Date 1st Crs RX COC/Date 1st Crs RX COC Flag are coded consistently. The edit also checks that these fields are consistent for autopsy only cases (Class of Case = 38).

Note: Because there are other edits that check consistency between Date 1st Crs RX COC and its corresponding flag, this edit only needs to check the date flag field.

This edit is skipped under the following conditions:

1. RX Summ--Treatment Status is blank
2. Class of Case is blank
3. Both Date 1st Crs RX COC and Date 1st Crs RX COC Flag are blank, indicating the date was intentionally not collected.

If RX Summ--Treatment Status = 9 (unknown if treatment given),
THEN

1. Date 1st Crs RX COC Flag must = blank (a valid Date 1st Crs RX COC was provided) or 10 (unknown whether treatment was administered)
2. Class of Case must NOT = 38 (autopsy only)

If RX Summ--Treatment Status = 1 (treatment given) or 2 (active surveillance),
THEN

1. Date 1st Crs RX COC Flag must = blank (a valid Date 1st Crs RX COC was provided) or 12 (treatment administered, but date is unknown)
2. Class of Case must NOT = 38 (autopsy only)

For all RX Summ--Treatment Status codes:

1. If Class of Case = 38 (autopsy only)

THEN

Date 1st Crs RX COC Flag must = 11 (autopsy only case)

2. If Class of Case NOT = 38 (autopsy)

THEN

Date 1st Crs RX COC Flag must = blank, 10, or 12

Note: CoC requires Date 1st Crs RX COC to represent the date treatment began, the date active surveillance was selected, or the date on which a decision was made not to treat the cancer. CoC does not require a date, and uses the flag = 11, only for autopsy-only cases. For cases that are not autopsy-only, if no treatment was given and the date of that decision is totally unknown, the applicable date flag is 12. When treatment status is unknown and the date is unknown, then a flag of 10 applies.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.1A

- Note added to description:

Note: If RX Summ-Treatment Status is 0 (no treatment given) and the Date of 1st Crs RX-COC is blank, the date flag should indicate why the date of the decision not to treat is not recorded in the Date of 1st Crs RX-COC field.

NAACCR v12.2

- Removed logic that checked for RX Summ--Treatment Status of 0 (no treatment given) when requiring Date of 1st Crs Flag to equal 11 (autopsy) for Class of Case of 38 (autopsy only) and blank, 10, or 12 for non-autopsy only cases.

NAACCR v13

- Edit name changed from 'RX Summ--Treatm Stat, Date of 1st Crs RX--COC(COC)' to 'RX Summ--Treatm Stat, Date 1st Crs RX COC (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

NAACCR v15

- Updated Note in description to clarify the meaning of the date flag codes.

RX Summ--Treatment Stat, Treatment (COC)

Agency: COC

Last changed: 03/23/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Treatment Status [Std# 1285]
RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Transplnt/Endocr [Std# 3250]
RX Summ--Other [Std# 1420]
Rad--Regional RX Modality [Std# 1570]

Additional Messages

[4874] Conflict between RX Summ--Treatment Status and treatment codes

Description

The purpose of this edit is to verify that RX Summ--Treatment Status and treatment fields are coded consistently.

This edit is skipped under the following conditions:

1. RX Summ--Treatment Status is blank

1. If any of the treatment fields indicate treatment given, then RX Summ--Treatment Status must equal 1 (treatment given). Treatment is considered "given" if any of the following is true:

RX Summ--Surg Prim Site = 10-90
RX Summ--Surg Oth Reg/Dis = 1-5
RX Summ--BRM = 01
RX Summ--Chemo = 01-03
RX Summ--Hormone = 01
RX Summ--Transplnt/Endocr = 10-40
RX Summ--Other = 1, 2, 3, 6
Rad--Regional RX Modality = 20-98

2. If RX Summ--Treatment Status = 0 (no treatment) or 2 (active surveillance), then the treatment fields must all indicate "no treatment".

Treatment is considered "not given" if all of the following conditions are true:

RX Summ--Surg Prim Site = 00, 98
RX Summ--Surg Oth Reg/Dis = 0
RX Summ--BRM = 00, 80-88
RX Summ--Chemo = 00, 80-88
RX Summ--Hormone = 00, 80-88
RX Summ--Transplnt/Endocr = 00, 80-88
RX Summ--Other = 0, 7-8
Rad--Regional RX Modality = 00

3. If RX Summ--Treatment Status = 9 (unknown if any treatment), then at least one of the treatment fields must indicate "unknown if treatment" (codes 9 and 99 below) and the remaining should indicate either "unknown if treatment" or "no treatment".

RX Summ--Surg Prim Site = 00, 98, 99

RX Summ--Surg Oth Reg/Dis = 0, 9

RX Summ--BRM = 00, 80-88, 99

RX Summ--Chemo = 00, 80-88, 99

RX Summ--Hormone = 00, 80-88, 99

RX Summ--Transplnt/Endocr = 00, 80-88, 99

RX Summ--Other = 0, 7-8, 9

Rad--Regional RX Modality = 00,99

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

Modifications:

NAACCR v12.2B

- Removed problem logic that references Date of 1st Crs RX--COC and its corresponding date flag. (These fields are correctly edited in the edit "RX Summ--Treatment Stat, Date of 1st Crs RX--COC(COC)".)

RX Summ--Treatment Status (COC)

Agency: COC

Last changed: 10/05/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Treatment Status [Std# 1285]

Default Error Message

[3311] %F1 (%V1) is invalid
RX Summ--Treatment Status ("value of RX Summ--Treatment Status") is invalid

Description

Must be a valid RX Summ--Treatment Status code (0-2, 9) or blank.

Codes

0 No treatment given
1 Treatment given
2 Active surveillance (watchful waiting)
9 Unknown if treatment was given

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2
- Updated edit description

RX Summ--Treatment Status, Date of DX (COC)

Agency: COC

Last changed: 05/28/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
RX Summ--Treatment Status [Std# 1285]

Default Error Message

[3262] If year of DX > 2009, %F2 cannot be blank
If year of DX > 2009, RX Summ--Treatment Status cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is 2010 or later, then RX Summ--Treatment Status cannot be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF316

RX Summ--Treatment Status, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
RX Summ--Treatment Status [Std# 1285]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[4886] If DX year > 2009, %F3 = %V3 and %F4 = %V4, %F2 cannot be blank
If DX year > 2009, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", RX Summ--Treatment Status cannot be blank

Additional Messages

[3580] If DX year = 2015 or later, RX Summ--Treatment Status cannot be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

RX Summ--Treatment Status cannot be blank for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2010-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

This edit differs from the COC, "RX Summ--Treatment Status, Date of DX (COC)" in that NPCR requires RX Summ--Treatment Status only for cancers of the breast, colon, and rectum diagnosed 2010-2014 and for all cases diagnosed 2015 and later, while the COC edit requires RX Summ--Treatment Status for all cases diagnosed 2010 or later.

Modifications:

NAACCR v15

- Edit modified to require RX Summ--Treatment Status for all cases diagnosed 2015 or later. For cases diagnosed 2010-2014, RX Summ--Treatment Status is required only for breast, colon, and rectum cases.

Secondary Diagnosis 1 - 10 (COC)

Agency: COC

Last changed: 10/23/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 1 [Std# 3780]
Secondary Diagnosis 2 [Std# 3782]
Secondary Diagnosis 3 [Std# 3784]
Secondary Diagnosis 4 [Std# 3786]
Secondary Diagnosis 5 [Std# 3788]
Secondary Diagnosis 6 [Std# 3790]
Secondary Diagnosis 7 [Std# 3792]
Secondary Diagnosis 8 [Std# 3794]
Secondary Diagnosis 9 [Std# 3796]
Secondary Diagnosis 10 [Std# 3798]

Additional Messages

[4995] If Secondary Diagnosis 1 = 0000000, then subsequent Secondary Diagnosis items must be blank
[4996] If any Secondary Diagnosis items are blank, subsequent items must be blank

Description

Secondary Diagnosis 1, Secondary Diagnosis 2, Secondary Diagnosis 3, Secondary Diagnosis 4, Secondary Diagnosis 5, Secondary Diagnosis 6, Secondary Diagnosis 7, Secondary Diagnosis 8, Secondary Diagnosis 9 and Secondary Diagnosis 10 are compared as follows:

If Secondary Diagnosis 1 = 0000000, then all subsequent Secondary Diagnosis fields (2-10) must = spaces.

If any of the Secondary Diagnosis 2-10 fields = spaces, then all subsequent Secondary Diagnosis fields must = spaces.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Secondary Diagnosis 1 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 1 [Std# 3780]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 1 ("value of Secondary Diagnosis 1") is invalid

Description

Secondary Diagnosis 1 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Secondary Diagnosis 1 may = 0000000.
2. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.
3. The following ranges are also accepted:
T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:
"uxx{x}*" changed to "uxx{x}{b}*"
"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 10 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 10 [Std# 3798]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 10 ("value of Secondary Diagnosis 10") is invalid

Description

Secondary Diagnosis 10 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 2 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 2 [Std# 3782]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 2 ("value of Secondary Diagnosis 2") is invalid

Description

Secondary Diagnosis 2 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 3 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 3 [Std# 3784]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 3 ("value of Secondary Diagnosis 3") is invalid

Description

Secondary Diagnosis 3 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 4 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 4 [Std# 3786]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 4 ("value of Secondary Diagnosis 4") is invalid

Description

Secondary Diagnosis 4 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 5 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 5 [Std# 3788]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 5 ("value of Secondary Diagnosis 5") is invalid

Description

Secondary Diagnosis 5 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 6 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 6 [Std# 3790]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 6 ("value of Secondary Diagnosis 6") is invalid

Description

Secondary Diagnosis 6 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}*{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}*{b}*"

Secondary Diagnosis 7 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 7 [Std# 3792]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 7 ("value of Secondary Diagnosis 7") is invalid

Description

Secondary Diagnosis 7 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 8 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 8 [Std# 3794]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 8 ("value of Secondary Diagnosis 8") is invalid

Description

Secondary Diagnosis 8 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

Secondary Diagnosis 9 (COC)

Agency: COC

Last changed: 08/20/2015

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Secondary Diagnosis 9 [Std# 3796]

Default Error Message

[3311] %F1 (%V1) is invalid
Secondary Diagnosis 9 ("value of Secondary Diagnosis 9") is invalid

Description

Secondary Diagnosis 9 must be alphanumeric, left-justified, and blank-filled. Field may be blank.

1. Format should begin with an uppercase letter, be alpha-numeric beyond that, and can end in one or more blanks; must be left-justified; must begin with the letters: A-B, E, G-P, and R-S. Field must be at least 3 characters in length.

2. The following ranges are also accepted:

T36-T50996Z
Y62-Y849ZZZ
Z1401-Z229ZZZ
Z681-Z6854ZZ
Z80-Z809ZZZ
Z8500-Z9989ZZ

Note: The above ranges are padded with Zs at the end indicating any alphanumeric codes or blanks (at the end) are acceptable.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statements were updated to specify trailing blanks:

"uxx{x}*" changed to "uxx{x}{b}*"

"{A,B,E,G:P,R,S}xx{x}*" changed to "{A,B,E,G:P,R,S}xx{x}{b}*"

SEER Coding Sys--Current (NAACCR)

Agency: NAACCR

Last changed: 02/17/2016

Fields

SEER Coding Sys--Current [Std# 2120]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of SEER Coding Sys--Current" is not a valid value for SEER Coding Sys--Current

Description

Must be a valid SEER Coding Sys--Current code (0-9, A, B, C, D, E, F, G).

0 No SEER coding
1 Pre-1988 SEER Coding Manuals
2 1988 SEER Coding Manual
3 1989 SEER Coding Manual
4 1992 SEER Coding Manual
5 1998 SEER Coding Manual
6 2003 SEER Coding Manual
7 2004 SEER Coding Manual
8 2007 SEER Coding Manual
9 2007 SEER Coding Manual with 2008 changes
A 2010 SEER Coding Manual
B 2011 SEER Coding Manual
C 2012 SEER Coding Manual
D 2013 SEER Coding Manual
E 2014 SEER Coding Manual
F 2015 SEER Coding Manual
G 2016 SEER Coding Manual

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow blanks.

Modifications:

NACR111

11/06/06

This edit was updated to include code 9 (January 2010 SEER Coding Manual).

NAACCR v12.0

- Code 9 added to list of allowable codes.

NAACCR v12.1A

- Description and logic updated to include code "A": "Must be a valid SEER Coding Sys--Current code (0-9, A)."

NAACCR v12.2

1. Definition of code 9 changed from
"9 January 2008 SEER Coding Manual"

to

"2007 SEER Coding Manual with 2008 changes"

2. Code B (2011 SEER Coding Manual) added to list of allowable codes.
3. Code C (2012 SEER Coding Manual) added to list of allowable codes.

NAACCR v13

Added code 'D' (2013 SEER Coding Manual) to list of allowable codes.

NAACCR v14

Added code 'E' (2014 SEER Coding Manual) to list of allowable codes.

NAACCR v15

Added code 'F' (2015 SEER Coding Manual) to list of allowable codes.

NAACCR v16

Added code 'G' (2016 SEER Coding Manual) to list of allowable codes.

SEER Coding Sys--Current (SEER)

Agency: SEER

Last changed: 02/17/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

SEER Coding Sys--Current [Std# 2120]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of SEER Coding Sys--Current" is not a valid value for SEER Coding Sys--Current

Description

Must be a valid SEER Coding Sys--Current code (0-9, A, B, C, D, E, F, G) or blank.

0 No SEER coding
1 Pre-1988 SEER Coding Manuals
2 1988 SEER Coding Manual
3 1989 SEER Coding Manual
4 1992 SEER Coding Manual
5 1998 SEER Coding Manual
6 2003 SEER Coding Manual
7 2004 SEER Coding Manual
8 2007 SEER Coding Manual
9 2007 SEER Coding Manual with 2008 changes
A 2010 SEER Coding Manual
B 2011 SEER Coding Manual
C 2012 SEER Coding Manual
D 2013 SEER Coding Manual
E 2014 SEER Coding Manual
F 2015 SEER Coding Manual
G 2016 SEER Coding Manual

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank.

Modifications:

NAACCR v12.0

- Code 9 added to list of allowable codes.

NAACCR v12.1

- Definition of code "9" changed from "2010 SEER Coding Manual" to "January 2008 SEER Coding Manual".

- Code "A" (January 2010 SEER Coding Manual) added to list of allowable codes.

NAACCR v12.1A

- Description updated to include code "A": "Must be a valid SEER Coding Sys--Current code (0-9, A) or blank."

NAACCR v12.2

1. Definition of code 9 changed from
"9 January 2008 SEER Coding Manual"
to

"2007 SEER Coding Manual with 2008 changes"

2. Code B (2011 SEER Coding Manual) added to list of allowable codes.
3. Code C (2012 SEER Coding Manual) added to list of allowable codes.

NAACCR v13

Added code 'D' (2013 SEER Coding Manual) to list of allowable codes.

NAACCR v14

Added code 'E' (2014 SEER Coding Manual) to list of allowable codes.

NAACCR v15

Added code 'F' (2015 SEER Coding Manual) to list of allowable codes.

NAACCR v16

Added code 'G' (2016 SEER Coding Manual) to list of allowable codes.

SEER Coding Sys--Current, Date of DX (SEER)

Agency: SEER

Last changed: 03/30/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

SEER Coding Sys--Current [Std# 2120]

Default Error Message

[1016] %F1 and %F2 conflict

Date of Diagnosis and SEER Coding Sys--Current conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank (unknown).

If year of Date of Diagnosis is greater than 2003 and less than 2007, SEER Coding Sys--Current must equal 7 (January 2004 SEER Coding Manual).

If year of Date of Diagnosis is equal to 2007, SEER Coding Sys--Current must equal 8 (January 2007 SEER Coding Manual) or 9 (2007 SEER Coding Manual with 2008 changes).

If year of Date of Diagnosis is equal to 2008-2009, SEER Coding Sys--Current must equal 9 (2007 SEER Coding Manual with 2008 changes).

If year of Date of Diagnosis is equal to 2010, SEER Coding Sys--Current must equal A (2010 SEER Coding Manual).

If year of Date of Diagnosis is equal to 2011, SEER Coding Sys--Current must equal B (2011 SEER Coding Manual).

If year of Date of Diagnosis is 2012, SEER Coding Sys--Current must equal C (2012 SEER Coding Manual).

If year of Date of Diagnosis is 2013, SEER Coding Sys--Current must equal D (2013 SEER Coding Manual).

If year of Date of Diagnosis is 2014, SEER Coding Sys--Current must equal E (2014 SEER Coding Manual).

If year of Date of Diagnosis is 2015, SEER Coding Sys--Current must equal F (2015 SEER Coding Manual).

If year of Date of Diagnosis is 2016 or later, SEER Coding Sys--Current must equal G (2016 SEER Coding Manual).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF182

Modifications:

NACR111

11/06/06

This edit was updated to accommodate code 8 (January 2007 SEER Coding Manual).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to require SEER Coding Sys--Current of 9 for cases diagnosed 2010 and later. Also, the edit is no longer skipped if SEER Coding Sys--Current is blank.

NAACCR v12.1

- Modified to require SEER Coding Sys--Current of "A" instead of "9" for cases diagnosed 2010 and later.

NAACCR v12.1A

- Description and logic updated to require code 8 (January 2007 SEER Coding Manual)for cases diagnosed 2007, code 9 (January 2008 SEER Coding Manual)for cases diagnosed 2008-2009, and code A (January 2010 SEER Coding Manual)for cases diagnosed 2010 and later.

NAACCR v12.2

- Description and logic updated to require code 8 (2007 SEER Coding Manual) or 9 (2007 SEER Coding Manual with 2008 changes) for cases diagnosed 2007, code 9 for cases diagnosed 2008 or 2009, code A (2010 SEER Coding Manual) for cases diagnosed 2010, code B (2011 SEER Coding Manual) for cases diagnosed 2011, and code C ((2012 SEER Coding Manual) for cases dignosed 2012 or later.

NAACCR v13

Added: If year of Date of Diagnosis is 2013 or later, SEER Coding Sys--Current must equal 'D' (2013 SEER Coding Manual).

NAACCR v14

- Updated to require SEER Coding Sys--Current code 'D' only for cases with year of Date of Diagnosis equal to 2013.

- Added: If year of Date of Diagnosis is 2014 or later, SEER Coding Sys--Current must equal 'E' (2014 SEER Coding Manual).

NAACCR v15

- Updated to require SEER Coding Sys--Current code 'E' only for cases with year of Date of Diagnosis equal to 2014.

- Added: If year of Date of Diagnosis is 2015 or later, SEER Coding Sys--Current must equal 'F' (2015 SEER Coding Manual).

NAACCR v16

- Updated to require SEER Coding Sys--Current code 'G' only for cases with year of Date of Diagnosis greater than 2015.

SEER Coding Sys--Original (NAACCR)

Agency: NAACCR

Last changed: 02/17/2016

Fields

SEER Coding Sys--Original [Std# 2130]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of SEER Coding Sys--Original" is not a valid value for SEER Coding Sys--Original

Description

Must be a valid SEER Coding Sys--Original code (0-9, A, B, C, D, E, F).

0 No SEER coding
1 Pre-1988 SEER Coding Manuals
2 1988 SEER Coding Manual
3 1989 SEER Coding Manual
4 1992 SEER Coding Manual
5 1998 SEER Coding Manual
6 2003 SEER Coding Manual
7 2004 SEER Coding Manual
8 2007 SEER Coding Manual
9 2007 SEER Coding Manual with 2008 changes
A 2010 SEER Coding Manual
B 2011 SEER Coding Manual
C 2012 SEER Coding Manual
D 2013 SEER Coding Manual
E 2014 SEER Coding Manual
F 2015 SEER Coding Manual
G 2016 SEER Coding Manual

Administrative Notes

This edit differs from the SEER edit of the same name in that it does not allow blanks.

Modifications:

NACR111

11/06/06

This edit was updated to include code 8 (January 2007 SEER Coding Manual).

NAACCR v12.0

- Code 9 added to list of allowable codes.

NAACCR v12.1

- Definition of code "9" changed from "2010 SEER Coding Manual" to "January 2008 SEER Coding Manual".

- Code "A" (January 2010 SEER Coding Manual) added to list of allowable codes.

NAACCR v12.1A

- Description updated to include code "A": "Must be a valid SEER Coding Sys--Current code (0-9, A)."

NAACCR v12.2

1. Definition of code 9 changed from "9 January 2008 SEER Coding Manual" to "2007 SEER Coding Manual with 2008 changes"
2. Code B (2011 SEER Coding Manual) added to list of allowable codes.
3. Code C (2012 SEER Coding Manual) added to list of allowable codes.

NAACCR v13

Added code 'D' (2013 SEER Coding Manual) to list of allowable codes.

NAACCR v14

Added code 'E' (2014 SEER Coding Manual) to list of allowable codes.

NAACCR v15

Added code 'F' (2015 SEER Coding Manual) to list of allowable codes.

NAACCR v16

Added code 'G' (2016 SEER Coding Manual) to list of allowable codes.

SEER Coding Sys--Original (SEER)

Agency: SEER

Last changed: 02/17/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

SEER Coding Sys--Original [Std# 2130]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of SEER Coding Sys--Original" is not a valid value for SEER Coding Sys--Original

Description

Must be a valid SEER Coding Sys--Original code (0-9, A, B, C, D, E, F, G) or blank.

0 No SEER coding
1 Pre-1988 SEER Coding Manuals
2 1988 SEER Coding Manual
3 1989 SEER Coding Manual
4 1992 SEER Coding Manual
5 1998 SEER Coding Manual
6 2003 SEER Coding Manual
7 2004 SEER Coding Manual
8 2007 SEER Coding Manual
9 2007 SEER Coding Manual with 2008 changes
A 2010 SEER Coding Manual
B 2011 SEER Coding Manual
C 2012 SEER Coding Manual
D 2013 SEER Coding Manual
E 2014 SEER Coding Manual
F 2015 SEER Coding Manual
G 2016 SEER Coding Manual

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

Modifications:

NAACCR v12.0

- Code 9 added to list of allowable codes.

NAACCR v12.1A

- Definition of code "9" changed from "2010 SEER Coding Manual" to "January 2008 SEER Coding Manual".
- Code "A" (January 2010 SEER Coding Manual) added to list of allowable codes in both description and logic.

NAACCR v12.2

1. Definition of code 9 changed from
"9 January 2008 SEER Coding Manual"
to
"2007 SEER Coding Manual with 2008 changes"

2. Code B (2011 SEER Coding Manual) added to list of allowable codes.
3. Code C (2012 SEER Coding Manual) added to list of allowable codes.

NAACCR v13

Added code 'D' (2013 SEER Coding Manual) to list of allowable codes.

NAACCR v14

Added code 'E' (2014 SEER Coding Manual) to list of allowable codes.

NAACCR v15

Added code 'F' (2015 SEER Coding Manual) to list of allowable codes.

NAACCR v16

Added code 'G' (2016 SEER Coding Manual) to list of allowable codes

SEER Derived Items, Date of DX (SEER)

Agency: CS

Last changed: 07/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor25 [Std# 2879]
Behavior Code ICD-O-3 [Std# 523]
Derived SEER Path Stg Grp [Std# 3605]
Derived SEER Clin Stg Grp [Std# 3610]
Derived SEER Cmb Stg Grp [Std# 3614]
Derived SEER Combined T [Std# 3616]
Derived SEER Combined N [Std# 3618]
Derived SEER Combined M [Std# 3620]
Derived SEER Cmb T Src [Std# 3622]
Derived SEER Cmb N Src [Std# 3624]
Derived SEER Cmb M Src [Std# 3626]

Default Error Message

[3137] Conflict between Date of Diagnosis and Derived items
Conflict between Date of Diagnosis and Derived items

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
SAVE_TEXT("If DX < 2016, Derived SEER Cmb M Src must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Clin Stg Grp must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Cmb N Src must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Cmb Stg Grp must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Cmb T Src must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Combined M must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Combined N must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Combined T must be blank")
SAVE_TEXT("If DX <2016, Derived SEER Path Stg Grp must be blank")
SAVE_TEXT("If DX > 2015, Derived SEER Clin Stg Grp cannot be blank")
SAVE_TEXT("If DX > 2015, Derived SEER Combined M cannot be blank")
SAVE_TEXT("If DX > 2015, Derived SEER Combined N cannot be blank")
SAVE_TEXT("If DX > 2015, Derived SEER Combined T cannot be blank")
SAVE_TEXT("If DX > 2015, Derived SEER Path Stg Grp cannot be blank")
SAVE_TEXT("If DX >2015, Derived SEER Cmb Stg Grp cannot be blank")
SAVE_TEXT("t_schema_msg")

Description

The purpose of this edit is to verify that SEER Derived items required by SEER are entered (not blank) for cases diagnosed 2016 and later

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is greater than 2015, then the following Derived data items cannot be blank:

Derived SEER Path Stg Grp [3605]
Derived SEER Clin Stg Grp [3610]
Derived SEER Cmb Stg Grp [3614]
Derived SEER Combined T [3616]
Derived SEER Combined N [3618]
Derived SEER Combined M [3620]

If year of Date of Diagnosis is less than 2016, then the following Derived data items must be blank.

Derived SEER Path Stg Grp [3605]
Derived SEER Clin Stg Grp [3610]
Derived SEER Cmb Stg Grp [3614]
Derived SEER Combined T [3616]
Derived SEER Combined N [3618]
Derived SEER Combined M [3620]
Derived SEER Cmb T Src [3622]
Derived SEER Cmb N Src [3624]
Derived SEER Cmb M Src [3626]

Administrative Notes

New in V16 metafile

In the SEER*Edits software, the title of this edit is: IF568

Modifications

NAACCR v16A

- Description and logic updated to exclude check for blank values for Derived SEER Cmb T Src, Derived SEER Cmb N Src, and Derived SEER Cmb M Src from first part of edit where year of Date of Diagnosis is greater than 2015

SEER Record Number (SEER RECNUM)

Agency: SEER

Last changed: 10/24/2005

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

SEER Record Number [Std# 2190]

Default Error Message

[253] Record Number not valid
Record Number not valid

Description

SEER Record Number may only be a number from 01-99 or blank.

SEER Submission Edit 01 (SEER)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

County at DX [Std# 90]
NHIA Derived Hisp Origin [Std# 191]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
SEER Type of Follow-Up [Std# 2180]
SEER Record Number [Std# 2190]
ICD Revision Number [Std# 1920]

Default Error Message

[3210] Not valid for SEER submission
Not valid for SEER submission

Additional Messages

[3203] County at DX not valid for submission
[3204] NHIA Derived Hisp Origin not valid for submission
[3205] Histologic Type ICD-O-3 not valid for submission
[3206] Behavior Code ICD-O-3 not valid for submission
[3207] SEER Type of Follow-Up not valid for submission
[3208] SEER Record Number not valid for submission
[3209] ICD Revision Number not valid for submission

Description

The following data items cannot be blank when submitted to SEER:

County at DX
NHIA Derived Hisp Origin
Histologic Type ICD-O-3
Behavior Code ICD-O-3
Seer Type of Follow-Up
SEER Record Number
ICD Revision Number

Administrative Notes

In the SEER*Edits software, the title of this edit is: Sub01

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

SEER Submission Edit 02 (SEER)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Behavior (73-91) ICD-O-1 [Std# 1972]
Behavior (92-00) ICD-O-2 [Std# 430]
Behavior Code ICD-O-3 [Std# 523]
Marital Status at DX [Std# 150]
Registry ID [Std# 40]

Default Error Message

[3215] Behavior Code ICD-O-3 must be 2 or 3
Behavior Code ICD-O-3 must be 2 or 3

Additional Messages

[3213] Behavior (73-91) ICD-O-1 must be 2 or 3
[3214] Behavior (92-00) ICD-O-2 must be 2 or 3
[3250] Marital Status must not be blank
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If Year of Diagnosis = 1973-1991 and Registry ID is not Greater California (0000001541) or New Jersey (0000001544), then Behavior(73-91) ICD-O-1 must be 2 (in situ) or 3 (malignant).

If year of Date of Diagnosis is 1992-2000, Behavior (92-00) ICD-O-2 must = 2 (in situ) or 3 (malignant).

If year of Date of Diagnosis is 2001-2003, Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant).

If Registry ID = 0000001542 (Kentucky) AND year of Date of Diagnosis < 2000, Marital Status at DX may be blank; otherwise Marital Status at DX must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: Sub02

Modifications:

NAACCR v11.3
6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Edit modified to require Marital Status at DX, except for pre-2000 Kentucky cases.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Added: If Year of Diagnosis = 1973-1991 and Registry ID is not Greater California (0000001541) or New Jersey (0000001544), then Behavior(73-91) ICD-O-1 must be 2 (in situ) or 3 (malignant).

SEER Type of Follow-Up (SEER TYPEFUP)

Agency: SEER

Last changed: 10/24/2005

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

SEER Type of Follow-Up [Std# 2180]

Default Error Message

[296] SEER Type of Follow-Up not valid
SEER Type of Follow-Up not valid

Description

Must be a valid SEER Type of Follow-Up code (1-4) or blank.

Seq Num--Central, Prim Site, Morph ICDO3(SEER IF22)

Agency: SEER

Last changed: 11/26/2013

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Sequence Number--Central [Std# 380]
Over-ride Ill-define Site [Std# 2060]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[509] Seq_num, Site, Morph conflict - ICDO3
Seq_num, Site, Morph conflict - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If Sequence Number--Central is in the range of 60-88 (state registry-required/cancer committee-required) or 98 (cervix carcinoma in situ), this edit is skipped.

Multiple primaries require review for a person for whom the site or histology is ill-defined or unspecified.

If the case has been reviewed and accepted as coded (Over-ride Ill-define site = 1), no further editing is performed.

If Sequence Number--Central indicates the person has had more than one primary (>00), then any case with one of the following Primary Site/Histologic Type combinations requires review:

1. C760-C768 (Ill-defined sites) or C809 (unknown primary) and Histologic Type ICD-O-3 < 9590
2. C770-C779 (lymph nodes) and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9818, 9823, 9827, 9837
3. C420-C424 and Histologic Type ICD-O-3 not in range 9590-9992
4. Any site code and Histologic Type ICD-O-3 9740-9758.

Additional Information:

This edit forces review of multiple primary cancers when one of the primaries is coded to a site-morphology combination that could indicate a metastatic site rather than a primary site.

GENERAL

It is important to verify that the suspect case is indeed a separate primary from any others that may have been reported for the patient. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. If the suspect case is accurate as coded, and the number of primaries is correct, set the Override Ill-define site flag to 1 so that the case will not be considered in error when the edit is run again. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the suspect cancer is considered a manifestation of one of the patient's other cancers, delete the former case, resequence remaining cases, and correct the coding on the latter case as necessary.

SPECIFIC GUIDELINES

1. Ill-defined sites (C76.0 - C76.8) or unknown primary (C80.9) and histology code less than 9590: Look for evidence that the unknown or ill-defined primary is a secondary site (extension or metastasis) from one of the patient's other cancers. For example, a clinical discharge diagnosis of "abdominal carcinomatosis" may be attributable to the patient's primary ovarian carcinoma known to the registry, and should not be entered as a second primary.

2. Lymph nodes (C77.0-C77.9) and histology code not in the range 9590-9729: Primary malignancies of lymph nodes are almost exclusively the lymphomas coded in the range 9590-9729. A carcinoma, sarcoma, leukemia, or other diagnosis outside that range in a lymph node is most likely a metastatic (secondary) lesion. Check whether the lymph node lesion could be a manifestation of one of the patient's other cancers. If the lesion in the lymph node is considered a separate primary, try to ascertain a more appropriate primary site than lymph nodes.

3. Hematopoietic and reticuloendothelial systems (C42.0-C42.4) and histology not in the range 9590-9989: Primary cancers of the blood, bone marrow, spleen, etc. are almost exclusively lymphomas, leukemias, and related conditions coded in the range 9590-9989. A carcinoma, sarcoma, or other diagnosis outside that range in one of these sites is most likely a metastatic (secondary) lesion. Check whether the lesion could be a manifestation of one of the patient's other cancers. If the lesion is considered a separate primary, try to ascertain a more appropriate primary site other than those in the C42 group.

4. Other lymphoreticular neoplasms and mast cell tumors of any site (histologies 9740-9758): Verify that these diagnoses are coded correctly and are indeed separate primaries from the other reported ones.

EXAMPLE

	SITE	HISTOLOGIC TYPE
SEQ. NUM. 01	RECTUM, C20.9	ADENOCA, 8140/3
SEQ. NUM. 02	PRIMARY UNK., C80.9	ADENOCA, 8140/3

The edit identifies the primary unknown case above (number 02) as case requiring review. When the patient's chart is reviewed again, it is determined that the diagnosis was based on a liver biopsy showing metastatic adenocarcinoma, and the patient has known liver metastases from his rectal CA. Delete case number 02, and change the sequence number of the rectal cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the primary unknown abstract that should be added to the rectal cancer case.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF22_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Hematopoietic end range code was changed from 9989 to 9992.

NAACCR v14

- When checking for more than one ill-defined primary, changed "C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729" to "C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9818, 9823, 9827, 9837".

Seq Num--Hosp, Primary Site, Morph ICD02 (COC)

Agency: COC

Last changed: 01/21/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Sequence Number--Hospital [Std# 560]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Over-ride HospSeq/Site [Std# 1988]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Sequence Number--Hospital, Primary Site and Histology (92-00) ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or blank.

If Sequence Number--Hospital is in the range of 60-88 (state registry-required/cancer committee-required), this edit is skipped.

Multiple primaries require review for a person for whom the site or histology is ill-defined or unspecified.

If the case has been reviewed and accepted as coded (Over-ride HospSeq/Site = 1), no further editing is performed.

If Sequence Number--Hospital indicates the person has had more than one primary (>00), then any case with one of the following Primary Site/Histologic Type combinations requires review:

1. C760-C768 (Ill-defined sites) or C809 (unknown primary) and Histology (92-00) ICD-O-2 < 9590
2. C770-C779 (lymph nodes) and Histology (92-00) ICD-O-2 not in range 9590-9717
3. C420-C424 and Histology (92-00) ICD-O-2 not in range 9590-9941
4. Any site code and Histology (92-00) ICD-O-2 9720-9723, 9740-9741.

Additional Information:

Cancer diagnoses on death certificates are notoriously inaccurate. Secondary sites are sometimes listed as primary sites, such as "Liver cancer" when there are

metastases to the liver. Depending on who the informant or certifier of death is, the diagnosis and intervals can be incorrect. The registry may well have more accurate information about the course of the patient's disease than the death certificate. This edit forces review of multiple primary cancers when one of the primaries is coded as a death-certificate-only case (DCO) (except for DCO cases of leukemia, lymphoma, and related diseases with morphology codes > 9590).

Scrutinize the entire death certificate and all patient abstracts (and the original medical records if necessary) for any evidence that the cancer mentioned on the death certificate is a manifestation of a cancer diagnosed before death. Review the clinical history, treatment, follow-up, and any autopsy results that are available. If the patient died in a hospital, it may be necessary to review the medical record of the final admission. It may also be helpful to contact the patient's clinician or a nursing home to clarify the number of primary cancers. If the DCO case cannot be ruled out, and the number of primaries is correct, set the Over-ride Report Source flag to 1 so that the case will not appear in future edits as an error. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the DCO case should be considered a manifestation of one of the patient's other cancers, delete the DCO case, resequence remaining cases, and correct the coding on the remaining case(s) as necessary. It may also turn out that the cancer reported on the death certificate is a separate independent primary that was diagnosed before death. In that case, changing the Type of Reporting Source from DCO to another code will eliminate the error.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Seq Num--Hosp, Primary Site, Morph ICD03 (COC)

Agency: COC

Last changed: 11/26/2013

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Sequence Number--Hospital [Std# 560]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Over-ride HospSeq/Site [Std# 1988]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Sequence Number--Hospital, Primary Site and Histologic Type ICD-O-3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If Sequence Number--Hospital is in the range of 60-88 (state registry-required/cancer committee-required), this edit is skipped.

Multiple primaries require review for a person for whom the site or histology is ill-defined or unspecified.

If the case has been reviewed and accepted as coded (Over-ride HospSeq/Site = 1), no further editing is performed.

If Sequence Number--Hospital indicates the person has had more than one primary (>00), then any case with one of the following Primary Site/Histologic Type ICD-O-3 combinations requires review:

1. C760-C768 (Ill-defined sites) or C809 (unknown primary) and Histologic Type ICD-O-3 < 9590
2. C770-C779 (lymph nodes) and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9818, 9823, 9827, 9837
3. C420-C424 and Histologic Type ICD-O-3 not in range 9590-9992
4. Any site code and Histologic Type ICD-O-3 9740-9758.

Additional Information:

This edit forces review of multiple primary cancers when one of the primaries is coded to a site-morphology combination that could indicate a metastatic site rather than a primary site.

GENERAL

It is important to verify that the suspect case is indeed a separate primary from any others that may have been reported for the patient. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. If the suspect case is accurate as coded, and the number of primaries is correct, set the Override HospSeq/Site flag to 1 so that the case will not be considered in error when the edit is run again. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the suspect cancer is considered a manifestation of one of the patient's other cancers, delete the former case, resequence remaining cases, and correct the coding on the latter case as necessary.

SPECIFIC GUIDELINES

1. Ill-defined sites (C76.0 - C76.8) or unknown primary (C80.9) and histology code less than 9590: Look for evidence that the unknown or ill-defined primary is a secondary site (extension or metastasis) from one of the patient's other cancers. For example, a clinical discharge diagnosis of "abdominal carcinomatosis" may be attributable to the patient's primary ovarian carcinoma known to the registry, and should not be entered as a second primary.

2. Lymph nodes (C77.0-C77.9) and histology code not in the range 9590-9729: Primary malignancies of lymph nodes are almost exclusively the lymphomas coded in the range 9590-9729. A carcinoma, sarcoma, leukemia, or other diagnosis outside that range in a lymph node is most likely a metastatic (secondary) lesion. Check whether the lymph node lesion could be a manifestation of one of the patient's other cancers. If the lesion in the lymph node is considered a separate primary, try to ascertain a more appropriate primary site than lymph nodes.

3. Hematopoietic and reticuloendothelial systems (C42.0-C42.4) and histology not in the range 9590-9989: Primary cancers of the blood, bone marrow, spleen, etc. are almost exclusively lymphomas, leukemias, and related conditions coded in the range 9590-9989. A carcinoma, sarcoma, or other diagnosis outside that range in one of these sites is most likely a metastatic (secondary) lesion. Check whether the lesion could be a manifestation of one of the patient's other cancers. If the lesion is considered a separate primary, try to ascertain a more appropriate primary site other than those in the C42 group.

4. Other lymphoreticular neoplasms and mast cell tumors of any site (histologies 9740-9758): Verify that these diagnoses are coded correctly and are indeed separate primaries from the other reported ones.

EXAMPLE

	SITE	HISTOLOGIC TYPE
SEQ. NUM. 01	RECTUM, C20.9	ADENOCA, 8140/3
SEQ. NUM. 02	PRIMARY UNK., C80.9	ADENOCA, 8140/3

The edit identifies the primary unknown case above (number 02) as a case requiring review. When the patient's chart is reviewed again, it is determined that the diagnosis was based on a liver biopsy showing metastatic adenocarcinoma, and the patient has known liver metastases from his rectal CA. Delete case number 02, and change the sequence number of the rectal cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the primary unknown abstract that should be added to the rectal cancer case.

Administrative Notes

Modifications:

NAACCR v12.0

- Hematopoietic end range code was changed from 9989 to 9992.

NAACCR v14

- When checking for more than one ill-defined primary, changed "C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729" to "C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9818, 9823, 9827, 9837".

Sequence Number--Central (SEER SEQUENC)

Agency: SEER

Last changed: 04/12/2007

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
IHS - Variables Required for IHS Linkage
SEER: Vs 16 Transmit Edits

Fields

Sequence Number--Central [Std# 380]

Default Error Message

[269] Sequence Number--Central not valid
Sequence Number--Central not valid

Description

Must be a valid Sequence Number--Central code (00-59, 60-88, 98, 99).

Administrative Notes

Modifications:

NACR110B

Valid range of 00-35 changed to 00-59.

Sequence Number--Hospital (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Sequence Number--Hospital [Std# 560]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Sequence Number--Hospital" is not a valid value for Sequence Number--Hospital

Description

Must be a valid Sequence Number--Hospital code: 00-59, 60-88, 99.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it does not allow the field to be blank. The NAACCR version of the edit allows the field to be blank because central registries may use the Sequence Number--Central field instead of this field.

Modifications:

NACR110B

Valid range of 00-35 changed to 00-59.

Sequence Number--Hospital (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Fields

Sequence Number--Hospital [Std# 560]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Sequence Number--Hospital" is not a valid value for Sequence Number--Hospital

Description

Must be a valid Sequence Number--Hospital code: 00-59, 60-88, 99. Field may be blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because central registries may use the Sequence Number--Central field instead of this field.

Modifications:

NACR110B

Valid range of 00-35 changed to 00-59.

Sex (SEER Sex)

Agency: SEER

Last changed: 03/22/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Sex [Std# 220]

Default Error Message

[265] Sex (%V1) must = 1-6 or 9
Sex ("value of Sex") must = 1-6 or 9

Description

Must have a valid Sex code (1-6,9).

Codes

- 1 Male
- 2 Female
- 3 Other (intersex, disorders of sexual development/DSD). The word hermaphrodite formally classified under this code is an outdated term.
- 4 Transsexual, NOS
- 5 Transsexual, natal male
- 6 Transsexual, natal female
- 9 Not stated/unknown

Administrative Notes

Modifications

NAACCR v15

- Updated code 4 to Transsexual, NOS
- Added code 5 Transsexual, natal male
- Added code 6 Transsexual, natal female

NAACCR V16

- Updated code 3 Other (intersex, disorders of sexual development/DSD). The word hermaphrodite formally classified under this code is an outdated term.

Sex, Name--First, Date of Birth (NAACCR)

Agency: NAACCR

Last changed: 09/11/2015

Edit Sets

Sex, Name--First, Date of Birth

Fields

Name--First [Std# 2240]
Sex [Std# 220]
Date of Birth [Std# 240]
Primary Site [Std# 400]
Birthplace--Country [Std# 254]

Tables

NAMESEX.DBF

Default Error Message

[4997] %F1 (%V1), %F2 (%V2), %F3 (%V3) - Check name/sex/decade
Name--First ("value of Name--First"), Sex ("value of Sex"), Date of Birth ("value of Date of Birth") - Check name/sex/decade

Description

This edit is skipped if any of the following conditions are true:

1. Date of Birth, Name--First, or Sex is blank
2. Sex is not = 1 or 2
4. Primary Site = C510-C589 (female sex-specific sites) or C600-C639 (male sex-specific sites)
1. Year of Date of Birth is not in range of 1890-2009
5. Name--First is any of the following and Birthplace--Country is not USA:
 - ANDREA
 - ANGEL
 - CARMEN
 - JEAN
 - MICHELE
 - MARIAN
 - VIVIAN

The purpose of this edit is to identify likely errors in sex based on first name. The edit compares the patient's first name (converted to uppercase) against a list of known name/sex pairs and the birth decade for which they are most common. If a match on name and decade is found but the sex code differs, a warning is generated.

Administrative Notes

New edit - added to NAACCR v15A metafile.

Sex, Primary Site (SEER IF17)

Agency: SEER

Last changed: 04/19/2016

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Sex [Std# 220]
Primary Site [Std# 400]

Default Error Message

[347] Site & Sex conflict
Site & Sex conflict

Description

Primary Site codes C510-C589 (female genital organs) are invalid for Sex codes 1 (male), 5 (Transsexual; natal male), and 9 (not stated/unknown).
Primary Site codes in the range C600-C639 (male genital organs) are invalid for Sex codes 2 (female), 6 (Transsexual; natal female), and 9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF17

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v14

Edit updated to not allow Sex code 9 (not stated/unknown) with Primary Site codes C510-C589 (female genital organs) and C600-C639 (male genital organs).

NAACCR v16

Edit does not allow code 5 (Transsexual; natal male) for female genital organs or code 6 (Transsexual; natal female) for male genital organs.

Site (1973-91) ICD-O-1 (NAACCR OLDSITE)

Agency: NAACCR

Last changed: 03/29/1997

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Site (73-91) ICD-O-1 [Std# 1960]

Tables

OLDSITE.DBF

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Site (73-91) ICD-O-1" is not a valid value for Site (73-91) ICD-O-1

Description

Must be one of the topography codes defined by the International Classification of Diseases for Oncology, First Edition.

Site (1973-91), Date of Diagnosis (SEER IF69)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Site (73-91) ICD-O-1 [Std# 1960]
Registry ID [Std# 40]

Default Error Message

[421] Oldsite & Date_dx conflict
Oldsite & Date_dx conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit helps verify that the procedures required by SEER for the conversion of Primary Site codes from ICD-O-1 to ICD-O-2 were followed. SEER required that cases diagnosed 1973-91 have the primary site converted and then the old ICD-O-1 code be stored in a separate field within the record. All 1992 and later cases were to be coded directly in ICD-O-2, so there would be no old ICD-O-1 code on these cases.

If diagnosis year is blank, this edit is skipped.

If Registry ID[20] = 0000001541 (Greater California) or 0000001544 (New Jersey) and Year of Diagnosis < 1992, this edit is skipped.

If diagnosis year <1992, Primary Site (1973-91) must not be blank, else if diagnosis year is 1992+, Primary site (1973-91) must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF69

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed

NAACCR v12.0

-- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules. Edit will be skipped if Date of Diagnosis is blank.

Site Coding Sys--Curr, Site Coding Sys--Orig (COC)

Agency: COC

Last changed: 03/20/2006

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Site Coding Sys--Current [Std# 450]
Site Coding Sys--Original [Std# 460]

Default Error Message

[1021] %F1 must be greater than or equal to %F2
Site Coding Sys--Current must be greater than or equal to Site Coding Sys--Original

Description

This edit is skipped if either field is blank or equal to 9.

Site Coding Sys--Current must be greater than or equal to Site Coding Sys--Original.

Site Coding Sys--Current (NAACCR)

Agency: NAACCR

Last changed: 01/08/2001

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Site Coding Sys--Current [Std# 450]

Default Error Message

[1120] %F1 must equal 4 or 5 for this metafile
Site Coding Sys--Current must equal 4 or 5 for this metafile

Description

Must be 4 (ICD-O-2) or 5 (ICD-O-3).

Site Coding Sys--Current, Date of DX (NAACCR)

Agency: NAACCR

Last changed: 01/18/2010

Fields

Primary Site [Std# 400]
Site Coding Sys--Current [Std# 450]
Date of Diagnosis [Std# 390]

Default Error Message

[1166] Conflict among %F1, %F2, and %F3
Conflict among Primary Site, Site Coding Sys--Current, and Date of Diagnosis

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Site Coding Sys--Current is blank
2. Date of Diagnosis is blank

If the first character of the Primary Site is "C", then Site Coding Sys--Current must equal 4 (ICD-O, Second Edition) or 5 (ICD-O, Third Edition).

If year of Date of Diagnosis is equal to or greater than 1992, then Site Coding Sys--Current must equal 4 (ICD-O, Second Edition) or 5 (ICD-O, Third Edition).

If year of Date of Diagnosis is 1988-1991, then Site Coding Sys--Current must equal 3 (ICD-O, First Edition), 4 (ICD-O, Second Edition) or 5 (ICD-O, Third Edition).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Site Coding Sys--Original (NAACCR)

Agency: NAACCR

Last changed: 03/10/2003

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Site Coding Sys--Original [Std# 460]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Site Coding Sys--Original" is not a valid value for Site Coding Sys--Original

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (Site Coding Sys--Original, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid Site Coding Sys--Original code (1-6,9).

Site Coding Sys--Original, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Site Coding Sys--Original [Std# 460]
Date of Diagnosis [Std# 390]

Default Error Message

[1151] If year of %F2 > 2002, then %F1 cannot be blank
If year of Date of Diagnosis > 2002, then Site Coding Sys--Original cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then Site Coding Sys--Original cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Site Coding Sys--Original, Date of DX (NAACCR)

Agency: NAACCR

Last changed: 01/18/2010

Fields

Site Coding Sys--Original [Std# 460]

Date of Diagnosis [Std# 390]

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2

"value of Site Coding Sys--Original" is not a valid Site Coding Sys--Original for a Date of Diagnosis of

"value of Date of Diagnosis"

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Site Coding Sys--Original is blank
2. Date of Diagnosis is blank

If year of Date of Diagnosis is equal to or greater than 2001, then Site Coding Sys--Original must 4 (ICD-O, Second Edition) or 5 (ICD-O, Third Edition).

Administrative Notes

This edit differs from the COC edit of the same name in that it requires Site Coding Sys--Original, if entered, to equal 4 or 5 for cases diagnosed on or after 2001. The COC version requires only that the field be filled in (not blank) for cases diagnosed on or after 2003.

Modifications:

NACR110C

07/24/06

Correction: Replaced "Morph Coding Sys--Original" in description with "Site Coding Sys--Original".

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Social Security Number (COC)

Agency: COC

Last changed: 04/13/2011

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Social Security Number [Std# 2320]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Social Security Number" is not a valid value for Social Security Number

Description

Must be a 9-digit number or blank.

The following are not allowed:

1. First three digits = 000
2. First three digits = 666
3. Fourth and fifth digits = 00
4. Last four digits = 0000
5. First digit = 9 (except when first digit of 999999999)

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Social Security Number, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal to 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NACR110C

05/22/06

Corrected Edit Logic so that an error will be properly generated if the last four digits = "0000".

NAACCR v12.1A

- Edit modified to allow Social Security Numbers to begin with 8.

Social Security Number (NAACCR)

Agency: NAACCR

Last changed: 04/13/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
IHS - Variables Required for IHS Linkage

Fields

Social Security Number [Std# 2320]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Social Security Number" is not a valid value for Social Security Number

Description

Must be a 9-digit number.

The following are not allowed:

1. First three digits = 000
2. First three digits = 666
3. Fourth and fifth digits = 00
4. Last four digits = 0000
5. First digit = 9 (except when first digit of 999999999)

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

05/22/06

Corrected Edit Logic so that an error will be properly generated if the last four digits = "0000".

NAACCR v12.1A

- Edit modified to allow Social Security Numbers to begin with 8.

Social Security Number, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/18/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Social Security Number [Std# 2320]
Date of Diagnosis [Std# 390]

Default Error Message

[1041] %F1 cannot be blank if %F2 is greater than 1995
Social Security Number cannot be blank if Date of Diagnosis is greater than 1995

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If Year of Date of Diagnosis is greater than 1995, Social Security Number cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Social Security Number-Partial (NAACCR)

Agency: NAACCR

Last changed: 09/17/2013

Fields

Social Security Number [Std# 2320]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of Social Security Number" is not a valid value for Social Security Number

Description

This edit checks the format and allowable values for full (9-digit) and partial (4-digit) Social Security numbers. A partial (4-digit) Social Security number does not meet current requirements for this data item in the NAACCR Version 14.0 Record Layout. This edit is included in the NAACCR Version 14.0 EDITS metafile to provide a standard means of editing partial Social Security numbers, in the event a reporting facility will only transmit the last four digits of the Social Security Number. When this is the case, the last four digits should be right-justified with leading blanks.

This edit requires either a full (9-digit) or a partial (4 digits, right-justified, with 5 leading blanks) Social Security Number.

Full Social Security Numbers:

A. Must be a 9-digit number

B. The following are not allowed for full Social Security Numbers:

1. First three digits = 000
2. First three digits = 666
3. Fourth and fifth digits = 00
4. Last four digits = 0000
5. First digit = 9 (except when first digit of 999999999)

Partial Social Security Numbers:

A. Must be a 4-digit number with 5 leading blanks

B. The following is not allowed for partial Social Security Numbers:

- Last four digits = 0000

Administrative Notes

This edit differs from the COC and NAACCR Social Security Number edits in that it allows both a full (9-digit) and partial (4 digits preceded by 5 blanks) Social Security Number.

Spanish/Hispanic Origin (SEER SPANORIG)

Agency: SEER

Last changed: 09/20/2004

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Spanish/Hispanic Origin [Std# 190]

Default Error Message

[264] Spanish/Hispanic Origin not valid
Spanish/Hispanic Origin not valid

Description

Must be a valid Spanish/Hispanic Origin code (0-9).

Spanish/Hispanic Origin, NHIA Derived (NAACCR)

Agency: NAACCR

Last changed: 12/15/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Spanish/Hispanic Origin [Std# 190]

NHIA Derived Hisp Origin [Std# 191]

Default Error Message

[1016] %F1 and %F2 conflict

Spanish/Hispanic Origin and NHIA Derived Hisp Origin conflict

Description

This edit is skipped if NHIA Derived Hisp Origin is blank.

If Spanish/Hispanic Origin = 1-5 or 8 (directly identified as Spanish/Hispanic), then NHIA Derived Hisp Origin code must equal Spanish/Hispanic Origin.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

This edit differs from the SEER edit of the same name in that the edit is skipped if NHIA Derived Hisp Origin is blank. This allows for registry variation in the timing of running the algorithm that populates NHIA Derived Hisp Origin.

Spanish/Hispanic Origin, NHIA Derived (SEER IF183)

Agency: SEER

Last changed: 11/24/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Spanish/Hispanic Origin [Std# 190]

NHIA Derived Hisp Origin [Std# 191]

Default Error Message

[1016] %F1 and %F2 conflict

Spanish/Hispanic Origin and NHIA Derived Hisp Origin conflict

Description

If Spanish/Hispanic Origin = 1-5 or 8 (directly identified as Spanish/Hispanic), then NHIA Derived Hisp Origin code must equal Spanish/Hispanic Origin.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

In the SEER*Edits software, the title of this edit is: IF183

This edit differs from the NAACCR edit of the same name in that it is not skipped if NHIA Derived Hisp Origin is blank. The NAACCR version allows for registry variation in the timing of running the algorithm that populates NHIA Derived Hisp Origin.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

10/2008

Due to a change in the NHIA algorithm, the edit was updated to check Spanish/Hispanic Origin codes of "1-5 or 8" instead of "1-6 or 8" when determining whether a case is "directly identified as Spanish/Hispanic."

SS1977, TNM M c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 07/30/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

SEER Summary Stage 1977 [Std# 760]

TNM Path M [Std# 900]

TNM Clin M [Std# 960]

Over-ride SS/TNM-M [Std# 1983]

Date of Diagnosis [Std# 390]

Type of Reporting Source [Std# 500]

Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 1977, TNM Path M and TNM Clin M

Description

This edit is to be used for pre2016 cases. The edit will check valid TNM Clin M and TNM Path M codes either with or without the "c" or "p" component.

The edit is skipped if any of the following conditions are true:

1. Diagnosis date = 2016 or greater, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 1977 is blank
5. TNM Path M and TNM Clin M are both blank, both = 88.
6. Over-ride SS/TNM-M = 1

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank, "X", or "88". If TNM Path M = blank, "X", or "88", the edit checks TNM Clin M if it does not equal blank, "X", or "88". The edit passes if TNM Path M = "X" and TNM Clin M = "X".

The following combinations of SEER Summary Stage 1977 and TNM M are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 1977 equals 0 (in situ) and TNM M code equals c1 or p1.
2. SEER Summary Stage 1977 equals 1 (localized) and TNM M code equals c1 or p1.
3. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and TNM M code equals c1 or p1.
4. SEER Summary Stage 1977 equals 9 (unknown) and TNM M code = c1 or p1.

The following combinations of SEER Summary Stage 1977 and TNM M are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 1977 equals 2 (regional by direct extension only) and TNM M code equals c1 or p1.
2. SEER Summary Stage 1977 equals 4 (regional by direct extension and regional to lymph nodes) and TNM M code equals c1 or p1
3. SEER Summary Stage 1977 equals 5 (regional, NOS) and TNM M code equals c1 or p1.
4. SEER Summary Stage 1977 equals 7 (distant metastases) and TNM M code = c0.

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 1977 and the M code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 1977 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-M flag to 1 to indicate that the case is correct as coded.

Administrative Notes

New edit for v16 metafile. Modification of Summary Stage 1977, TNM N (NAACCR), to allow c and p

Modifications

NAACCR v16A

- References to TNM Clin N and TNM Path N in description changed to TNM Clin M and TNM Path M

SS1977, TNM N c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 03/22/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

SEER Summary Stage 1977 [Std# 760]

TNM Path N [Std# 890]

TNM Clin N [Std# 950]

Over-ride SS/TNM-N [Std# 1982]

Date of Diagnosis [Std# 390]

Type of Reporting Source [Std# 500]

Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 1977, TNM Path N and TNM Clin N

Description

This edit is to be used for pre2016 cases. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The edit is skipped if any of the following conditions are true:

1. Diagnosis date = 2016 or greater, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 1977 is blank
5. TNM Path N and TNM Clin N are both blank, both = 88.
6. Over-ride SS/TNM-N = 1

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "X", or "88". If TNM Path N = blank, "X", or "88", the edit checks TNM Clin N if it does not equal blank, "X", or "88". The edit passes if TNM Path N = "X" and TNM Clin N = "X".

The following combinations of SEER Summary Stage 1977 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N coded to 1.

1. SEER Summary Stage 1977 equals 0 (in situ) and TNM N code equals c1-c3 or p1-p3
2. SEER Summary Stage 1977 equals 1 (localized) and TNM N code equals c1-c3 or p1-p3
3. SEER Summary Stage 1977 equals 2 (regional by direct extension only) and TNM N code equals c1-c3 or p1-p3
4. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and TNM N code equals c0 or p0

5. SEER Summary Stage 1977 equals 4 (both regional by direct extension and regional to lymph nodes) and TNM N code equals c0 or p0.

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 1977 and the N code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 1977 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-N flag to 1 to indicate that the case is correct as coded.

Administrative Notes

New edit for v16 metafile, EC. Modification of Summary Stage 1977, TNM N (NAACCR), to allow c and p

SS2000, TNM M c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 07/30/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

Primary Site [Std# 400]
SEER Summary Stage 2000 [Std# 759]
TNM Path M [Std# 900]
TNM Clin M [Std# 960]
Over-ride SS/TNM-M [Std# 1983]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among Primary Site, SEER Summary Stage 2000, TNM Path M and TNM Clin M

Description

This edit is to be used for pre2016 cases. The edit will check valid TNM Clin M and TNM Path M codes either with or without the "c" or "p" component.

The edit is skipped if any of the following conditions are true:

1. Diagnosis date = 2016 or greater, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path M and TNM Clin M are both blank, both = 88.
6. Over-ride SS/TNM-M = 1

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank, "X", or "88". If TNM Path M = blank or "88", the edit checks TNM Clin M if it does not equal blank, or "88". The edit passes if TNM Path M = "X" and TNM Clin M = "X".

If Over-ride SS/TNM-M = 1, the edit is skipped.
This edit is skipped if diagnosis date >2015

The following combinations of SEER Summary Stage 2000 and TNM M are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM M code equals p1 or c1
2. SEER Summary Stage 2000 equals 1 (localized) and TNM M code equals p1 or c1
3. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and TNM M code equals p1 or c1

4. SEER Summary Stage 2000 equals 9 (unknown) and TNM M code = p1 or c1

The following combinations of SEER Summary Stage 2000 and TNM M are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and TNM M code equals p1 or c1
2. SEER Summary Stage 2000 equals 4 (regional by direct extension and regional to lymph nodes) and TNM M code equals p1 or c1
3. SEER Summary Stage 2000 equals 5 (regional, NOS) and TNM M code equals p1 or c1
4. SEER Summary Stage 2000 equals 7 (distant metastases) and TNM M code = c0
 - There are some common exceptions to this rule. These exceptions are for the following sites and they will not generate warnings:
C000, C011, C021, C079, C099, C119, C180-C189, C199, C250-C259, C340-C349, C384, C541, C569, C570, C670-C679, and C680

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 2000 and the M code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-M flag to 1 to indicate that the case is correct as coded.

Administrative Notes

New edit for v16 metafileModifications

NAACCR v16A

- References to TNM Clin N and TNM Path N in description changed to TNM Clin M and TNM Path M

SS2000, TNM N c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 03/22/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

SEER Summary Stage 2000 [Std# 759]

TNM Path N [Std# 890]

TNM Clin N [Std# 950]

Over-ride SS/TNM-N [Std# 1982]

Date of Diagnosis [Std# 390]

Type of Reporting Source [Std# 500]

Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 2000, TNM Path N and TNM Clin N

Description

This edit is to be used for pre2016 cases. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The edit is skipped if any of the following conditions are true:

1. Diagnosis date = 2016 or greater, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path N and TNM Clin N are both blank, both = 88.
6. Over-ride SS/TNM-N = 1

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "X", or "88". If TNM Path N = blank, "X", or "88", the edit checks TNM Clin N if it does not equal blank, "X", or "88". The edit passes if TNM Path N = "X" and TNM Clin N = "X".

The following combinations of SEER Summary Stage 2000 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM N code equals c1-c3 or p1-p3
2. SEER Summary Stage 2000 equals 1 (localized) and TNM N code equals c1-c3 or p1-p3
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and TNM N code equals c1-c3 or p1-p3
4. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and TNM N code equals c0 or p0
5. SEER Summary Stage 2000 equals 4 (both regional by direct extension

and regional to lymph nodes) and TNM N code equals c0 or p0

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 2000 and the N code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-N flag to 1 to indicate that the case is correct as coded.

Administrative Notes

New edit for v16 metafile, EC. Modification of Summary Stage 2000, TNM N (NAACCR), to allow c and p

Subsq RX 2ndCrS Date Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Fields

Subsq RX 2ndCrS Date Flag [Std# 1661]

Default Error Message

[3277] %F1 must be blank, 10, or 11

Subsq RX 2ndCrS Date Flag must be blank, 10, or 11

Description

The Subsq RX 2ndCrS Date Flag explains why there is no appropriate value in the corresponding date field, Subsq RX 2nd Course Date.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value. (e.g., unknown if any subsequent therapy).

11 No proper value is applicable in this context. (e.g., no subsequent therapy).

Blank A valid date value is provided in item Subsq RX 2nd Course Date, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Subsq RX 3rdCrS Date Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Fields

Subsq RX 3rdCrS Date Flag [Std# 1681]

Default Error Message

[3277] %F1 must be blank, 10, or 11

Subsq RX 3rdCrS Date Flag must be blank, 10, or 11

Description

The Subsq RX 3rdCrS Date Flag explains why there is no appropriate value in the corresponding date field, Subsq RX 3rd Course Date.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value. (e.g., unknown if any subsequent therapy).

11 No proper value is applicable in this context. (e.g., no subsequent therapy).

Blank A valid date value is provided in item Subsq RX 3rd Course Date, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Subsq RX 4thCrS Date Flag (NAACCR)

Agency: NAACCR

Last changed: 10/16/2009

Fields

Subsq RX 4thCrS Date Flag [Std# 1701]

Default Error Message

[3277] %F1 must be blank, 10, or 11

Subsq RX 4thCrS Date Flag must be blank, 10, or 11

Description

The Subsq RX 4thCrS Date Flag explains why there is no appropriate value in the corresponding date field, Subsq RX 4th Course Date.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value. (e.g., unknown if any subsequent therapy).

11 No proper value is applicable in this context. (e.g., no subsequent therapy).

Blank A valid date value is provided in item Subsq RX 4th Course Date, or the date was not expected to have been transmitted.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Summ Stg 1977, Site, Hist ICD02, Class (NAACCR)

Agency: NAACCR

Last changed: 12/10/2009

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
SEER Summary Stage 1977 [Std# 760]
Behavior (92-00) ICD-O-2 [Std# 430]
Class of Case [Std# 610]
Date of Diagnosis [Std# 390]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among Primary Site ("value of Primary Site"), Histology (92-00) ICD-O-2 ("value of Histology (92-00) ICD-O-2"), and SEER Summary Stage 1977 ("value of SEER Summary Stage 1977")

Additional Messages

[1123] Death Certificate Only; SEER Summary Stage 1977 must = 9
[1124] Unknown or Ill-Defined Site; SEER Summary Stage 1977 must = 9
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

- any of the fields are blank
- Behavior (92-00) ICD-O-2 = 0 (benign) or 1 (borderline).
- Date of Diagnosis is greater than 2000 or blank.

If case is death certificate only (Class of Case = 49) then SEER Summary Stage 1977 must equal 9.

This edit allows a SEER Summary Stage 1977 code of 0-5, 7, 9 for all Primary Sites and Histology (92-00) ICD-O-2 codes with the following exceptions:

If Histology (92-00) ICD-O-2 is in the range of 8800-9055, 9110-9134, 9141-9507, or 9520-9581, then SEER Summary Stage 1977 must not = 0.

If Primary Site = C50_ (breast) and Histology (92-00) ICD-O-2 = 8530 (inflammatory carcinoma), then SEER Summary Stage 1977 must not = 0, 1, 3, or 5.

Otherwise, allowable codes are:

Hodgkin and Non-Hodgkin Lymphoma of All Sites

(M-9590-9698, 9702-9717)

Allowable values: 1, 5, 7, 9 with the following exception:

If Primary Site = C778, then SEER Summary Stage 1977 must not = 1

Hematopoietic and Myeloproliferative Neoplasms

(M-9720-9989)

Allowable values for 9731, 9740, 9764, 9930:

1, 7, 9

Allowable values for all others: 7

Heart, Mediastinum

C380-C383, C388

Allowable values: 1-5, 7, 9

Pleura

C384

Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs

C390, C398-C399

Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage

C400-C403, C408-C409, C410-C414, C418-C419

Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum

C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632

(M-9700-9701)

Allowable values: 1-5, 7, 9

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809

C42 and C77 excluding 9590-9698, 9702-9717, 9720-9989

Allowable values: 9

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summ Stg 1977, Site, Hist ICD02, Rpt Srce (NAACCR)

Agency: NAACCR

Last changed: 01/21/2010

Fields

Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
SEER Summary Stage 1977 [Std# 760]
Type of Reporting Source [Std# 500]
Behavior (92-00) ICD-O-2 [Std# 430]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histology (92-00) ICD-O-2 and SEER Summary Stage 1977

Additional Messages

[1123] Death Certificate Only; SEER Summary Stage 1977 must = 9
[1124] Unknown or Ill-Defined Site; SEER Summary Stage 1977 must = 9
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if:

- any of the fields are blank
- Behavior (92-00) ICD-O-2 = 0 (benign) or 1 (borderline).
- Date of Diagnosis is greater than 2000 or blank.

If case is death certificate only (Type of Reporting Source = 7) then SEER Summary Stage 1977 must equal 9.

This edit allows a SEER Summary Stage 1977 code of 0-5, 7, 9 for all Primary Sites and Histology (92-00) ICD-O-2 codes with the following exceptions:

If Histology (92-00) ICD-O-2 is in the range of 8800-9055, 9110-9134, 9141-9507, or 9520-9581, then SEER Summary Stage 1977 must not = 0.

If Primary Site = C50_ (breast) and Histology (92-00) ICD-O-2 = 8530 (inflammatory carcinoma), then SEER Summary Stage 1977 must not = 0, 1, 3, or 5.

Otherwise, allowable codes are:

Hodgkin and Non-Hodgkin Lymphoma of All Sites
(M-9590-9698, 9702-9717)

Allowable values: 1, 5, 7, 9 with the following exception:

If Primary Site = C778, then SEER Summary Stage 1977 must not = 1

Hematopoietic and Myeloproliferative Neoplasms
(M-9720-9989)

Allowable values for 9731, 9740, 9764, 9930:

1, 7, 9

Allowable values for all others: 7

Heart, Mediastinum

C380-C383, C388

Allowable values: 1-5, 7, 9

Pleura

C384

Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs

C390, C398-C399

Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage

C400-C403, C408-C409, C410-C414, C418-C419

Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum

C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632

(M-9700-9701)

Allowable values: 1-5, 7, 9

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809

C42 and C77 excluding 9590-9698, 9702-9717, 9720-9989

Allowable values: 9

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summ Stg 2000, Site, Hist ICD03, Class (NAACCR)

Agency: NAACCR

Last changed: 03/09/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
SEER Summary Stage 2000 [Std# 759]
Class of Case [Std# 610]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histologic Type ICD-O-3 and SEER Summary Stage 2000

Additional Messages

[1123] Death Certificate Only; SEER Summary Stage 2000 must = 9
[1124] Unknown or Ill-Defined Site; SEER Summary Stage 2000 must = 9
[1196] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 5, 7, or 9
[1197] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 5, 7, or 9
[1198] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 7, or 9
[1199] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 7
[1200] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1-4, 7, or 9
[1201] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 0-2, 5, 7, or 9
[1202] If year of Date of Diagnosis < 2010, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 7, or 9
[1203] If year of Date of Diagnosis > 2009, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 7
[1204] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 0-5, 7, or 9
[1205] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1-5, 7, or 9
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the fields are blank; it is also skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

If case is death certificate only (Class of Case = 49) then SEER Summary Stage 2000 must = 9.

This edit allows a SEER Summary Stage 2000 code of 0-5, 7, 9 for all Primary Sites and Histologic Type ICD-O-3 codes with the following exceptions:

Kaposi Sarcoma of All Sites
(M-9140)

Allowable values: 1-4, 7, 9

Hodgkin and Non-Hodgkin Lymphoma of All Sites

[M-9590-9699, 9702-9729, 9735, 9738] (excluding C441, C690, C695-C696)

[M-9811-9818, 9823, 9827, 9837] [excluding C420, C421, C424, C441, C690, C695-C696 (see Hematopoietic group for these primary sites)]

Allowable values: 1, 5, 7, 9 with the following exception:

If primary site is C77.8, then SEER Summary Stage 2000 must not=1

Lymphoma Ocular Adnexa

C441, C690, C695-C696

M-9590-9699, 9702-9738, 9811-9818, 9820-9837

Allowable values: 1, 5, 7, 9

Multiple Myeloma and Plasma Cell Neoplasms of All Sites

[M-9731, 9732, 9734] (Excluding C441, C690, C695-C696)

M-9731 - Allowable values: 1, 7, 9

M-9732 - Allowable value: 7

M-9734 - Allowable values: 1, 5, 7, 9

Hematopoietic and Myeloproliferative Neoplasms of All Sites

M-9740, 9750-9752, 9755-9758, 9930

Allowable values: 1, 7, 9

M-9764

If diagnosis year is less than 2010: Allowable values: 1, 7, 9

If diagnosis year = 2010 or later: Allowable values: 7

M-9731-9992 for all sites not included in the above lymphoma and multiple myeloma groups

Allowable value: 7

Heart, Mediastinum

C380-C383, C388

Allowable values: 1-5, 7, 9

Pleura

C384

Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs

C390, C398-C399

Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage

C400-C403, C408-C409, C410-C414, C418-C419

Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum

C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632

(M-9700-9701)

Allowable values: 1-5, 7, 9

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Breast

C500-C509

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma), then SEER Summary Stage 2000 must = 1-5, 7, or 9.

Otherwise SEER Summary Stage 2000 must = 0-5, 7, or 9.

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809, C42 and C77

- excluding 9140, 9590-9596, 9650-9699, 9702-9719, 9727-9729, 9731-9992

Allowable values: 9

Administrative Notes

Modifications:

NAACCR v11.1A

02/2007

Deleted: "If Histologic Type ICD-O-3 is in the range of 8800-9055, 9110-9136, 9141-9508, or 9520-9582, then SEER Summary Stage 2000 must not = 0."

(These histology ranges are now allowed to be coded with a behavior of 2 (in situ) in the edit "Morphology--Type/Behavior ICDO3 (SEER MORPH)" as long as the case has been reviewed and the Over-ride Histology flag has been set to 1 or 3.)

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.

NAACCR v12.2A

- Description and logic modified for Hodgkin and Non-Hodgkin Lymphoma, Lymphoma Ocular Adnexa, Multiple Myeloma and Plasma Cell Neoplasms, and Hematopoietic and Myeloproliferative Neoplasms.

- Added more descriptive error messages

Summ Stg 2000, Site, Hist ICD03, Rpt Srce (NAACCR)

Agency: NAACCR

Last changed: 03/09/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
SEER Summary Stage 2000 [Std# 759]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Primary Site, Histologic Type ICD-O-3 and SEER Summary Stage 2000

Additional Messages

[1123] Death Certificate Only; SEER Summary Stage 2000 must = 9
[1124] Unknown or Ill-Defined Site; SEER Summary Stage 2000 must = 9
[1196] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 5, 7, or 9
[1197] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 5, 7, or 9
[1198] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 7, or 9
[1199] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 7
[1200] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1-4, 7, or 9
[1201] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 0-2, 5, 7, or 9
[1202] If year of Date of Diagnosis < 2010, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1, 7, or 9
[1203] If year of Date of Diagnosis > 2009, Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 7
[1204] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 0-5, 7, or 9
[1205] If Primary Site = "value of Primary Site" and Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", SEER Summary Stage 2000 must = 1-5, 7, or 9
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the fields are blank; it is also skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

If case is death certificate only (Type of Reporting Source = 7) then SEER Summary Stage 2000 must equal 9.

This edit allows a SEER Summary Stage 2000 code of 0-5, 7, 9 for all Primary Sites and Histologic Type ICD-O-3 codes with the following exceptions:

Kaposi Sarcoma of All Sites
(M-9140)
Allowable values: 1-4, 7, 9

Hodgkin and Non-Hodgkin Lymphoma of All Sites
[M-9590-9699, 9702-9729, 9735, 9738] (excluding C441, C690, C695-C696)
[M-9811-9818, 9823, 9827, 9837] [excluding C420, C421, C424, C441, C690, C695-C696
(see Hematopoietic group for these primary sites)]
Allowable values: 1, 5, 7, 9 with the following exception:
If primary site is C77.8, then SEER Summary Stage 2000 must not=1

Lymphoma Ocular Adnexa
C441, C690, C695-C696
M-9590-9699, 9702-9738, 9811-9818, 9820-9837
Allowable values: 1, 5, 7, 9

Multiple Myeloma and Plasma Cell Neoplasms of All Sites
[M-9731, 9732, 9734] (Excluding C441, C690, C695-C696)
M-9731 - Allowable values: 1, 7, 9
M-9732 - Allowable value: 7
M-9734 - Allowable values: 1, 5, 7, 9

Hematopoietic and Myeloproliferative Neoplasms of All Sites
M-9740, 9750-9752, 9755-9758, 9930
Allowable values: 1, 7, 9
M-9764
If diagnosis year is less than 2010: Allowable values: 1, 7, 9
If diagnosis year = 2010 or later: Allowable values: 7
M-9731-9992 for all sites not included in the above lymphoma and multiple myeloma groups
Allowable value: 7

Heart, Mediastinum
C380-C383, C388
Allowable values: 1-5, 7, 9

Pleura
C384
Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
C390, C398-C399
Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage
C400-C403, C408-C409, C410-C414, C418-C419
Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632
(M-9700-9701)
Allowable values: 1-5, 7, 9

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Breast

C500-C509

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma), then SEER Summary Stage 2000 must = 1-5, 7, or 9.

Otherwise SEER Summary Stage 2000 must = 0-5, 7, or 9.

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809, C42 and C77

- excluding 9140, 9590-9596, 9650-9699, 9702-9719, 9727-9729, 9731-9992

Allowable values: 9

Administrative Notes

Modifications:

NAACCR v11.1A

02/2007

Deleted: "If Histologic Type ICD-O-3 is in the range of 8800-9055, 9110-9136, 9141-9508, or 9520-9582, then SEER Summary Stage 2000 must not = 0."

(These histology ranges are now allowed to be coded with a behavior of 2 (in situ) in the edit "Morphology--Type/Behavior ICDO3 (SEER MORPH)" as long as the case has been reviewed and the Over-ride Histology flag has been set to 1 or 3.)

NAACCR v12.2A

- Description and logic modified for Hodgkin and Non-Hodgkin Lymphoma, Lymphoma Ocular Adnexa, Multiple Myeloma and Plasma Cell Neoplasms, and Hematopoietic and Myeloproliferative Neoplasms.

- Added more descriptive error messages

Summary Stage 1977 (NAACCR)

Agency: NAACCR

Last changed: 08/03/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

SEER Summary Stage 1977 [Std# 760]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of SEER Summary Stage 1977" is not a valid value for SEER Summary Stage 1977

Description

This field is allowed to be blank because the item was not required after 2000. Another edit (Summary Stage, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is less than 2001. Central registries should include both edits in their edit set.

Must be a valid SEER Summary Stage 1977 code (0-5, 7-9) or blank.

Summary Stage 1977, Class of Case (COC)

Agency: NAACCR

Last changed: 12/10/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

SEER Summary Stage 1977 [Std# 760]
Class of Case [Std# 610]

Default Error Message

[1146] Death Certificate Only, SEER Summary Stage must = 9
Death Certificate Only, SEER Summary Stage must = 9

Description

This edit is skipped if SEER Summary Stage 1977 is blank.

If case is death certificate only (Class of Case = 49) then SEER Summary Stage 1977 must equal 9.

Administrative Notes

Modifications:

NAACCR v12.0:
- DCO is identified by Class of Case 49 instead of code 8.

Summary Stage 1977, Date DX, Date 1st Cont (NAACCR)

Agency: NAACCR

Last changed: 01/19/2010

Fields

SEER Summary Stage 1977 [Std# 760]

Date of Diagnosis [Std# 390]

Date of 1st Contact [Std# 580]

Default Error Message

[1019] %F1 must not be blank

SEER Summary Stage 1977 must not be blank

Additional Messages

[1142] If year of Date of Diagnosis < 2001, SEER Summary Stage 1977 cannot be blank

[1143] If Date of Diagnosis is unknown and Date of 1st Contact < 2001, then SEER Summary Stage 1977 cannot be blank

ERROR_TEXT("Date of 1st Contact: %DC")

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is less than 2001, then SEER Summary Stage 1977 cannot be blank. However, if the Date of Diagnosis is unknown (blank), then the Date of 1st Contact is checked. If the year of Date of 1st Contact is less than 2001, then SEER Summary Stage 1977 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 01/19/2010

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Date of Diagnosis [Std# 390]

SEER Summary Stage 1977 [Std# 760]

Default Error Message

[1112] If year of %F1 < 2001, then %F2 cannot be blank

If year of Date of Diagnosis < 2001, then SEER Summary Stage 1977 cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2001, then SEER Summary Stage 1977 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, EOD--LN Involv, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 01/19/2010

Fields

SEER Summary Stage 1977 [Std# 760]
EOD--Lymph Node Involv [Std# 810]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
SEER Summary Stage 1977 and EOD--Lymph Node Involv conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the fields are blank or Date of Diagnosis is greater than 2000.

This edit is skipped if case is a lymphoma (Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717). (This is because the field EOD--Lymph Node Involv is used to code systemic symptoms for lymphoma cases, not lymph node involvement.)

If SEER Summary Stage 1977 is 0 (in situ), 1 (localized) or 2 (regional by direct extension), then EOD--Lymph Node Involv cannot = 1-8.

If SEER Summary Stage 1977 is 3 (regional to lymph nodes) or 4 (both regional by direct extension and regional to lymph nodes), EOD--Lymph Node Involv cannot = 0.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Histology ICD02 (COC)

Agency: COC

Last changed: 12/10/2009

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

SEER Summary Stage 1977 [Std# 760]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]
Class of Case [Std# 610]

Default Error Message

[1048] Summary Stage must be 7 for this histology
Summary Stage must be 7 for this histology

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is blank or greater than 2000 or if Class of Case equals 49 (DCO).

A SEER Summary Stage 1977 of 7 is required for the following histologies:

9800-9941 (Leukemia)
9732 (Multiple myeloma)
9722 (Letterer-Siwe's disease)

Administrative Notes

Modifications:

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Primary Site-Ed 4, ICD02 (COC)

Agency: COC

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Edition Number [Std# 1060]
SEER Summary Stage 1977 [Std# 760]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1047] Summary Stage must be coded for this Primary Site
Summary Stage must be coded for this Primary Site

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if TNM Edition Number is not = 04.

This edit is skipped if the year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped for lymphomas (Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717).

SEER Summary Stage 1977 is required for the following sites because they have no AJCC coding scheme per AJCC Edition 4:

C173, C254, C260, C268, C269, C300, C301, C311, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C570-C574, C577-C579, C589, C630, C631, C637-C639, C691, C699, C701, C709, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Primary Site-Ed 5, ICD02 (COC)

Agency: COC

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Edition Number [Std# 1060]
SEER Summary Stage 1977 [Std# 760]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1047] Summary Stage must be coded for this Primary Site
Summary Stage must be coded for this Primary Site

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if TNM Edition Number is not = 05.

This edit is skipped if the year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped for lymphomas (Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717).

SEER Summary Stage 1977 is required for the following sites because they have no AJCC coding scheme per AJCC Edition 5:

C173, C254, C260, C268, C269, C300, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C691, C699, C700, C701, C709-C719, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Regional Nodes Pos (NAACCR)

Agency: NAACCR

Last changed: 04/12/2007

Fields

SEER Summary Stage 1977 [Std# 760]
Regional Nodes Positive [Std# 820]
Over-ride SS/NodesPos [Std# 1981]

Default Error Message

[1016] %F1 and %F2 conflict
SEER Summary Stage 1977 and Regional Nodes Positive conflict

Description

This edit is skipped if either SEER Summary Stage 1977 or Regional Nodes Positive is blank.

If Over-ride SS/NodesPos = 1 or if SEER Summary Stage 1977 is greater than 4, the edit is skipped.

The following combinations of SEER Summary Stage 1977 and Regional Nodes Positive are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 1977 equals 0 (in situ) and Regional Nodes Positive equals 01-97
2. SEER Summary Stage 1977 equals 1 (localized) and Regional Nodes Positive equals 01-97
3. SEER Summary Stage 1977 equals 2 (regional by direct extension only) and Regional Nodes Positive equals = 01-97
4. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 00
5. SEER Summary Stage 1977 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 00

The following combinations of SEER Summary Stage 1977 and Regional Nodes Positive are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 99
2. SEER Summary Stage 1977 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 99

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 1977 and Regional Nodes Positive will indicate a coding error in one of the two data items. Check the

coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 1977 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. SEER rules for collection of Regional Nodes Positive included a 2-month time period rule until 1998 when a 4-month rule was implemented. ROADS instructions for Regional Nodes Positive specify to record lymph nodes removed as part of the first course of therapy. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/NodesPos flag to 1 to indicate that the case is correct as coded.

Summary Stage 1977, Summary Stage 2000 (NAACCR)

Agency: NAACCR

Last changed: 01/19/2010

Fields

SEER Summary Stage 1977 [Std# 760]

SEER Summary Stage 2000 [Std# 759]

Date of Diagnosis [Std# 390]

Default Error Message

[1115] %F1 and %F2 cannot both be blank

SEER Summary Stage 1977 and SEER Summary Stage 2000 cannot both be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is >2003 or is blank.

SEER Summary Stage 1977 and SEER Summary Stage 2000 cannot both be blank.

Administrative Notes

Modifications:

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, TNM M (NAACCR)

Agency: NAACCR

Last changed: 05/25/2010

Edit Sets

Pre2016 no c,p in codes

Fields

SEER Summary Stage 1977 [Std# 760]

TNM Path M [Std# 900]

TNM Clin M [Std# 960]

Over-ride SS/TNM-M [Std# 1983]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 1977, TNM Path M and TNM Clin M

Description

This edit is skipped if SEER Summary Stage 1977 or both TNM Path M and TNM Clin M are empty. It is also skipped if both TNM Path M and TNM Clin M equal 88. Otherwise, TNM Path M has precedence over TNM Clin M as follows: if TNM Path M is empty or equal to X or 88 and TNM Clin M is not empty and equal to any value other than X or 88, then TNM Clin M is used.

If Over-ride SS/TNM-M = 1, the edit is skipped.

The following combinations of SEER Summary Stage 1977 and TNM M are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 1977 equals 0 (in situ) and TNM M code equals 1
2. SEER Summary Stage 1977 equals 1 (localized) and TNM M code equals 1
3. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and TNM M code equals 1
4. SEER Summary Stage 1977 equals 9 (unknown) and TNM M code = 1

The following combinations of SEER Summary Stage 1977 and TNM M are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 1977 equals 2 (regional by direct extension only) and TNM M code equals 1
2. SEER Summary Stage 1977 equals 4 (regional by direct extension and regional to lymph nodes) and TNM M code equals 1
3. SEER Summary Stage 1977 equals 5 (regional, NOS) and TNM M code equals 1
4. SEER Summary Stage 1977 equals 7 (distant metastases) and TNM M code = 0

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 1977 and the M code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 1977 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-M flag to 1 to indicate that the case is correct as coded.

Administrative Notes

Modifications:

NAACCR v12.0

- Fixed logic to handle increase in size of TNM M from 2 to 4 characters

Summary Stage 1977, TNM N (NAACCR)

Agency: NAACCR

Last changed: 09/26/2013

Edit Sets

Pre2016 no c,p in codes

Fields

SEER Summary Stage 1977 [Std# 760]

TNM Path N [Std# 890]

TNM Clin N [Std# 950]

Over-ride SS/TNM-N [Std# 1982]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 1977, TNM Path N and TNM Clin N

Description

This edit is skipped if SEER Summary Stage 1977 or both TNM Path N and TNM Clin N are empty. It is also skipped if both TNM Path N and TNM Clin N equal 88. Otherwise, TNM Path N has precedence over TNM Clin N as follows: if TNM Path N is empty or equal to X or 88 and TNM Clin N is not empty and equal to any value other than X or 88, then TNM Clin N is used.

If Over-ride SS/TNM-N = 1, the edit is skipped.

The following combinations of SEER Summary Stage 1977 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N coded to 1.

1. SEER Summary Stage 1977 equals 0 (in situ) and TNM N code equals 1-3
2. SEER Summary Stage 1977 equals 1 (localized) and TNM N code equals 1-3
3. SEER Summary Stage 1977 equals 2 (regional by direct extension only) and TNM N code equals 1-3
4. SEER Summary Stage 1977 equals 3 (regional to lymph nodes only) and TNM N code equals 0
5. SEER Summary Stage 1977 equals 4 (both regional by direct extension and regional to lymph nodes) and TNM N code equals 0

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 1977 and the N code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 1977 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each

primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-N flag to 1 to indicate that the case is correct as coded.

Administrative Notes

Modifications:

NAACCR v12.0

- Fixed logic to handle increase in size of TNM N from 2 to 4 characters

NAACCR v14

- Removed print function (used for debugging) from edit logic

Summary Stage 1977, TNM Stage Group (COC)

Agency: COC

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

SEER Summary Stage 1977 [Std# 760]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Date of Diagnosis [Std# 390]

Default Error Message

[1019] %F1 must not be blank
SEER Summary Stage 1977 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is greater than 2000 or blank.

If TNM Clin Stage Group = 88 and TNM Path Stage Group = 88, then SEER Summary Stage 1977 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 1977, Type of Report Source (NAACCR)

Agency: NAACCR

Last changed: 08/03/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Type of Reporting Source [Std# 500]
SEER Summary Stage 1977 [Std# 760]

Default Error Message

[1146] Death Certificate Only, SEER Summary Stage must = 9
Death Certificate Only, SEER Summary Stage must = 9

Description

This edit is skipped if SEER Summary Stage 1977 is blank.

If case is death certificate only (Type of Reporting Source = 7) then SEER Summary Stage 1977 must equal 9.

Summary Stage 2000 (NAACCR)

Agency: NAACCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

SEER Summary Stage 2000 [Std# 759]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of SEER Summary Stage 2000" is not a valid value for SEER Summary Stage 2000

Description

This field is allowed to be blank because the item was not required until 2001. Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later. Central registries should include both edits in their edit set.

Must be a valid SEER Summary Stage 2000 code (0-5, 7-9) or blank.

Administrative Notes

Modifications

NAACCR v15

- Updated description: "Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later."

Summary Stage 2000, Date DX, Date 1st Cont (NAACCR)

Agency: NAACCR

Last changed: 02/10/2015

Fields

SEER Summary Stage 2000 [Std# 759]

Date of Diagnosis [Std# 390]

Date of 1st Contact [Std# 580]

Additional Messages

[3348] If year of Date of Diagnosis > 2000 and < 2004, then SEER Summary Stage 2000 cannot be blank

[3349] If Date of Diagnosis is blank and year of Date of 1st Contact > 2000 and < 2004, then SEER Summary Stage 2000 cannot be blank

[4633] If Date of Diagnosis is blank and year of Date of 1st Contact = 2015 or later, then SEER Summary Stage 2000 cannot be blank

ERROR_TEXT("Date of 1st Contact: %DC")

Description

If year of Date of Diagnosis is 2001-2003 or 2015 or later , then SEER Summary Stage 2000 cannot be blank. However, if the Date of Diagnosis is unknown (blank), then the of Date of 1st Contact is checked. If the year of Date of 1st Contact is 2001-2003 or 2015 or later, then SEER Summary Stage 2000 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15

- Modified to require SEER Summary Stage 2000 if Date of Diagnosis is blank, but Date of 1st Contact is 2015 or later

Summary Stage 2000, Date of Diagnosis (COC)

Agency: COC

Last changed: 05/24/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
SEER Summary Stage 2000 [Std# 759]

Default Error Message

[4632] If year of %F1 = %V1 then %F2 cannot be blank
If year of Date of Diagnosis = "value of Date of Diagnosis" then SEER Summary Stage 2000 cannot be blank

Description

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is 2016 or later, SEER Summary Stage 2000 cannot be blank.

Administrative Notes

Modifications:

NAACCR v16

- New edit to require SEER Summary Stage 2000 for cases diagnosed 2016 and later

Summary Stage 2000, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 02/10/2015

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
SEER Summary Stage 2000 [Std# 759]

Default Error Message

[3139] If year of %F1 > 2000 and < 2004, then %F2 cannot be blank
If year of Date of Diagnosis > 2000 and < 2004, then SEER Summary Stage 2000 cannot be blank

Additional Messages

[4632] If year of Date of Diagnosis = "value of Date of Diagnosis" then SEER Summary Stage 2000 cannot be blank

Description

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is 2001-2003 or 2015 or later, SEER Summary Stage 2000 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15

- Updated to require SEER Summary Stage 2000 for cases diagnosed 2015 and later

Summary Stage 2000, EOD--LN Involv, ICD03 (NAACCR)

Agency: NAACCR

Last changed: 08/03/2005

Fields

SEER Summary Stage 2000 [Std# 759]

EOD--Lymph Node Involv [Std# 810]

Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1016] %F1 and %F2 conflict

SEER Summary Stage 2000 and EOD--Lymph Node Involv conflict

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if case is a lymphoma (Histologic Type ICD-O-3 = 9590-9596, 9650-9696, 9702-9719, 9727-9729). (This is because the field EOD--Lymph Node Involv is used to code systemic symptoms for lymphoma cases, not lymph node involvement.)

If SEER Summary Stage 2000 is 0 (in situ), 1 (localized) or 2 (regional by direct extension), then EOD--Lymph Node Involv cannot = 1-8.

If SEER Summary Stage 2000 is 3 (regional to lymph nodes) or 4 (both regional by direct extension and regional to lymph nodes), EOD--Lymph Node Involv cannot = 0.

Summary Stage 2000, Over-ride CS 20 (NPCR)

Agency: CS

Last changed: 12/01/2011

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

SEER Summary Stage 2000 [Std# 759]
Over-ride CS 20 [Std# 3769]

Default Error Message

[4878] If %F2 = '1', then %F1 must not be blank
If Over-ride CS 20 = '1', then SEER Summary Stage 2000 must not be blank

Description

For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is permitted in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Please note that another edit, "CS Over-ride CS 20, Date of Diagnosis" verifies that Over-ride CS 20 is blank for pre-2012 cases.

If Over-ride CS 20 is '1', then SEER Summary Stage 2000 [759] cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

Summary Stage 2000, Primary Site-Ed 5, ICD03 (COC)

Agency: COC

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
SEER Summary Stage 2000 [Std# 759]

Default Error Message

[1126] Summary Stage 2000 must be coded for this Site or Hist
Summary Stage 2000 must be coded for this Site or Hist

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is less than 2001 or greater than 2003.

This edit is skipped for lymphomas (Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729).

SEER Summary Stage 2000 is required for the following histologies because they have no AJCC coding scheme per AJCC Edition 5:

9731-9989 Hematopoietic and Myeloproliferative Neoplasms of All Sites
9140 Kaposi Sarcoma of All Sites

SEER Summary Stage 2000 is required for the following sites because they have no AJCC coding scheme per AJCC Edition 5:

C173, C254, C260, C268, C269, C300, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C691, C699, C700, C701, C709-C719, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 2000, Primary Site-Ed 6, ICD03 (COC)

Agency: COC

Last changed: 01/19/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
SEER Summary Stage 2000 [Std# 759]

Default Error Message

[1126] Summary Stage 2000 must be coded for this Site or Hist
Summary Stage 2000 must be coded for this Site or Hist

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is not = 2003.

This edit is skipped for lymphomas (Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729).

SEER Summary Stage 2000 is required for the following histologies because they have no AJCC coding scheme per AJCC Edition 6:

9731-9989	Hematopoietic and Myeloproliferative Neoplasms of All Sites
9140	Kaposi Sarcoma of All Sites

SEER Summary Stage 2000 is required for the following sites because they have no AJCC coding scheme per AJCC Edition 6:

C103, C173, C254, C260, C268, C269, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C681, C688, C689, C691, C699, C701, C709, C710, C740, C741, C749, C750, C754, C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Summary Stage 2000, Regional Nodes Pos (NAACCR)

Agency: NAACCR

Last changed: 04/30/2007

Fields

SEER Summary Stage 2000 [Std# 759]
Regional Nodes Positive [Std# 820]
Over-ride SS/NodesPos [Std# 1981]

Default Error Message

[1016] %F1 and %F2 conflict
SEER Summary Stage 2000 and Regional Nodes Positive conflict

Description

This edit is skipped if either SEER Summary Stage 2000 or Regional Nodes Positive is blank.

If Over-ride SS/NodesPos = 1 or if SEER Summary Stage 2000 is greater than 4, the edit is skipped.

The following combinations of SEER Summary Stage 2000 and Regional Nodes Positive are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and Regional Nodes Positive equals 01-97
2. SEER Summary Stage 2000 equals 1 (localized) and Regional Nodes Positive equals 01-97
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and Regional Nodes Positive equals = 01-97
4. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 00
5. SEER Summary Stage 2000 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 00

The following combinations of SEER Summary Stage 2000 and Regional Nodes Positive are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 99
2. SEER Summary Stage 2000 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 99

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 2000 and Regional Nodes Positive will indicate a coding error in one of the two data items. Check the

coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. SEER rules for collection of Regional Nodes Positive included a 2-month time period rule until 1998 when a 4-month rule was implemented. ROADS instructions for Regional Nodes Positive specify to record lymph nodes removed as part of the first course of therapy. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/NodesPos flag to 1 to indicate that the case is correct as coded.

Summary Stage 2000, TNM M (NAACCR)

Agency: NAACCR

Last changed: 05/25/2010

Edit Sets

Pre2016 no c,p in codes

Fields

Primary Site [Std# 400]
SEER Summary Stage 2000 [Std# 759]
TNM Path M [Std# 900]
TNM Clin M [Std# 960]
Over-ride SS/TNM-M [Std# 1983]

Default Error Message

[1002] Conflict among %F1, %F2, %F3 and %F4
Conflict among Primary Site, SEER Summary Stage 2000, TNM Path M and TNM Clin M

Description

This edit is skipped if SEER Summary Stage 2000 or both TNM Path M and TNM Clin M are empty. It is also skipped if both TNM Path M and TNM Clin M equal 88. Otherwise, TNM Path M has precedence over TNM Clin M as follows: if TNM Path M is empty or equal to X or 88 and TNM Clin M is not empty and equal to any value other than X or 88, then TNM Clin M is used.

If Over-ride SS/TNM-M = 1, the edit is skipped.

The following combinations of SEER Summary Stage 2000 and TNM M are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM M code equals 1
2. SEER Summary Stage 2000 equals 1 (localized) and TNM M code equals 1
3. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and TNM M code equals 1
4. SEER Summary Stage 2000 equals 9 (unknown) and TNM M code = 1

The following combinations of SEER Summary Stage 2000 and TNM M are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and TNM M code equals 1
2. SEER Summary Stage 2000 equals 4 (regional by direct extension and regional to lymph nodes) and TNM M code equals 1
3. SEER Summary Stage 2000 equals 5 (regional, NOS) and TNM M code equals 1
4. SEER Summary Stage 2000 equals 7 (distant metastases) and

TNM M code = 0

- There are some common exceptions to this rule. These exceptions are for the following sites and they will not generate warnings:
C000, C011, C021, C079, C099, C119, C180-C189, C199, C250-C259, C340-C349, C384, C541, C569, C570, C670-C679, and C680

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 2000 and the M code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-M flag to 1 to indicate that the case is correct as coded.

Administrative Notes

Modifications:

NAACCR v11.2
11/2007

A warning is no longer generated for the combination of SEER Summary Stage 2000 of 7 (distant metastases) and TNM M code of 0 for the following sites:

C000, C011, C021, C079, C099, C119, C180-C189, C199, C250-C259,
C340-C349, C384, C541, C569, C570, C670-C679, and C680

(A warning is still generated for all other sites.)

NAACCR v12.0

- Fixed logic to handle increase in size of TNM M from 2 to 4 characters

Summary Stage 2000, TNM M 2016 (NAACCR)

Agency: NAACCR

Last changed: 07/30/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

SEER Summary Stage 2000 [Std# 759]
TNM Path M [Std# 900]
TNM Clin M [Std# 960]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among SEER Summary Stage 2000, TNM Path M and TNM Clin M

Description

This edit is to be used for cases collected 2016 and later.

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank or "88". If TNM Path M = blank or "88", the edit checks TNM Clin M if it does not equal blank, or "88".

This edit is skipped under the following conditions:

1. Diagnosis date is less than 2016, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path M and TNM Clin M are both blank, both = 88.

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank or "88". If TNM Path M = blank or "88", the edit checks TNM Clin M if it does not equal blank, or "88".

The following combinations of SEER Summary Stage 2000 and TNM M are usually wrong and will produce an error.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM M code equals p1 or c1
2. SEER Summary Stage 2000 equals 1 (localized) and TNM M code equals p1 or c1
3. SEER Summary Stage 2000 equals 9 (unknown) and TNM M code = p1 or c1

Administrative Notes

New edit for v16 metafile.

Modifications

NAACCR v16A

- Default error message changed from 1002 to 1005
- Skip for Over-ride deleted from Description
- The description and edit logic were modified for NAACCR v16 to not compare SEER Summary Stage codes 2, 3, 4, 5, and 7 with TNM M codes. The pre-2016 versions of the edit, SS2000, TNM M c,p pre-2016 (NAACCR) and Summary Stage 2000, TNM M (NAACCR), do edit combinations of Summary Stage codes 2, 3, 4, 5, and 7 with TNM M codes. These edits include warnings and over-rides to allow correctly coded combinations of Summary Stage and TNM codes, removed from this edit, to pass.

Summary Stage 2000, TNM N (NAACCR)

Agency: NAACCR

Last changed: 09/26/2013

Edit Sets

Pre2016 no c,p in codes

Fields

SEER Summary Stage 2000 [Std# 759]

TNM Path N [Std# 890]

TNM Clin N [Std# 950]

Over-ride SS/TNM-N [Std# 1982]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3

Conflict among SEER Summary Stage 2000, TNM Path N and TNM Clin N

Description

This edit is skipped if SEER Summary Stage 2000 or both TNM Path N and TNM Clin N are empty. It is also skipped if both TNM Path N and TNM Clin N equal 88. Otherwise, TNM Path N has precedence over TNM Clin N as follows: if TNM Path N is empty or equal to X or 88 and TNM Clin N is not empty and equal to any value other than X or 88, then TNM Clin N is used.

If Over-ride SS/TNM-N = 1, the edit is skipped.

The following combinations of SEER Summary Stage 2000 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM N code equals 1-3
2. SEER Summary Stage 2000 equals 1 (localized) and TNM N code equals 1-3
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and TNM N code equals 1-3
4. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and TNM N code equals 0
5. SEER Summary Stage 2000 equals 4 (both regional by direct extension and regional to lymph nodes) and TNM N code equals 0

Additional Information:

Most of the time, a discrepancy between SEER Summary Stage 2000 and the N code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each

primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-N flag to 1 to indicate that the case is correct as coded.

Administrative Notes

Modifications:

NAACCR v12.0

- Fixed logic to handle increase in size of TNM N from 2 to 4 characters

NAACCR v14

- Removed print function (used for debugging) from edit logic

Summary Stage 2000, TNM N 2016 (NAACCR)

Agency: NAACCR

Last changed: 07/30/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

SEER Summary Stage 2000 [Std# 759]
TNM Path N [Std# 890]
TNM Clin N [Std# 950]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among SEER Summary Stage 2000, TNM Path N and TNM Clin N

Description

This edit is to be used for cases collected 2016 and later.

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "pX", or "88". If TNM Path N = blank, "pX", or "88", the edit checks TNM Clin N if it does not equal blank, "cX", or "88". The edit passes if TNM Path N = "pX" and TNM Clin N = "cX".

This edit is skipped under the following conditions:

1. Diagnosis date is less than 2016, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path N and TNM Clin N are both blank, both = 88.

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "pX", or "88". If TNM Path N = blank, "pX", or "88", the edit checks TNM Clin N if it does not equal blank, "cX", or "88". The edit passes if TNM Path N = "pX" and TNM Clin N = "cX".

The following combinations of SEER Summary Stage 2000 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM N code equals c1-c3 or p1-p3
2. SEER Summary Stage 2000 equals 1 (localized) and TNM N code equals c1-c3 or p1-p3
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only)

and TNM N code equals c1-c3 or p1-p3

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

Chapter 14: Colon and Rectum
TNM Path N = p1C (tumor deposits)

Chapter 31: Melanoma of the Skin
TNM Path N = p2C (satellite nodules)

Chapter 30: Merkel Cell Carcinoma
TNM Path N = p2 (in transit metastases)

Chapter 52: Retinoblastoma
TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma
TNM Path N = p3 or p4 (codes indicating distant nodes)

Administrative Notes

New edit for v16 metafile, EC. Modification of Summary Stage 2000, TNM N (NAACCR), to allow c and p

Modifications

NAACCR v16A

- Edit logic updated to skip for Type of Reporting Source = 7, Behavior Code ICD-O-3 = 0 or 1
- c4, p4 removed from logic checking TNM Path values with Summary Stage 2000
- Skip for Over-ride deleted from Description and Edit Logic
- Description and edit logic modified to pass for specific N values coded for site/histology groups where cN or pN is assigned for involvement other than regional nodes.
- Description and edit logic updated to not compare SEER Summary Stage 2000 codes 3 and 4 with TNM N codes. SEER extent of disease assignment may conflict with TNM Path T assignment for example in cases with clinically positive nodes but pathologically negative nodes after neoadjuvant treatment. The pre-2016 versions of the edit, SS2000, TNM N c,p pre2016 (NAACCR) and Summary Stage 2000, TNM N (NAACCR) compare SEER Summary Stage 2000 3 and 4 with TNM codes. These edits do not include the exceptions noted for this edit, and they include over-rides for the checks with SS2000 3 and 4 that have been removed from this edit.

Summary Stage 2000, TNM Stage Group (COC)

Agency: COC

Last changed: 01/19/2010

Fields

SEER Summary Stage 2000 [Std# 759]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Date of Diagnosis [Std# 390]

Default Error Message

[1019] %F1 must not be blank
SEER Summary Stage 2000 must not be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Summary Stage 2000 is required by the COC for diagnosis years 2001-2003 for cases that are not AJCC-stageable.

This edit is skipped if the year of Date of Diagnosis is less than 2001 or greater than 2003.

If TNM Clin Stage Group = 88 and TNM Path Stage Group = 88 (not applicable), then SEER Summary Stage 2000 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Surgery 98-02, Rad, Rad Surg (SEER IF105)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Site 98-02 [Std# 1646]
RX Summ--Scope Reg 98-02 [Std# 1647]
RX Summ--Surg Oth 98-02 [Std# 1648]
RX Summ--Radiation [Std# 1360]
RX Summ--Surg/Rad Seq [Std# 1380]

Default Error Message

[1184] Surgery 98-02, Radiatn, Rad_surg conflict
Surgery 98-02, Radiatn, Rad_surg conflict

Description

If the field RX Summ--Surg Site 98-02 is blank, no further editing is performed.

If surgery was performed (RX Summ--Surg Site 98-02 10-90 or RX Summ--Scope Reg 98-02 = 1-8, or RX Summ--Surg Oth 98-02 = 1-8), and if radiation was given (RX Summ--Radiation = 1-6) then RX Summ--Surg/Rad Seq must specify sequence (codes 2-9).

If surgery was not performed (RX Summ--Surg Site 98-02 = 00 and RX Summ--Scope Reg 98-02 = 0 and RX Summ--Surg Oth 98-02 = 0) or no radiation (RX Summ--Surg/Radiation = 0), then RX Summ--Surg/Rad Seq must specify no (0).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF105

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Surgery 98-02, Reason for No Surg (SEER IF107)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Site 98-02 [Std# 1646]

RX Summ--Scope Reg 98-02 [Std# 1647]

RX Summ--Surg Oth 98-02 [Std# 1648]

Reason for No Surgery [Std# 1340]

Default Error Message

[1186] Conflict between Surgery 98-02 and Reason for No Surgery
Conflict between Surgery 98-02 and Reason for No Surgery

Description

This edit is skipped if any of the fields are blank.

If no surgery was performed (RX Summ--Surg Site 98-02 = 00, RX Summ--Scope Reg 98-02 = 0, and RX Summ--Surg Oth 98-02 = 0), Reason for No Surgery must specify that surgery was not performed (1, 2, 6, 7, or 8).

Otherwise:

If no surgery was performed or it is unknown if surgery was performed (RX Summ--Surg Site 98-02 = 00 or 99, RX Summ--Scope Reg 98-02 = 0 or 9, and RX Summ--Surg Oth 98-02 = 0 or 9), Reason for No Surgery must not be 0 (surgery performed).

If surgery was performed (RX Summ--Surg Site 98-02 is 10-90 or RX Summ--Scope Reg 98-02 = 1-8 or RX Summ--Surg Oth 98-02 = 1-8), Reason for No Surgery must specify that surgery was performed (0).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF107

Modifications:

NACR110C

07/24/06

Added: If no surgery was performed or it is unknown if surgery was performed (RX Summ--Surg Site 98-02 = 00 or 99, RX Summ--Scope Reg 98-02 = 0 or 9, and RX Summ--Surg Oth 98-02 = 0 or 9), Reason for No Surgery must not be 0 (surgery performed).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Surgery Rad, Rad Surg (SEER IF75)

Agency: SEER

Last changed: 08/13/2012

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Summ--Radiation [Std# 1360]
RX Summ--Surg/Rad Seq [Std# 1380]
Date of Diagnosis [Std# 390]
Regional Nodes Examined [Std# 830]

Default Error Message

[1039] Conflict among surgery items, %F4, %F5
Conflict among surgery items, RX Summ--Radiation, RX Summ--Surg/Rad Seq

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) are blank.

If surgery was performed and if radiation was given (RX Summ--Radiation = 1-6), then RX Summ--Surg/Rad Seq must specify sequence (codes 2-7, 9).

Surgery is considered "performed" if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:
For cases diagnosed prior to 2012:
1-7
For cases diagnosed 2012 or later:
1
2 (only if Regional Nodes Examined = 01-98)
3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

If [surgery was not performed or no radiation was given (Rx Summ--Radiation = 0), then RX Summ--Surg/Rad Seq must specify no (0). Surgery is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:
For cases diagnosed prior to 2012:
0
For cases diagnosed 2012 or later:
0 (for all cases)
2 (only if Regional Nodes Examined = 00 or 99)
3. RX Summ--Surg Oth Reg = 0

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF75

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Modifications:

NAACCR v12.2

- Added code 7 to list of codes indicating surg/rad sequence.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7, for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.

- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".

- Codes indicating surgery of other regional or distant sites corrected: changed from RX Summ--Surg Oth Reg codes 1-8 to 1-5.

-

Surgery, Rad, Surg/Rad Seq (COC)

Agency: COC

Last changed: 08/13/2012

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
Rad--Regional RX Modality [Std# 1570]
RX Summ--Surg/Rad Seq [Std# 1380]
Regional Nodes Examined [Std# 830]
Date of Diagnosis [Std# 390]

Default Error Message

[1039] Conflict among surgery items, %F4, %F5
Conflict among surgery items, Rad--Regional RX Modality, RX Summ--Surg/Rad Seq

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the fields are blank.

A. If surgery was performed and if radiation was given ((Rad--Regional RX Modality = 20-98), then RX Summ--Surg/Rad Seq must specify sequence (codes 2-7, 9).

Surgery is considered "performed" if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:
For cases diagnosed prior to 2012:
1-7
For cases diagnosed 2012 or later:
1
2 (only if Regional Nodes Examined = 01-98)
3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. If surgery was not performed or no radiation was given (Rad--Regional RX Modality = 00), then RX Summ--Surg/Rad Seq must specify no (0). Surgery is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:
For cases diagnosed prior to 2012:
0
For cases diagnosed 2012 or later:
0 (for all cases)

- 2 (only if Regional Nodes Examined = 00 or 99)
3. RX Summ--Surg Oth Reg = 0

C. Surgery is also considered not performed if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 98 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

Administrative Notes

Modifications:

NAACCR v12.2

- Added code 7 to list of codes indicating surg/rad sequence.
- Reworked parentheses in edit logic.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7, for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.
- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".
- Codes indicating surgery of other regional or distant sites corrected: changed from RX Summ--Surg Oth Reg codes 1-8 to 1-5.

Surgery, Reason for No Surg (SEER IF77)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
RX Summ--Surg Prim Site [Std# 1290]
Reason for No Surgery [Std# 1340]

Default Error Message

[1185] Conflict between Surgery and Reason for No Surgery
Conflict between Surgery and Reason for No Surgery

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2003 or blank
2. Type of Reporting Source is equal to 6 (autopsy only)

If RX Summ--Surg Prim Site = 00 or 98 (no surgery to primary site), then Reason for No Surgery must specify why primary site surgery was not performed (1, 2, 5, 6, 7, or 8).

If RX Summ--Surg Prim Site = 10-90 (surgery performed), Reason for No Surgery must be 0 (surgery performed).

If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF77

Modifications:

NACR110C

07/24/06

Added the following check: If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Surgery, Reason No Surg (COC)

Agency: COC

Last changed: 02/27/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
Reason for No Surgery [Std# 1340]

Default Error Message

[1016] %F1 and %F2 conflict
RX Summ--Surg Prim Site and Reason for No Surgery conflict

Description

This edit is skipped if any of the fields are blank.

If surgery of the primary site was performed (RX Summ--Surg Prim Site = 10-90), Reason for No Surgery must = 0 (surgery performed).

If surgery of the primary site was not performed (RX Summ--Surg Prim Site = 00 or 98, Reason for No Surgery must not = 0 (surgery performed)).

If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

Administrative Notes

Modifications:

NAACCR v11.1

02/2007

Added the following check: If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

Surgery, RX Date Surgery, ICD02 (COC)

Agency: COC

Last changed: 11/25/2012

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1040] Conflict between surgery items and %F4 (%V4) and %F5 (%V5)
Conflict between surgery items and RX Date Surgery ("value of RX Date Surgery") and RX Date Surgery Flag ("value of RX Date Surgery Flag")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Date of Diagnosis is blank or greater than 2000
2. Histology (92-00) ICD-O-2 is blank
3. Both RX Date Surgery and RX Date Surgery Flag are blank, indicating the date was intentionally not collected.
4. RX Summ--Surg Prim Site is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank

This edit compares the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date Surgery) and corresponding date flag (RX Date Surgery Flag). If any of the three surgery code fields indicate that surgery was performed, then the flag cannot = 11 (no surgical procedure performed). If all of the three fields show that no surgery was performed, then the flag must = 11.

The edit works as follows:

If surgery was performed, then RX Date Surgery Flag must not = 11. Surgery is considered "performed" if any of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur = 1-8
3. RX Summ--Surg Oth Reg/Dis = 1-8

If surgery was not performed, then RX Date Surgery Flag must = 11. Surgery is considered "not performed" if all of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00 (none) or 98 (not applicable)
2. RX Summ--Scope Reg LN Sur = 9 (not applicable) for the following:
 - a. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
 - b. Lymphomas (Histology (92-00) ICD-O-2 = 9590-9595, 9650-9698, 9702-9717) with a lymph node primary site (Primary Site = C700-C779)
 - c. Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 and/or Histology (92-00) = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989)
 - d. Unknown or ill-defined primary site (Primary Site codes C760-C765, C767, C768, C809)

or 0 (none) for all other cases

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

Administrative Notes

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from Surgery, RX Date--Surgery (COC)' to 'Surgery, RX Date Surgery, ICDO2 (COC)'.
- Data item name changed from from "RX Date--Surgery" to "RX Date Surgery".
- Data item name changed from from "RX Date--Surgery Flag" to "RX Date Surgery Flag".

Surgery, RX Date Surgery, ICD03 (COC)

Agency: COC

Last changed: 02/12/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Date Surgery [Std# 1200]
RX Date Surgery Flag [Std# 1201]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
Regional Nodes Examined [Std# 830]

Additional Messages

[4070] If RX Summ--Surg Prim Site = "value of RX Summ--Surg Prim Site", RX Summ--Scope Reg LN Sur = "value of RX Summ--Scope Reg LN Sur", and RX Summ--Surg Oth Reg/Dis = "value of RX Summ--Surg Oth Reg/Dis", RX Date Surgery Flag must = 11
[4071] If surgery performed and RX Date Surgery is blank, if year of Date of Diagnosis < 2012, RX Date Surgery Flag must = 10 or 12
[4072] If surgery performed and RX Date Surgery is blank, if year of Date of Diagnosis > 2011, RX Date Surgery Flag must = 12
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Date of Diagnosis is blank
2. Histologic Type ICD-O-3 is blank
3. Both RX Date Surgery and RX Date Surgery Flag are blank, indicating the date was intentionally not collected.
4. RX Summ--Surg Prim Site is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank

This edit compares the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date Surgery) and corresponding date flag (RX Date Surgery Flag). If any of the three surgery code fields indicate that surgery was performed, then the flag may = either 10 (unknown if any surgical procedure was performed) or 12 (surgical procedure performed, but date is unknown) for pre-2012 cases or 12 for 2012+ cases. (Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.) If all of the three fields show that no surgery was performed, then the flag must = 11 (no surgical procedure performed).

The edit works as follows:

1. If surgery was performed and RX Date Surgery is blank, then RX Date Surgery Flag field must indicate why the date is blank.
 - If year of Date of Diagnosis is < 2012, then RX Date Surgery Flag may = 10 or 12
 - If year of Date of Diagnosis is 2012 or later, then RX Date Surgery Flag must = 12.

Surgery is considered "performed" if any of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur = 1-7 for cases diagnosed prior to 2012
For cases diagnosed 2012 or later:
RX Summ--Scope Reg LN Sur = 1
2 (only if Regional Nodes Examined = 01-98)
3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

2. If surgery was not performed, then RX Date Surgery Flag must = 11. Surgery is considered "not performed" if all of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00 (none) or 98 (not applicable)
2. RX Summ--Scope Reg LN Sur = 9 (not applicable) for the following:
 - a. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
 - b. If year of Date of Diagnosis < 2010:
Lymphomas (Histologic Type ICD-O-3 = 9590-9699, 9702-9729) with a lymph node primary site (Primary Site = C770-C779)
 - c. If year of Date of Diagnosis is 2010 or later:
Lymphomas (Histologic Type ICD-O-3 = 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971) with a lymph node primary site (Primary Site = C770-C779)
 - d. If year of Date of Diagnosis < 2010:
Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 or Histologic Type ICD-O-3 = 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)
 - e. If year of Date of Diagnosis is 2010 or later:
Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 or Histologic Type ICD-O-3 = 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992)
 - f. Unknown or ill-defined primary site (Primary Site codes C760-C765, C767, C768, C809)

RX Summ--Scope Reg LN Sur = 2 (if diagnosed 2012 or later
and Regional Nodes Examined = 00 or 99)

RX Summ--Scope Reg LN Sur = 0 (none) for all other cases

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that expect RX Summ--Scope Reg LN Sur of 9:

 - For cases diagnosed prior to 2010, codes remain the same.

 - For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies that expect RX Summ--Scope Reg LN Sur of 9 when sited to lymph nodes:

 - For cases diagnosed prior to 2010, codes remain the same.

 - For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7 for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.

 - When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur code 2 (for cases diagnosed 2012 and later with Reg Nodes Examined = 00 or 99) added to conditions considered "no regional lymph node surgery".

 - Codes indicating surgery of other regional or distant sites corrected: changed from 1-8 to 1-5.

NAACCR v13

- Edit name changed from 'Surgery, RX Date--Surgery ICDO3 (COC)' to "Surgery, RX Date Surgery ICDO3 (COC)".

- Field name "RX Date--Surgery" changed to "RX Date Surgery".

- Field name "RX Date--Surgery Flag" changed to "RX Date Surgery Flag".

- Corrected description: when referencing lymph node primary sites, "C700-C779" changed to "C770-C779"; logic was correct.

- Corrected logic: added C760-C768 to list of primary site codes for which scope of regional lymph node surgery is coded to 9.

NAACCR v13A

- Corrected edit logic to check hematopoietic code range of "9980-9989" instead "9980-9992" for pre-2010 cases. (Note: Histology codes 9991 and 9992, if entered for pre-2010 cases, would fail the edit Morphology--Type/Behavior ICDO3 (SEER Morph)).

- Updated description: change "and/or" to "or".

Surv--Cases Dx After Study Cutoff

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Date DX Recode [Std# 1788]
Surv-Date Presumed Alive [Std# 1785]
Surv-Mos Active Followup [Std# 1784]
Surv-Flag Active Followup [Std# 1783]
Surv-Mos Presumed Alive [Std# 1787]
Surv-Flag Presumed Alive [Std# 1786]

Additional Messages

[3572] If Surv-Date DX Recode > Surv-Date Presumed Alive, Surv-Mos Active Followup must = 9999
[3573] If Surv-Date DX Recode > Surv-Date Presumed Alive, Surv-Flag Active Followup must = 9
[3574] If Surv-Date DX Recode > Surv-Date Presumed Alive, Surv-Mos Presumed Alive must = 9999
[3575] If Surv-Date DX Recode > Surv-Date Presumed Alive, Surv-Flag Presumed Alive must = 9

Description

This edit is skipped under the following conditions:

1. Surv-Date DX Recode is blank, invalid, or not a full date
2. Surv-Date DX Recode Presumed Alive is blank, invalid, or not a full date

If Surv-Date DX Recode greater Surv-Date Presumed Alive

Then

Surv-Mos Active Followup must = 9999
Surv-Flag Active Followup must = 9
Surv-Mos Presumed Alive must = 9999
Surv-Flag Presumed Alive must = 9

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Date Active Followup (SEER)

Agency: SEER

Last changed: 05/26/2016

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Date Active Followup [Std# 1782]

Default Error Message

[2554] %F1 (%V1) must be full and valid date
Surv-Date Active Followup ("value of Surv-Date Active Followup") must be full and valid date

Description

Surv-Date Active Followup can be blank. When populated, this field must be a full valid date with all date components populated. Partial dates are not allowed.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date format is allowed for Surv-Date Active Followup:
CCYYMMDD

Range checking:

Lowest allowed value: January 1, 1930 (or in D1 format: 19300101)

Highest allowed value: current system date

Month is checked to ensure it falls within range 01...12.

Day is checked to ensure it falls within range for that specific month.

Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v15 metafile.

-V16

updated description. Bottom limit for year should be 1930 - not 1850

Surv-Date Active Followup, Date Last Cont (SEER)

Agency: SEER

Last changed: 12/08/2014

Edit Sets

Survival Field Edits

Fields

Date of Last Contact [Std# 1750]
Surv-Date Active Followup [Std# 1782]
Date of Diagnosis [Std# 390]

Default Error Message

[3565] If %F1 not = blank, %F2 must be full date and >= %F3
If Date of Last Contact not = blank, Surv-Date Active Followup must be full date and >= Date of Diagnosis

Additional Messages

[3568] If Date of Last Contact = blank, Surv-Date Active Followup must be blank

Description

This edit is skipped if any of the following conditions are true:

1. Date of Diagnosis is blank or invalid
2. Surv-Date Active Followup is blank

If Date of Last Contact is not blank

Then

Surv-Date Active Followup must be equal to or greater than Date of Diagnosis

If Date of Last Contact is blank

Then

Surv-Date Active Followup must be blank

When comparing Surv-Date Active Followup and Date of Diagnosis, if both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Date Active Followup, Mos, Flag (SEER)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Date Active Followup [Std# 1782]

Surv-Mos Active Followup [Std# 1784]

Surv-Flag Active Followup [Std# 1783]

Additional Messages

[3569] If Surv-Date Active Followup = blank, Surv-Mos Active Followup and Surv-Flag Active Followup must be blank

[3570] If Surv-Mos Active Followup = blank, Surv-Date Active Followup and Surv-Flag Active Followup must be blank

[3571] If Surv-Flag Active Followup = blank, Surv-Date Active Followup and Surv-Mos Active Followup must be blank

Description

If any of the three survival "active followup" fields are blank, all must be blank:

If Surv-Date Active Followup is blank

Then

Surv-Mos Active Followup must be blank

Surv-Flag Active Followup must be blank

If Surv-Mos Active Followup is blank

Then

Surv-Date Active Followup must be blank

Surv-Flag Active Followup must be blank

If Surv-Flag Active Followup is blank

Then

Surv-Mos Active Followup must be blank

Surv-Date Active Followup must be blank

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Date DX Recode (SEER)

Agency: SEER

Last changed: 05/26/2016

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Date DX Recode [Std# 1788]

Default Error Message

[2554] %F1 (%V1) must be full and valid date
Surv-Date DX Recode ("value of Surv-Date DX Recode") must be full and valid date

Description

Surv-Date DX Recode can be blank. When populated, this field must be a full valid date with all date components populated. Partial dates are not allowed.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date format is allowed for Surv-Date DX Recode:
CCYYMMDD

Range checking:

Lowest allowed value: January 1, 1930 (or in D1 format: 19300101)

Highest allowed value: current system date

Month is checked to ensure it falls within range 01...12.

Day is checked to ensure it falls within range for that specific month.

Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v15 metafile.

v16

updated description. Bottom limit for year should be 1930 - not 1850

Surv-Date DX Recode, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Date DX Recode [Std# 1788]

Date of Diagnosis [Std# 390]

Default Error Message

[2554] %F1 (%V1) must be full and valid date

Surv-Date DX Recode ("value of Surv-Date DX Recode") must be full and valid date

Additional Messages

[3576] Year of Surv-Date DX Recode must = year of Date of Diagnosis

[3577] If month of Date of Diagnosis = 01-12, month of Surv-Date DX Recode must = month of Date of Diagnosis

[3578] If day of Date of Diagnosis = 01-31, day of Surv-Date DX Recode must = day of Date of Diagnosis

Description

This edit is skipped if any of the following conditions are true:

1. Surv-Date DX Recode is blank or invalid
2. Date of Diagnosis is blank or invalid

The year portion Surv-Date DX Recode must = the year of Date of Diagnosis.

If the month of Date of Diagnosis = 01-12

Then

month of Surv-Date DX Recode must = month of Date of Diagnosis

If the day of Date of Diagnosis = 01-31

Then

day of Surv-Date DX Recode must = day of Date of Diagnosis

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Date Presumed Alive (SEER)

Agency: SEER

Last changed: 05/26/2016

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Date Presumed Alive [Std# 1785]

Default Error Message

[2554] %F1 (%V1) must be full and valid date
Surv-Date Presumed Alive ("value of Surv-Date Presumed Alive") must be full and valid date

Description

Surv-Date Presumed Alive can be blank. When populated, this field must be a full valid date with all date components populated. Partial dates are not allowed.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date format is allowed for Surv-Date Presumed Alive:
CCYYMMDD

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 19300101)

Highest allowed value: current system date

Month is checked to ensure it falls within range 01...12.

Day is checked to ensure it falls within range for that specific month.

Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v15 metafile.

v16

Updated description Bottom limit for year should be 1930 - not 1850

Surv-Date Presumed Alive, Date Last Cont, DX(SEER)

Agency: SEER

Last changed: 12/08/2014

Edit Sets

Survival Field Edits

Fields

Date of Last Contact [Std# 1750]
Surv-Date Presumed Alive [Std# 1785]
Date of Diagnosis [Std# 390]
Vital Status [Std# 1760]

Additional Messages

[3565] If Date of Last Contact not = blank, Surv-Date Presumed Alive must be full date and \geq Date of Diagnosis
[3566] If Date of Last Contact = blank and Vital Status = 0 or 4, Surv-Date Presumed Alive must be blank
[3567] If Date of Last Contact = blank and Vital Status = 1, Surv-Date Presumed Alive must \geq Date of Diagnosis

Description

This edit is skipped if any of the following conditions are true:

1. Date of Diagnosis is blank or invalid
2. Surv-Date Presumed Alive is blank

If Date of Last Contact is not blank

Then

Surv-Date Presumed Alive must be equal to or greater than Date of Diagnosis

If Date of Last Contact is blank

AND Vital Status = 0,4 (dead)

Then

Surv-Date Presumed Alive must be blank

If Date of Last Contact is blank

AND Vital Status = 1 (alive)

Then

Surv-Date Presumed Alive must be equal to or greater than Date of Diagnosis

When comparing Surv-Date Presumed Alive and Date of Diagnosis, if both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Date Presumed Alive, Mos, Flag (SEER)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Date Presumed Alive [Std# 1785]

Surv-Mos Presumed Alive [Std# 1787]

Surv-Flag Presumed Alive [Std# 1786]

Additional Messages

[3569] If Surv-Date Presumed Alive = blank, Surv-Mos Presumed Alive and Surv-Flag Presumed Alive must be blank

[3570] If Surv-Mos Presumed Alive = blank, Surv-Date Presumed Alive and Surv-Flag Presumed Alive must be blank

[3571] If Surv-Flag Presumed Alive = blank, Surv-Date Presumed Alive and Surv-Mos Presumed Alive must be blank

Description

If any of the three survival "presumed alive" fields are blank, all must be blank:

If Surv-Date Presumed Alive is blank

Then

Surv-Mos Presumed Alive must be blank

Surv-Flag Presumed Alive must be blank

If Surv-Mos Presumed Alive is blank

Then

Surv-Date Presumed Alive must be blank

Surv-Flag Presumed Alive must be blank

If Surv-Flag Presumed Alive is blank

Then

Surv-Mos Presumed Alive must be blank

Surv-Date Presumed Alive must be blank

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Active Followup (SEER)

Agency: SEER

Last changed: 10/09/2014

Edit Sets

Survival Field Edits

Fields

Surv-Flag Active Followup [Std# 1783]

Default Error Message

[3554] %F1 must = 0-3, 8 or 9

Surv-Flag Active Followup must = 0-3, 8 or 9

Description

Must be a valid Surv-Flag Active Followup code (0-3,8,9) or blank.

Codes:

0 Complete dates are available and there are 0 days of survival (i.e., date last contact = date of diagnosis)

1 Complete dates are available and there are more than 0 days of survival (i.e. date last contact > date diagnosis)

2 Incomplete dates are available and there could be zero days of follow-up (i.e., known components are equal, e.g. 99/99/2006 and 10/02/2006)

3 Incomplete dates are available and there cannot be zero days of follow-up (i.e., any difference in known date components, e.g. 02/99/2006 and 03/99/2006)

8 Not calculated because a Death Certificate Only or Autopsy Only case

9 Unknown

Blank Not coded

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Active Followup, Mos Act Followup (SEER)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Flag Active Followup [Std# 1783]

Surv-Mos Active Followup [Std# 1784]

Default Error Message

[3556] If %F1 = 0, %F2 must = 0000

If Surv-Flag Active Followup = 0, Surv-Mos Active Followup must = 0000

Additional Messages

[3557] If Surv-Flag Active Followup = 1, Surv-Mos Active Followup must = 0000-9998

[3558] If Surv-Flag Active Followup = 2, Surv-Mos Active Followup must = 0000-0012

[3559] If Surv-Flag Active Followup = 3, Surv-Mos Active Followup must = 0000-9998

[3560] If Surv-Flag Active Followup = 8, Surv-Mos Active Followup must = 9999

[3561] If Surv-Flag Active Followup = 9, Surv-Mos Active Followup must = 9999

[3562] If Surv-Flag Active Followup = blank, Surv-Mos Active Followup must = blank

Description

This edit verifies that Surv-Flag Active Followup codes and Surv-Mos Active Followup codes are coded consistently. Surv-Mos Active Followup definitions are listed at bottom of page.

If Surv-Flag Active Followup = 0

Then

Surv-Mos Active Followup must = 0000

If Surv-Flag Active Followup = 1

Then

Surv-Mos Active Followup must = 0000-9998

If Surv-Flag Active Followup = 2

Then

Surv-Mos Active Followup must = 0000-0012

If Surv-Flag Active Followup = 3

Then

Surv-Mos Active Followup must = 0000-9998

If Surv-Flag Active Followup = 8

Then

Surv-Mos Active Followup must = 9999

If Surv-Flag Active Followup = 9

Then

Surv-Mos Active Followup must = 9999

If Surv-Flag Active Followup = blank

Then

Surv-Mos Active Followup must = blank

Code definitions:

0 Complete dates are available and there are 0 days of survival (i.e., date last contact = date of diagnosis)

1 Complete dates are available and there are more than 0 days of survival (i.e., date last contact > date diagnosis)

2 Incomplete dates are available and there could be zero days of follow-up (i.e., known components are equal, e.g. 99/99/2006 and 10/02/2006)

3 Incomplete dates are available and there cannot be zero days of follow-up (i.e., any difference in known date components, e.g. 02/99/2006 and 03/99/2006)

8 Not calculated because a Death Certificate Only or Autopsy Only case

9 Unknown

Blank Not coded

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Active Followup,Type Report Src (SEER)

Agency: SEER

Last changed: 12/08/2014

Edit Sets

Survival Field Edits

Fields

Type of Reporting Source [Std# 500]

Surv-Flag Active Followup [Std# 1783]

Default Error Message

[3563] If %F1 = 6 or 7, %F2 must = 8

If Type of Reporting Source = 6 or 7, Surv-Flag Active Followup must = 8

Additional Messages

[3564] If Type of Reporting Source not = 6 or 7, Surv-Flag Active Followup must not = 8

Description

This edit is skipped if any of the following conditions are true:

1. Surv-Flag Active Followup is blank
2. Type of Reporting Source is blank

If Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
Then

Surv-Flag Active Followup must = 8 (Not calculated because a Death Certificate Only or Autopsy Only case) or 9 (unknown or invalid dates used for calculation)

If Type of of Reporting Source not = 6 or 7
Then

Surv-Flag Active Followup must not = 8

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Presumed Alive (SEER)

Agency: SEER

Last changed: 10/09/2014

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Flag Presumed Alive [Std# 1786]

Default Error Message

[3554] %F1 must = 0-3, 8 or 9
Surv-Flag Presumed Alive must = 0-3, 8 or 9

Description

Must be a valid Surv-Flag Presumed Alive code (0-3,8,9) or blank.

Codes:

0 Complete dates are available and there are 0 days of survival (i.e., presumed alive date last contact = date of diagnosis)

1 Complete dates are available and there are more than 0 days of survival (i.e. presumed alive date last contact > date diagnosis)

2 Incomplete dates are available and there could be zero days of follow-up (i.e., known components are equal, e.g. 99/99/2006 and 10/02/2006)

3 Incomplete dates are available and there cannot be zero days of follow-up (i.e., any difference in known date components, e.g. 02/99/2006 and 03/99/2006)

8 Not calculated because a Death Certificate Only or Autopsy Only case

9 Unknown

Blank Not coded

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Presumed Alive, Mos Presumed Alive(SEER)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Survival Field Edits

Fields

Surv-Flag Presumed Alive [Std# 1786]

Surv-Mos Presumed Alive [Std# 1787]

Default Error Message

[3556] If %F1 = 0, %F2 must = 0000

If Surv-Flag Presumed Alive = 0, Surv-Mos Presumed Alive must = 0000

Additional Messages

[3557] If Surv-Flag Presumed Alive = 1, Surv-Mos Presumed Alive must = 0000-9998

[3558] If Surv-Flag Presumed Alive = 2, Surv-Mos Presumed Alive must = 0000-0012

[3559] If Surv-Flag Presumed Alive = 3, Surv-Mos Presumed Alive must = 0000-9998

[3560] If Surv-Flag Presumed Alive = 8, Surv-Mos Presumed Alive must = 9999

[3561] If Surv-Flag Presumed Alive = 9, Surv-Mos Presumed Alive must = 9999

[3562] If Surv-Flag Presumed Alive = blank, Surv-Mos Presumed Alive must = blank

Description

This edit verifies that Surv-Flag Presumed Alive codes and Surv-Mos Presumed Alive codes are coded consistently. Surv-Mos Presumed Alive definitions are listed at bottom of page.

If Surv-Flag Presumed Alive = 0

Then

Surv-Mos Presumed Alive must = 0000

If Surv-Flag Presumed Alive = 1

Then

Surv-Mos Presumed Alive must = 0000-9998

If Surv-Flag Presumed Alive = 2

Then

Surv-Mos Presumed Alive must = 0000-0012

If Surv-Flag Presumed Alive = 3

Then

Surv-Mos Presumed Alive must = 0000-9998

If Surv-Flag Presumed Alive = 8

Then

Surv-Mos Presumed Alive must = 9999

If Surv-Flag Presumed Alive = 9

Then

Surv-Mos Presumed Alive must = 9999

If Surv-Flag Presumed Alive = blank

Then

Surv-Mos Presumed Alive must = blank

Code definitions:

0 Complete dates are available and there are 0 days of survival (i.e., presumed alive date last contact = date of diagnosis)

1 Complete dates are available and there are more than 0 days of survival (i.e. presumed alive date last contact > date diagnosis)

2 Incomplete dates are available and there could be zero days of follow-up (i.e., known components are equal, e.g. 99/99/2006 and 10/02/2006)

3 Incomplete dates are available and there cannot be zero days of follow-up (i.e., any difference in known date components, e.g. 02/99/2006 and 03/99/2006)

8 Not calculated because a Death Certificate Only or Autopsy Only case

9 Unknown

Blank Not coded

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Flag Presumed Alive, Type Report Src (SEER)

Agency: SEER

Last changed: 12/08/2014

Edit Sets

Survival Field Edits

Fields

Type of Reporting Source [Std# 500]

Surv-Flag Presumed Alive [Std# 1786]

Default Error Message

[3563] If %F1 = 6 or 7, %F2 must = 8

If Type of Reporting Source = 6 or 7, Surv-Flag Presumed Alive must = 8

Additional Messages

[3564] If Type of Reporting Source not = 6 or 7, Surv-Flag Presumed Alive must not = 8

Description

This edit is skipped if any of the following conditions are true:

1. Surv-Flag Presumed Alive is blank
2. Type of Reporting Source is blank

If Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
Then

Surv-Flag Presumed Alive must = 8 (Not calculated because a Death Certificate Only or Autopsy Only case) or 9 (unknown or invalid dates used for calculation)

If Type of of Reporting Source not = 6 or 7
Then

Surv-Flag Presumed Alive must not = 8

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Mos Active Followup (SEER)

Agency: SEER

Last changed: 09/15/2014

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Mos Active Followup [Std# 1784]

Default Error Message

[3555] %F1 must = 0000-9999
Surv-Mos Active Followup must = 0000-9999

Description

Surv-Mos Active Followup must be numeric or blank. Valid numeric range is 0000-9999, with leading zeroes.

Administrative Notes

New edit - added to NAACCR v15 metafile.

Surv-Mos Presumed Alive (SEER)

Agency: SEER

Last changed: 09/15/2014

Edit Sets

SEER: Vs 16 Transmit Edits
Survival Field Edits

Fields

Surv-Mos Presumed Alive [Std# 1787]

Default Error Message

[3555] %F1 must = 0000-9999
Surv-Mos Presumed Alive must = 0000-9999

Description

Surv-Mos Presumed Alive must be numeric or blank. Valid numeric range is 0000-9999, with leading zeroes.

Administrative Notes

New edit - added to NAACCR v15 metafile.

Systemic RX, Surgery, Systemic/Sur Seq (COC)

Agency: COC

Last changed: 02/12/2013

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

RX Summ--Surg Prim Site [Std# 1290]
RX Summ--Scope Reg LN Sur [Std# 1292]
RX Summ--Surg Oth Reg/Dis [Std# 1294]
RX Summ--BRM [Std# 1410]
RX Summ--Chemo [Std# 1390]
RX Summ--Hormone [Std# 1400]
RX Summ--Transplnt/Endocr [Std# 3250]
RX Summ--Systemic/Sur Seq [Std# 1639]
Regional Nodes Examined [Std# 830]
Date of Diagnosis [Std# 390]

Default Error Message

[2002] Conflict among Systemic RX, Surgery, and Systemic Sur Seq
Conflict among Systemic RX, Surgery, and Systemic Sur Seq

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the fields are blank.

1. If surgery was performed AND if systemic therapy was given, then RX Summ--Systemic/Sur Seq must specify a sequence (codes 2-7, 9).

A. Surgery is considered performed if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:
For cases diagnosed prior to 2012:
1-7
For cases diagnosed 2012 or later:
1
2 (only if Regional Nodes Examined = 01-98)
3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. Systemic therapy is considered performed if ANY of the following four conditions are true:

1. RX Summ--BRM = 01

2. RX Summ--Chemo = 01-03
3. RX Summ--Hormone = 01
4. RX Summ--Transplnt/Endocr = 10-40

2. If surgery was not performed OR there was no systemic therapy, then RX Summ--Systemic/Sur Seq must = 0 (no systemic therapy and/or surgical procedures).

A. Surgery is considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:
 - For cases diagnosed prior to 2012:
 - 0
 - For cases diagnosed 2012 or later:
 - 0 (for all cases)
 - 2 (only if Regional Nodes Examined 00 or 99)
3. RX Summ--Surg Oth Reg = 0

B. Surgery is also considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site = 98 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

C. Systemic therapy is considered not performed if ALL of the following four conditions are true:

1. RX Summ--BRM = 00, 82-88
2. RX Summ--Chemo = 00, 82-88
3. RX Summ--Hormone = 00, 82-88
4. RX Summ--Transplnt/Endocr = 00, 82-88

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF160

Modifications:

NACR110C

09/06/06

The edit was updated to treat systemic treatment (RX Summ--BRM, RX Summ--Chemo, RX Summ--Hormone, and RX Summ--Transplnt/Endocr) code 88 (recommended, but unknown if administered) the same as the code 00 (none).

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.2

- Added code 7 to list of codes indicating systemic/surg sequence.
- Reworked parentheses in edit logic.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7 for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.
- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".
- Codes indicating surgery of other regional or distant sites corrected: changed from 1-8 to 1-5.

NAACCR v13:

- The description was corrected: In steps 2.A, 2.B and 2.C, "not performed if ANY of the following conditions are true" changed to "not performed if ALL of the following conditions are true".

NAACCR v13A:

- Modified edit logic so that when determining if RX Summ--Scope Reg LN Sur codes are considered "surgery performed" for 2012+ cases, instead of just checking codes 1, 3-7, it now also considers code 2 as "surgery performed" if Regional Nodes Examined = 01-98. (Description was correct; logic was wrong.)

Telephone (COC)

Agency: COC

Last changed: 03/29/1997

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Confidential

Fields

Telephone [Std# 2360]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Telephone" is not a valid value for Telephone

Description

Must be a 10-digit number.

Text--Dx Proc--Path, Diagnostic Confirm (NAACCR)

Agency: NAACCR

Last changed: 06/14/2012

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

Diagnostic Confirmation [Std# 490]
Text--Dx Proc--Path [Std# 2570]

Default Error Message

[1057] If %F1 is 1-4, Text--Dx Proc--Path cannot be blank
If Diagnostic Confirmation is 1-4, Text--Dx Proc--Path cannot be blank

Description

If Diagnostic Confirmation equals 1, 2, 3, or 4, the first 79 characters of Text--Dx Proc--Path cannot be blank.

Administrative Notes

Modifications:

NACR110C
07/19/06

Updated to check the first 79 characters of Text--Dx Proc--Path when verifying that text is not blank; the previously used field, Text--Dx Proc--Path-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies) to list of Diagnostic Confirmation codes requiring text in Text--Dx Proc--Path.

NAACCR v12.2C

- Error message updated

Text--Histology Title (NAACCR)

Agency: NAACCR

Last changed: 04/05/1999

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

Text--Histology Title [Std# 2590]

Default Error Message

[1019] %F1 must not be blank
Text--Histology Title must not be blank

Description

Text--Histology Title cannot be blank.

Text--Primary Site Title (NAACCR)

Agency: NAACCR

Last changed: 05/18/1999

Edit Sets

Central: Vs16 State Example - Incoming Abstracts
Text Edits

Fields

Text--Primary Site Title [Std# 2580]

Default Error Message

[1019] %F1 must not be blank
Text--Primary Site Title must not be blank

Description

Text--Primary Site Title cannot be blank.

TNM Clin Descriptor (COC)

Agency: COC

Last changed: 11/09/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin Descriptor [Std# 980]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin Descriptor" is not a valid value for TNM Clin Descriptor

Description

Must be a valid TNM Clin Descriptor code (0-3, 5, 9, blank).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to no longer allow code 4.

NAACCR v12.1

- Modified to no longer allow code 6 [M & Y (Multiple primary tumors and initial multimodality therapy)].

TNM Clin Descriptor, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 03/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Clin Descriptor [Std# 980]
Date of Diagnosis [Std# 390]

Default Error Message

[4629] %F1 must = 0-3, 5, or 9
TNM Clin Descriptor must = 0-3, 5, or 9

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid
2. TNM Clin Descriptor is blank

Must be a valid TNM Clin Descriptor code (0-3, 5, or 9)

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2014

TNM Clin Descriptor, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Clin Descriptor [Std# 980]

Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict

TNM Clin Descriptor and Date of Diagnosis conflict

Description

This edit checks to make sure that if the year of Date of Diagnosis is greater than 2015 then the TNM Clin Descriptor cannot be blank.

This edit is skipped if any of the following conditions are true:

1. If year of Date of Diagnosis is less than 2016, and TNM Clin Descriptor is blank.

Codes

0	None
1	E (Extranodal, lymphomas only)
2	S (Spleen, lymphomas only)
3	M (Multiple primary tumors in a single site)
5	E & S (Extranodal and spleen, lymphomas only)
9	Unknown, not stated in patient record

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF529

This edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the COC version is never skipped.

This edit differs from the NPCR version as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

NAACCR v16

- Updated to not allow blanks for cases diagnosed > 2015

TNM Clin Descriptor, Histologies - Ed 7 (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin Descriptor [Std# 980]

Default Error Message

[3589] If %F6 = %V6, %F3 (%V3) and %F4 (%V4) must indicate lymphoma
If TNM Clin Descriptor = "value of TNM Clin Descriptor", Primary Site ("value of Primary Site") and
Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3") must indicate lymphoma

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Clin Descriptor is blank
4. TNM Clin Descriptor not = 1, 2, 5

This edit verifies that TNM Clin Descriptor codes 1 [E (Extranodal, lymphomas only)], 2 [S (Spleen, lymphomas only)], and 5 [E & S (Extranodal and spleen, lymphomas only)] are coded only for lymphoma cases.

If TNM Clin Descriptor = 1, 2, 5 and case is not a lymphoma as specified below, an error is generated.

Ocular Adnexal Lymphoma:

Primary Site:

C441, C690, C695-C696

Histologic Type ICD-O-3

9590-9699, 9702-9738, 9811-9818, 9820-9837

Primary Cutaneous Lymphomas:

Primary Site:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologic Type ICD-O-3:

9700,9701

Neoplasms manifesting as leukemia or lymphoma:

Primary Site:

C000-C419,C422-C423,
C440,C442-C689,
C691-C694,C698-C809

Histologic Type ICD-O-3:

9823,9827,9811-9818, 9837

Other lymphomas:

Primary Site:

All except C441, C690, C695-C696

Histologic Type ICD-O-3

9590-9699, 9702-9727, 9735, 9737-9738

Administrative Notes

New edit - added to NAACCR v16 metafile, EC
SEER IF599

Modifications

NAACCR v16A

- Error message corrected, field out of order

TNM Clin Descriptor, Stage, Lymphoma (COC)

Agency: COC

Last changed: 05/15/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
Primary Site [Std# 400]
TNM Clin Descriptor [Std# 980]
TNM Clin Stage Group [Std# 970]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[5002] Conflict between %F5 (%V5) and %F4(%V4) for %F3(%V3) and %F2(%V2)
Conflict between TNM Clin Stage Group ("value of TNM Clin Stage Group") and TNM Clin
Descriptor("value of TNM Clin Descriptor") for Primary Site("value of Primary Site") and Histologic Type
ICD-O-3("value of Histologic Type ICD-O-3")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
 2. Type of Reporting Source = 7 (Death Certificate Only)
 3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 4. TNM Clin Descriptor is blank
-
1. If Histology is 9590-9699,9702-9727,9735,9737,9738,9811-9818,9823,9837
and Primary site is
C770,C771,C772,C773,C774,C775,C779,C024,C090,C091,C098,C099,C111,C142,C379
and TNM Clin Stage Group equals 1 (involvement of single lymphatic site)
then TNM Clin Descriptor must not equal 1 (E, extranodal),2 (S, spleen), or 5
(E&S, Extranodal and spleen).
 2. If Histology is 9590-9699,9702-9727,9735,9737,9738,9811-9818,9823,9837
and Primary site is C422 (spleen)
then TNM Clin Descriptor must equal 2 (S, spleen).
 3. If Histology is 9590-9699,9702-9727,9735,9737,9738,9811-9818,9823,9837
and Primary site is C778 (involvement of multiple lymph node regions)
then TNM Clin Stage Group must be greater than or equal to 2 (Involvement of 2
or more lymph node regions).

Administrative Notes

New TNM Edit for NAACCR v16, EC.

TNM Clin Descriptor, TNM Fields (NPCR)

Agency: NPCR

Last changed: 06/01/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Clin T [Std# 940]
TNM Clin M [Std# 960]
TNM Clin N [Std# 950]
TNM Clin Stage Group [Std# 970]
TNM Clin Descriptor [Std# 980]
Date of Diagnosis [Std# 390]

Default Error Message

[6062] If any clin TNM fields are entered, %F5 must also be entered
If any clin TNM fields are entered, TNM Clin Descriptor must also be entered

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid

If any clin TNM fields are entered, then TNM Clin Descriptor must also be entered.

TNM fields include the following:

TNM Clin T
TNM Clin N
TNM Clin M
TNM Clin Stage Group
TNM Clin Descriptor

Administrative Notes

New edit - added to NAACCR v16 metafile. EC.

TNM Clin M c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/03/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Clin M [Std# 960]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Clin M" is not a valid value for TNM Clin M

Description

This edit will check valid TNM Clin M codes, either with or without the "c" or "p" component.

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Clin M is blank.

Must be a valid code for TNM Clin M and must be left justified. Subcategory letters must be uppercase, "c" or "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software. Codes not included in the list (pX, p0, p0I+) will fail the edit.

X	cX
0	c0
0I+	c0I+
1	c1
	p1
1A	c1A
	p1A
1B	c1B
	p1B
1C	c1C
	p1C
1D	c1D
	p1D
1E	c1E
	p1E
88	88

Administrative Notes

New edit for v16 metafile, EC

TNM Clin M Conv (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Clin M [Std# 960]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin M" is not a valid value for TNM Clin M

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date > 2015, blank (unknown), or invalid
2. TNM Clin M is blank

Must be a valid code for TNM Clin M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for at least one TNM edition:

cX
c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88

Administrative Notes

New edit v16

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Clin M, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin M [Std# 960]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin M" is not a valid value for TNM Clin M

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank (unknown), or invalid.
2. TNM Clin M is blank.

Must be a valid code for TNM Clin M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th TNM edition, 2016 diagnosis year:

c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88

Administrative Notes

New edit for v16
SEER IF545

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Clin N c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/03/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Clin N [Std# 950]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Clin N" is not a valid value for TNM Clin N

Description

This edit will check valid TNM Clin N codes, either with or without the "c" component.

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Clin N is blank.

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software:

X	cX
0	c0
0I-	c0I-
0I+	c0I+
0M-	c0M-
0M+	c0M+
0A	c0A
0B	c0B
1	c1
1A	c1A
1B	c1B
1C	c1C
1MI	c1MI
2	c2
2A	c2A
2B	c2B
2C	c2C
3	c3
3A	c3A
3B	c3B
3C	c3C
4	c4
88	88

Administrative Notes

New edit for v16 metafile, EC

TNM Clin N Conv (COC)

Agency: COC

Last changed: 05/10/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Clin N [Std# 950]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin N" is not a valid value for TNM Clin N

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date >2015, blank (unknown), or invalid.
2. TNM Clin N is blank

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" in code must be lowercase. May be blank.

The following codes are valid for at least one AJCC edition:

cX
c0
c0I-
c0I+
c0M-
c0M+
c0A
c0B
c1
c1A
c1B
c1C
c1MI
c2
c2A
c2B
c2C
c3
c3A
c3B
c3C
c4
88

Administrative Notes

New edit for v16 metafile, EC

TNM Clin N, Date of Diagnosis (COC)

Agency: COC

Last changed: 05/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin N" is not a valid value for TNM Clin N

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank, (unknown), or invalid.
2. TNM Clin N is blank.

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 diagnosis year:

cX
c0
c0A
c0B
c1
c1A
c1B
c1C
c2
c2A
c2B
c2C
c3
c3A
c3B
c3C
c4
88

Administrative Notes

New edit for v16, EC

SEER IF546

TNM Clin N, Digestive, Assess Nodes SSF (COC)

Agency: COC

Last changed: 06/08/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Sex [Std# 220]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Tables

AC7G2016.DBF

Default Error Message

[3285] TNM N code problem
TNM N code problem

Additional Messages

[3312] TNM Clin N ("value of TNM Clin N") and CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") conflict
[6039] TNM Clin N ("value of TNM Clin N") and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") conflict

Description

The edit verifies consistency between the CS Site-Specific Factor coding Clinical Assessment of Lymph Nodes, and the assigned TNM Clin N category. Code 400, clinically positive regional node(s), NOS, will be accepted with any TNM Clin N value except cN0, cNX.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

4. Site/Histology group is not included in list below (not 10A,10B,011,012,13A,13B,014,17A,17C).
5. TNM Clin N is blank or 88
6. SSF coding nodes assessment is blank or 988

(Site/histology group is determined before skips 4 and 6 are applied.)

TNM Clin N may be blank. If entered, it will be edited site-specifically. Code 400, clinically positive regional node(s), NOS, will be accepted with any TNM Clin N value except cN0, cNX.

The site-specific TNM Clinical N values with the corresponding codes in the Site-Specific Factor used to collect the information are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those digestive site/histology groups where assessment of clinical N is coded separately in a site-specific factor.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

10. Esophagus and Esophagus Gastric Junction

- 10A. Esophagus
- 10B. Esophagus Gastric Junction

TNM N Clin:	X		0	1	2	3
SSF 1:		999	000	100, 400	200, 400	300, 400

11. Stomach

TNM N Clin:	X		0	1	2	3
		3A	3B			
SSF 1:		999	000	100, 400	200, 400	300, 400
		320, 400				310, 400

12. Small Intestine

TNM N Clin:	X		0	1	2
SSF 2:		999	000	100, 400	200, 400

13. Appendix

- 13A. Appendix: Carcinoma
- 13B. Appendix: Carcinoid

TNM N Clin:	X		0	1	2
SSF 2:		999	000	100, 400	200, 400

14. Colon and Rectum

TNM N Clin:	X		0	1	1A	1B
		2A	2B			
SSF 2:		999	000	100, 400	010, 400	020, 400
		400	110, 400	120, 400		200,

17. Neuroendocrine Tumors (NET)

- 17A. NET: Stomach

TNM N Clin:	X	0	1
SSF 1:	999	000	100, 200, 300, 400

17C. NET: Colon and Rectum

TNM N Clin:	X	0	1
SSF 2:	999	000	100, 200, 400

Administrative Notes

New edit - added to NAACCR v16 metafile. EC
SEER IF600

TNM Clin N, SSF 3 Skin of Eyelid (CoC)

Agency: COC

Last changed: 06/01/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
TNM Clin N ("value of TNM Clin N") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")
conflict

Description

Purpose: This edit verifies that TNM Clin N is coded consistently with CS SSF 3 for Skin of Eyelid (Clinical Status of Lymph Nodes).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 048, Skin of Eyelid
5. TNM Clin N is blank or 88
6. CS SSF 3 is blank or 988

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For skin of eyelid:

- A. If CS SSF 3 = 000 (Negative clinical or radiographic examination of lymph nodes), TNM Clin N must = c0 (no regional lymph node metastasis based upon clinical evaluation or imaging).
- B. If CS SSF 3 = 010 (Positive clinical or radiographic examination of lymph nodes), TNM Clin N must = c1 (regional lymph node metastasis).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF609

TNM Clin Stage Group (COC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin Stage Group [Std# 970]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin Stage Group" is not a valid value for TNM Clin Stage Group

Description

Must be a valid code for TNM Clin Stage Group and must be left-justified. Letters must be uppercase. May be blank.

The edit is skipped for diagnosis date > 2015, blank (unknown), or invalid.

The following codes are valid for at least one TNM edition:

0
0A
0S
0IS
1
1A
1A1
1A2
A1
A2
1B
1B1
1B2
B1
B2
1C
1E
1S
2
2A
2A1
2A2
2B
2C
2E
2S
3
3A
3B
3C
3C1

3C2
3E
3S
4
4A
4A1
4A2
4B
4C
4E
4S
88
99
OC

Administrative Notes

Modifications:

In the SEER*Edits software, the title of this edit is: IF559

NAACCR v12.0

- The size of field was changed from 2 to 4 characters. All codes are left-justified.

- The following codes were added:

OIS, 1A1, 1A2, 1B1, 1B2, 2A1, 2A2, 3C1, 3C2, 4A1, 4A2

NAACCR v14A

- Updated the description to specify that the listed codes are valid for at least one TNM edition

NAACCR v16

- Updated to skip for diagnosis date > 2015, blank, or invalid

TNM Clin Stage Group, 2016 (COC)

Agency: COC

Last changed: 05/25/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin Stage Group [Std# 970]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin Stage Group" is not a valid value for TNM Clin Stage Group

Description

Must be a valid code for TNM Clin Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.TNM Clin Stage Group is blank

The following codes are valid for 2016:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4

4A
4A1
4A2
4B
4C
88
99
OC

Administrative Notes

New for NAACCR v16 metafile - EC

TNM Clin Stage Group, Date of Diagnosis (COC)

Agency: COC

Last changed: 06/13/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Clin Stage Group [Std# 970]

Default Error Message

[4632] If year of %F1 = %V1 then %F2 cannot be blank
If year of Date of Diagnosis = "value of Date of Diagnosis" then TNM Clin Stage Group cannot be blank

Description

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is 2016 or later, AJCC TNM Clin Stage Group cannot be blank.

Administrative Notes

New edit NAACCR v16

This edit differs from the SEER edit of the same name in that it checks only that TNM Clin Stage Group is coded for cases diagnosed 2010 and later. The SEER edit, TNM Clin Stage Group, Date of Diagnosis (SEER), checks for valid Clin Stage Group codes for 2016 and later. (The edit TNM Clin Stage Group, 2016 (COC) checks for valid Clin Stage Group codes for 2016 and later.)

TNM Clin Stage Group, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/25/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Clin Stage Group [Std# 970]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Clin Stage Group" is not a valid value for TNM Clin Stage Group

Description

Must be a valid code for TNM Clin Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.TNM Clin Stage Group is blank

The following codes are valid for 2016:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B

4C
88
99
OC

Administrative Notes

New for NAACCR v16 metafile

This edit differs from the COC edit of the same name in that it checks for valid codes for 2016 and later. TNM Clin Stage Group, Date of Diagnosis (COC), checks only that TNM Clin Stage is coded for cases diagnosed 2010 and later. (The edit TNM Clin Stage Group, 2016 (COC) checks for valid Clin Stage Group codes for 2016 and later.)

TNM Clin Stage Group, SSF 2 Lymphoma (COC)

Agency: COC

Last changed: 08/01/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin Stage Group [Std# 970]
CS Site-Specific Factor 2 [Std# 2890]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
Primary Site [Std# 400]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
TNM Clin Stage Group ("value of TNM Clin Stage Group") and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") conflict

Description

Purpose: This edit verifies that TNM Clin Stage and CS SSF 2, Systemic Symptoms at Diagnosis, are coded consistently for lymphoma.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin Stage Group is blank
5. CS Site-Specific Factor 2 is blank or 988

The edit is evaluated for site/histology group 57A. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

1. If TNM Clin Stage Group = 1A, 2A, 3A, or 4A,
then CS SSF 2 must = 000 (No B symptoms) or 020 (Pruritis)
2. If TNM Clin Stage Group = 1B, 2B, 3B, or 4B,
then CS SSF 2 must = 010 (any B symptoms) or 030 (any B symptoms + pruritis)
3. If TNM Clin Stage Group = 1, 2, 3, or 4
then CS SSF 2 must = 999 (unknown or no information)

Administrative Notes

New TNM Edit for NAACCR v16

Modifications

NAACCR v16A

- SEER IF261

- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code

TNM Clin Stage Group, TNM Items, ICDO3 (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
TNM Edition Number [Std# 1060]
TNM Clin Stage Group [Std# 970]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]

Default Error Message

[3216] If TNM Clin Stage Group not = 88, then TNM Clin T, N, and M must not = 88
If TNM Clin Stage Group not = 88, then TNM Clin T, N, and M must not = 88

Additional Messages

[3223] If TNM Clin Stage Group not = 88, then TNM Clin T and M must not = 88

Description

This edit is skipped if TNM Edition Number is not equal 06, Histologic Type ICD-O-3 is empty, if case is a lymphoma (Histologic Type ICD-O-3 = 9590-9596, 9650-9667, 9670-9729), or if Primary Site = C620-C629 (Testis).

If Primary Site = C589 (Placenta):

If TNM Clin Stage Group is not equal to 88, then TNM Clin T and TNM Clin M must not equal 88. (TNM N is not included because the staging scheme for placenta does not include a TNM N value.)

For all other sites:

If TNM Clin Stage Group is not equal to 88, then TNM Clin T, TNM Clin M, and TNM Clin N must not equal 88.

Administrative Notes

Modifications:

NACR110C
08/20/06

Edit was modified to exclude TNM Clin N check when Primary Site = C589 (Placenta). (The staging scheme for placenta does not include a TNM N value.)

TNM Clin Stage Group, TNM Path Stage Group (COC)

Agency: COC

Last changed: 07/09/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]

Default Error Message

[1016] %F1 and %F2 conflict
TNM Clin Stage Group and TNM Path Stage Group conflict

Description

If TNM Clin Stage Group = 88, TNM Path Stage Group must = 88 or blanks. (TNM Path Stage group may be left blank for cases diagnosed 2008 and later.)

If TNM path Stage Group = 88, TNM Clin Stage Group must = 88.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it takes into account that TNM Path Stage Group may be blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later.)

Modifications:

NAACCR v11.2
11/2007

This edit was updated to take into account that TNM Path Stage Group may be blank:

If TNM Clin Stage Group = 88, TNM Path Stage Group must = 88 or blanks.

NAACCR v14A

- Removed reference to "Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)"

TNM Clin Stage Group, TNM Path Stage Group (NAACCR)

Agency: NAACCR

Last changed: 07/09/2014

Fields

TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]

Default Error Message

[1016] %F1 and %F2 conflict
TNM Clin Stage Group and TNM Path Stage Group conflict

Description

If TNM Clin Stage Group = 88, TNM Path Stage Group must = 88 and vice versa.

Administrative Notes

New edit - added to NAACCR v11.2 metafile. This edit is a copy of the COC edit [of the same name] before the COC edit was updated to not require TNM Path Stage Group for cases diagnosed 2008 and later

This edit differs from the COC edit of the same name in that it does not allow TNM Path Stage Group to be blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later.)

Modifications:

NAACCR v14A

- Removed reference to "Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)"

TNM Clin Staged By (COC)

Agency: COC

Last changed: 01/09/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin Staged By [Std# 990]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin Staged By" is not a valid value for TNM Clin Staged By

Description

Must have a valid TNM Clin Staged By code (00, 10, 11, 12, 13, 14, 15, 20, 30, 40, 50, 60, 88, 99).

Codes

00 Not staged
10 Physician NOS or physician type not specified in codes 11-15
11 Surgeon
12 Radiation Oncologist
13 Medical Oncologist
14 Pathologist
15 Multiple Physicians; tumor board, etc.
20 Cancer registrar
30 Cancer registrar and physician
40 Nurse, physician assistant, or other non-physician medical staff
50 Staging assigned at another facility
60 Staging by Central Registry
88 Case is not eligible for staging
99 Staged but unknown who assigned stage50, 60, 88, 99).

Administrative Notes

NAACCR v16.

This edit was updated to allow two-character field, new codes.

TNM Clin Staged By, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Clin Staged By [Std# 990]
Date of Diagnosis [Std# 390]

Default Error Message

[1023] %F1 is not valid
TNM Clin Staged By is not valid

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank (unknown), or invalid
2. TNM Clin Staged By [990] is blank and year of Date of Diagnosis = 2015

Must be a valid TNM Clin Staged By[990]code (00, 10, 11, 12, 13, 14, 15, 20, 30, 40, 50, 60, 88, 99).

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is not eligible for staging
99	Staged but unknown who assigned stage

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF530

Modifications:

NAACCR v15A
- Corrected error message

NAACCR v16
- Updated to two-character field

TNM Clin T c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/03/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Clin T [Std# 940]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Clin T" is not a valid value for TNM Clin T

Description

This edit will check valid TNM Clin T codes, either with or without the "c" or "p" component.

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Clin T is blank.

Must be a valid code for TNM Clin T and must be left justified. Subcategory letters must be uppercase, "c" or "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software:

X	cX
0	c0
IS	pIS
ISPU	pISU
ISU	pISU
SU	pISU
ISPD	pISD
ISD	pISD
SD	pISD
A	pA
1	c1
1A	c1A
1A1	c1A1
1A2	c1A2
A1	cA1
A2	cA2
1B	c1B
1B1	c1B1
1B2	c1B2
B1	cB1
B2	cB2
1C	c1C
1D	c1D

1M	c1M
1MI	c1MI
2	c2
2A	c2A
2A1	c2A1
2A2	c2A2
2B	c2B
2C	c2C
2D	c2D
3	c3
3A	c3A
3B	c3B
3C	c3C
3D	c3D
4	c4
4A	c4A
4B	c4B
4C	c4C
4D	c4D
4E	c4E
88	88

Administrative Notes

New edit for v16 metafile, EC

TNM Clin T Conv (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Clin T [Std# 940]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin T" is not a valid value for TNM Clin T

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unkown), or invalid
2. TNM Clin T is blank

Must be a valid code for TNM Clin T and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for at least one AJCC edition:

cX
c0
pIS
pISU
pISD
pA
c1
c1A
c1A1
c1A2
cA1
cA2
c1B
c1B1
c1B2
cB1
cB2
c1C
c1D
c1M
c1MI
c2
c2A
c2A1
c2A2
c2B

c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A
c4B
c4C
c4D
c4E
88

Administrative Notes

New edit for v16

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin T [Std# 940]
Tumor Size Clinical [Std# 752]
Primary Site [Std# 400]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
Sex [Std# 220]

Tables

AC7G2016.DBF
CLINTSIZ.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6028] Type of Reporting Source of "value of Type of Reporting Source" is not consistent with Date of Diagnosis of "value of Date of Diagnosis"
SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where Clin T is not dependent on clinical tumor size
6. TNM Clin T is blank or 88
7. Tumor Size Clinical is blank or 999

Skip 7 applied after determination of site/histology group

TNM Clin T may be blank. If entered, it will be edited site-specifically. A cT category entered in TNM Clin T will be compared to Tumor Size Clinical. An edit failure will be returned if the clinical tumor size is outside the range of tumor size for the listed cT category. "989", "989 millimeters or larger", is the

highest possible size for Tumor Size Clinical. 990 (microscopic focus) will be accepted for c1 (c1A, c1MI) for all sites/histologies included in this edit.

The site-specific TNM Clinical T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where clinical T is based on clinical tumor size. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

3. Lip and Oral Cavity

TNM T:	1	2	3
Tumor Size Clin	001-020, 990	021-040	041-989

4. Pharynx

4A. Oropharynx and Hypopharynx

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

4E. Hypopharynx

Sites: C129, C130-C139

TNM T:	1
Tumor Size Clin	001-020, 990

4D. Oropharynx

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

7. Major Salivary Glands

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

TNM T:	1	1A	1B	
	2			
Tumor Size Clin	001-020, 990	001-010, 990	011-020	021-040

13. Appendix

13B. Appendix: Carcinoid

TNM T:	1		1A	1B
Tumor Size Clin	001-020, 990	001-010, 990	011-020	

15. Anus

TNM T:	1		2	3
Tumor Size Clin	001-020, 990	021-050	051-989	

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric
 16B. GIST: Small Intestine

TNM T:	1		2	3
4				
Tumor Size Clin	001-020, 990	021-050	051-100	101-989

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach
 17B. NET: Small Intestine

TNM T:	1			
Tumor Size Clin	001-010, 990			

17D. NET: Ampulla

TNM T:	1		2	
Tumor Size Clin	001-010, 990	011-989		

24. Exocrine and Endocrine Pancreas

TNM T:	1		2	
Tumor Size Clin	001-020, 990	021-989		

25. Lung

TNM T:	1		1A	1B
2A		2B		
Tumor Size Clin	001-030, 990	001-020, 990	021-030	031-050
051-070				

27. Bone

TNM T:	1		2	
Tumor Size Clin	001-080, 990	081-989		

28. Soft Tissue Sarcoma

TNM T:	1		2	
Tumor Size Clin	001-050, 990	051-989		

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM T:	1			
Tumor Size Clin	001-020, 990			

30. Merkel Cell Carcinoma

TNM T: 1 2 3
Tumor Size Clin 001-020, 990 021-050 051-989

32. Breast

TNM T: 1 1M 1A
1B 1C 2
Tumor Size Clin 001-020, 990 001-001, 990 001-005, 990 005-010
011-020 021-050
3
051-989

43. Kidney

TNM T: 1 1A 1B
2 2A 2B
Tumor Size Clin 001-070, 990 001-040, 990 041-070 071-989
071-100 101-989

47. Adrenal

47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma

TNM T: 1 2
Tumor Size Clin 001-050, 990 051-989

49. Conjunctiva

TNM T: 1 2
Tumor Size Clin 001-005, 990 006-989

53. Carcinoma of the Lacrimal Gland

TNM T: 1 2 3
Tumor Size Clin 001-020, 990 021-040 041-989

54. Sarcoma of the Orbit

TNM T: 1 2
Tumor Size Clin 001-015, 990 016-989

Administrative Notes

New edit - added to NAACCR v15 metafile
SEER IF616

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM Clin T, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin T [Std# 940]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Clin T" is not a valid value for TNM Clin T

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank (unknown), or invalid.
2. TNM Clin T is blank.

Must be a valid code for TNM Clin T and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 diagnosis year:

cX
c0
c1
c1A
c1A1
c1A2
c1B
c1B1
c1B2
c1C
c1D
c1MI
c2
c2A
c2A1
c2A2
c2B
c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A

c4B
c4C
c4D
c4E
pA
pIS
pISU
pISD
p4
88

Administrative Notes

New edit for v16

This edit differs from the SEER version of the edit in that it allows p4 (for Testis)

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Clin T, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/04/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Clin T" is not a valid value for TNM Clin T

Description

This edit is skipped if year of Diagnosis is blank (unknown) or invalid.

If year of Diagnosis greater than 2015, then the TNM Clin T field must be a valid code and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th TNM edition, 2016 diagnosis year:

cX
c0
c1
c1A
c1A1
c1A2
c1B
c1B1
c1B2
c1C
c1D
c1MI
c2
c2A
c2A1
c2A2
c2B
c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A
c4B
c4C
c4D
c4E
pA
pIS
pISU

pISD
88

Administrative Notes

New edit for v16, EC
SEER IF547

TNM Clin T, Histology, Grade, Thyroid (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Grade [Std# 440]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6055] %F1 of %V1 is not valid where %F2 = %V2 for Anaplastic CA of Thyroid
TNM Clin T of "value of TNM Clin T" is not valid where TNM Path T = "value of TNM Path T" for
Anaplastic CA of Thyroid

Description

This edit verifies that TNM Clin T is coded consistently for anaplastic carcinomas of the thyroid when TNM Path T is blank. Anaplastic carcinomas are identified by stated grade of 4 or histologic type with implied grade of 4.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
 2. Type of Reporting Source = 7 (Death Certificate Only)
 4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 5. Site is not C739
 6. TNM Clin T is blank or 88
 7. Grade is blank
- A. If Primary Site is Thyroid (C73.9), histology is 8000-8019, 8022-8029, 8033-8576, 8940-8950, 8980-8981, Grade = 4, and TNM Path T is blank
then TNM Clin T must = c4, c4A, or c4B
- A. If Primary Site is Thyroid (C73.9), histology is 8020, 8021, 8030, 8031, or 8032 (implied grade of 4) and TNM Path T is blank
then TNM Clin T must = c4, c4A, or c4B

Administrative Notes

New edit - added to NAACCR v16 metafile, EC
SEER IF569

TNM Clin T, SSF 2 Melanoma Conjunctiva (CoC)

Agency: COC

Last changed: 06/01/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
CS Site-Specific Factor 2 [Std# 2890]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3331] Conflict between %F1 (%V1) and %F2 (%V2)
Conflict between TNM Clin T ("value of TNM Clin T") and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2")

Description

Purpose: This edit verifies that TNM Clin T is coded consistently with CS SSF 2 for Melanoma of Conjunctiva (Quadrants).

This edit is skipped if any of the following conditions are true:

1. Diagnosis date prior to 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not Melanoma of Conjunctiva
5. TNM Clin T is blank or 88
6. CS Site-Specific Factor 2 is blank or 988

This edit is evaluated only for melanoma of conjunctiva, site/histology group 50. Sites, histologies included in this group are identified in the edit Primary Site, AJCC Stage Group - Ed 7.

Melanoma of Conjunctiva:

1. If CS SSF 2 = 010 (Less than or equal to 1 quadrant involved), or 015 (Stated as clinical T1a, Stated as clinical T2a, Stated as clinical T2c)
TNM Clin T must = c1A, c2A, or c2C.
2. If CS SSF 2 = 020 (More than 1 but less than or equal to 2 quadrants involved), 025 (Stated as clinical T1b, Stated as clinical T2b, Stated as clinical T2d)
TNM Clin T must = c1B, c2B, c2D.
3. If CS SSF 2 = 030 (More than 2 but less than or equal to 3 quadrants involved)
TNM Clin T must = c1C, c2B, or c2D.

4. If CS SSF 2 = 035 (Stated as clinical T1c)
TNM Clin T must = c1C
5. If CS SSF 2 = 040 (Greater than 3 quadrants involved)
TNM Clin T must = c1D, c2B, or c2D.
6. If CS SSF 2 = 045 (Stated as clinical T1d)
TNM Clin T must = c1D

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF606

TNM Clin T, SSF 3 Soft Tissue (CoC)

Agency: COC

Last changed: 06/01/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Sex [Std# 220]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
TNM Clin T ("value of TNM Clin T") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")
conflict

Description

Purpose: This edit verifies that TNM Clin T is coded consistently with CS SSF 3 for Soft Tissue Sarcoma (Bone Invasion).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is blank or 88
5. CS SSF 3 is blank or 988.

This edit is evaluated only for soft tissue sarcomas, site/histology group 28. Sites, histologies included in this group are identified in the edit Primary Site, Stage Group 2016 - Ed 7.

For soft tissue sarcoma, if CS SSF 3 = 010 (Bone invasion present/identified on imaging), TNM Clin T must = c1B (deep tumor) or c2B (deep tumor).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF607

TNM Clin T, Surgery, Prostate (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
RX Summ--Surg Prim Site [Std# 1290]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3627] Prostate: If %F1 = %V1, %F2 must not = 00 or 99
Prostate: If TNM Clin T = "value of TNM Clin T", RX Summ--Surg Prim Site must not = 00 or 99

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is blank or 88
5. RX Summ--Surg Prim Site is blank

If Primary Site = C619
and Histologic Type ICD-O-3 = 8000-8110, 8140-8576, 8940-8950, 8980-8981
Then
If TNM Clin T = c1A or c1B (codes indicating TURP was done)
Then
RX Summ--Surg Prim Site must not = 00 or 99

Administrative Notes

New edit - added to NAACCR v16 metafile, EC
IF570

TNM Edition Number (COC)

Agency: COC

Last changed: 06/24/2014

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Edition Number [Std# 1060]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Edition Number" is not a valid value for TNM Edition Number

Description

Must be a valid TNM Edition Number code (00-07,88,99).

Codes

00 Not staged (cases that have AJCC staging scheme and staging was not done)
01 First Edition
02 Second Edition (published 1983)
03 Third Edition (published 1988)
04 Fourth Edition (published 1992),
- recommended for use for cases diagnosed 1993-1997
05 Fifth Edition (published 1997)
- recommended for use for cases diagnosed 1998-2002
06 Sixth Edition (published 2002)
- recommended for use for cases diagnosed 2003-2009
07 Seventh Edition (published 2009)
- recommended for use with cases diagnosed 2010+
88 Not applicable (cases that do not have an AJCC staging scheme)
99 Edition Unknown

Administrative Notes

Modifications:

NAACCR v12.0

- Added code 07 (Edition 7) to list of allowable values.

NAACCR v14A

- Description updated to include code definitions

TNM Edition Number, Date of Diagnosis (COC)

Agency: COC

Last changed: 03/22/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Edition Number [Std# 1060]
Date of Diagnosis [Std# 390]

Default Error Message

[1182] If %F2 is 2003-2009, then %F1 must = 00, 06, or 88
If Date of Diagnosis is 2003-2009, then TNM Edition Number must = 00, 06, or 88

Additional Messages

[3350] If year of Date of Diagnosis is 2010 or later, then TNM Edition Number must = 00, 07, or 88
ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank or invalid, this edit is skipped.

If year of Date of Diagnosis is 2003-2009, then TNM Edition Number must equal 00, 06, or 88.

If year of Date of Diagnosis is 2010 or later, then TNM Edition Number must equal 00, 07, or 88.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to require TNM Edition Number of 00, 07, or 88 for cases diagnosed 2010 and later.

TNM Edition Number, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 05/25/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Edition Number [Std# 1060]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[4627] %F1 must = 07 or 88
TNM Edition Number must = 07 or 88

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid
2. TNM Edition Number = blank and Diagnosis Year is 2015.
3. Year of Date of Diagnosis is 2016 and Type of Reporting Source is 6 or 7 and TNM Edition Number is blank.

TNM Edition Number may be blank if diagnosis year is prior to 2016. If diagnosis year is 2015 and TNM Edition Number is not blank, then it must equal 07 or 88 (not applicable). If diagnosis year is 2016 TNM Edition number may not be blank and it must equal 07 or 88 (not applicable) unless type of reporting source equals 6 or 7. If type of reporting source is 6 or 7 and diagnosis year is 2016, then TNM edition number must be blank, 07, or 88.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. The only allowable codes for TNM Edition are 07, 88, or blanks.

Modifications:

NAACCR v14A

- Edit logic fixed so that edit will be skipped if TNM Edition Number is blank

NAACCR V16

-Updated to reflect 2016 requirements. If diagnosis year is 2016 TNM Edition number may not be blank and it must equal 07 or 88 (not applicable) unless type of reporting source equals 6 or 7. If type of reporting source is 6 or 7 and diagnosis year is 2016, then TNM edition number must be blank, 07, or 88.

TNM Edition Number, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 06/14/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Edition Number [Std# 1060]

Date of Diagnosis [Std# 390]

Default Error Message

[3038] TNM stage problem

TNM stage problem

Additional Messages

SAVE_TEXT("If dx_year is 2015, then TNM Edition must be 07, 88 or blank")

SAVE_TEXT("If dx_year is 2016, then TNM Edition must be 07,U7,or 88")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015

If Year of Date of Diagnosis is 2015, then TNM Edition Number must equal 07 (Seventh Edition) or 88 (not applicable) or blank

If Year of Date of Diagnosis is 2016, then TNM Edition Number must equal 07 (Seventh Edition) or U7(UICC) or 88(not applicable) and cannot be blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF531

This edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2015
2. The only allowable codes for TNM Edition are 07, 88, or blanks.

This edit differs from the NPCR version as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

v16 update

If Year of Date of Diagnosis is 2016, then TNM Edition Number must equal 07 (Seventh Edition) or U7(UICC) or 88(not applicable) and cannot be blank.

TNM Edition Number, No AJCC Ed 5 Scheme,ICDO3(COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
TNM Edition Number [Std# 1060]

Default Error Message

[9006] TNM Edition Number must = 88 for this site, hist and dx year (no TNM scheme)
TNM Edition Number must = 88 for this site, hist and dx year (no TNM scheme)

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is less than 2001 or greater than 2002. It checks for a TNM Edition Number = 88 for sites and/or ICD-O_3 histologies that have no AJCC Edition 5 scheme.

This edit is skipped for lymphomas (Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729).

TNM Edition Number = 88 for the following histologies because they have no AJCC coding scheme per AJCC Edition 5:

9731-9989 Hematopoietic and Myeloproliferative Neoplasms of All Sites
9140 Kaposi Sarcoma of All Sites

TNM Edition Number = 88 for the following sites because they have no AJCC coding scheme per AJCC Edition 5:

C173, C254, C260, C268, C269, C300, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C691, C699, C700, C701, C709-C719, C720-C725, C728, C729, C740, C741, C749, C750-C755, C758, C759, C760-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

TNM Edition Number, No AJCC Ed 6 Scheme,ICDO3(COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
Histologic Type ICD-O-3 [Std# 522]
TNM Edition Number [Std# 1060]
Primary Site [Std# 400]

Default Error Message

[9006] TNM Edition Number must = 88 for this site, hist and dx year (no TNM scheme)
TNM Edition Number must = 88 for this site, hist and dx year (no TNM scheme)

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if the year of Date of Diagnosis is less than 2003 or greater than 2009. It checks for TNM Edition Number = 88 for sites that have no AJCC Edition 6 scheme.

This edit is skipped for lymphomas (Histologic Type ICD-O-3 = 9590-9596, 9650-9699, 9702-9719, 9727-9729).

TNM Edition Number = 88 for the following histologies because they have no AJCC coding scheme per AJCC Edition 6:

9731-9989 Hematopoietic and Myeloproliferative Neoplasms of All Sites
9140 Kaposi Sarcoma of All Sites

TNM Edition Number = 88 for the following sites because they have no AJCC coding scheme per AJCC Edition 6:

C173, C254, C260, C268, C269, C301, C312, C313, C318, C319, C339, C379, C390, C398, C399, C420-C424, C571-C574, C577-C579, C630, C631, C637-C639, C681, C688, C689, C691, C699, C700-C729, C740, C741, C749, C750-C755, C758-C765, C767, C768, C809.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if year of diagnosis < 2003 or > 2009.

TNM Edition Number, TNM Fields (NPCR)

Agency: NPCR

Last changed: 06/01/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

TNM Edition Number [Std# 1060]
TNM Path T [Std# 880]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
TNM Path Descriptor [Std# 920]
TNM Clin T [Std# 940]
TNM Clin M [Std# 960]
TNM Clin N [Std# 950]
TNM Clin Stage Group [Std# 970]
TNM Clin Descriptor [Std# 980]
Date of Diagnosis [Std# 390]

Default Error Message

[4240] If any TNM fields are entered, TNM Edition must also be entered
If any TNM fields are entered, TNM Edition must also be entered

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is not 2015, blank (unknown), or invalid

For cases diagnosed in 2015 if any TNM fields are entered, then TNM Edition Number must also be entered.

TNM fields include the following:

TNM Path T
TNM Path N
TNM Path M
TNM Path Stage Group
TNM Path Descriptor
TNM Clin T
TNM Clin N
TNM Clin M
TNM Clin Stage Group
TNM Clin Descriptor

Administrative Notes

New edit - added to NAACCR v15 metafile.

v16

changed to run on 2015 cases only.

In the SEER*Edits software, the title of this edit is: IF532

TNM Edition, TNM Clin Stage, TNM Path Stage (COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
TNM Edition Number [Std# 1060]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]

Default Error Message

[9007] Inconsistent use of 88 for TNM Edition, Clin Stage Group, Path Stage Group
Inconsistent use of 88 for TNM Edition, Clin Stage Group, Path Stage Group

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank or greater than 2009.

This edit checks the following:

1. If TNM Edition Number = 88, TNM Clin Stage Group must = 88 and TNM Path Stage Group must = 88 or blanks. (TNM Path Stage group may be left blank for cases diagnosed 2008 and later. The edit "Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)" verifies that TNM Path Stage Group is coded for the appropriate years of diagnosis.)
2. For tumors diagnosed in 1996 or later, if TNM Clin Stage Group and TNM Path Stage Group = 88, then TNM Edition Number must = 88.

Exceptions to the above rule include C441 (eyelid), C690 (conjunctiva), C692 (retina), C695 (lacrimal gland), C696 (orbit), and C698 (overlapping lesion of eye and adnexa). These sites may, for certain histologies, require the coding of the individual T, N, and M elements, but have no corresponding recommended stage grouping. The appropriate TNM Edition Number, under such circumstances, should be coded (that is, not 88), but the TNM Clin Stage Group should be coded 88 and the TNM Path Stage Group coded to 88 or blank.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it takes into account that TNM Path Stage Group may be blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later. The edit "Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)" verifies that TNM Path Stage Group is coded for the appropriate years of diagnosis.)

Modifications:

NAACCR v11.2

11/2007

This edit was updated to take into account that TNM Path Stage Group may be blank:

If TNM Edition Number = 88, TNM Clin Stage Group must = 88 and TNM Path Stage Group must = 88 or blanks.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if year of diagnosis > 2009.

TNM Edition, TNM Clin Stage, TNM Path Stg (NAACCR)

Agency: NAACCR

Last changed: 01/20/2010

Fields

TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
TNM Edition Number [Std# 1060]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]

Default Error Message

[9007] Inconsistent use of 88 for TNM Edition, Clin Stage Group, Path Stage Group
Inconsistent use of 88 for TNM Edition, Clin Stage Group, Path Stage Group

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if year of Date of Diagnosis is blank or greater than 2009.

This edit checks the following:

1. If TNM Edition Number = 88, both Clinical Stage Group and Path Stage Group must = 88.
2. For tumors diagnosed in 1996 or later, if Clinical Stage and Path Stage Group = 88, then TNM Edition Number must = 88.

Exceptions to the above rule include C441 (eyelid), C690 (conjunctiva), C692 (retina), C695 (lacrimal gland), C696 (orbit), and C698 (overlapping lesion of eye and adnexa). These sites may, for certain histologies, require the coding of the individual T, N, and M elements, but have no corresponding recommended stage grouping. The appropriate TNM Edition Number, under such circumstances, should be coded (that is, not 88), but the TNM Path and Clin Stage Groups should both be coded 88.

Administrative Notes

New edit - added to NAACCR v11.2 metafile. This edit is a copy of the COC edit [of the same name] before the COC edit was updated to not require TNM Path Stage Group for cases diagnosed 2008 and later

This edit differs from the COC edit of the same name in that it does not allow TNM Path Stage Group to be blank for cases diagnosed 1996 and later. The COC version takes into account that TNM Path Stage Group may be blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later. The edit "Primary Site, AJCC Stage Group - Ed 6, ICDO3 (COC)" verifies that TNM Path Stage Group is coded for the appropriate years of diagnosis.)

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Modified to skip if year of diagnosis > 2009.

TNM Fields, Type of Reporting Source (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Date of Diagnosis [Std# 390]

Default Error Message

[6059] If %F1 = %V1, all TNM and Stage Groups fields must = 88
If Type of Reporting Source = "value of Type of Reporting Source", all TNM and Stage Groups fields must = 88

Description

This edit checks that all T, N, M and Stage Group fields are coded 88 when Type of Reporting Source = 7 (Death Certificate Only).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source is not 7.

If Type of Reporting Source = 7

then TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must = 88.

Administrative Notes

v16 New Edit

In the SEER*Edits software, the title of this edit is: IF561

TNM Groups Beh 3 with Insitu 88 (CoC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF

Default Error Message

[6057] For %F2 (%V2), %F3 (%V3), and %F4 (%V4), all TNM fields must not =88
For Primary Site ("value of Primary Site"), Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"),
and Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3"), all TNM fields must not =88

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 2 (in situ)

For following TNM Groups, if Behavior Code ICD-O-3 is 3, then TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must not = 88. AJCC does not consider these cases stageable for in situ, but they are stageable for invasive behavior. ("88" is allowed for TNM Clin N and TNM Path N for Gestational Trophoblastic Tumors with behavior /3 and are excluded from the edit.)

7. Major Salivary Glands

8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
16. GIST (16A-16B)
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
39. Gestational Trophoblastic Tumors
41. Prostate
43. Kidney
47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphomas

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected logic to edit for site/histology groups 36B and 36C rather than 36A and 36B.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM Groups Not Stageable - Insitu (CoC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF

Default Error Message

[3612] For %F2 (%V2), %F3 (%V3), and %F4 (%V4): all TNM fields must = 88
For Primary Site ("value of Primary Site"), Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"),
and Behavior Code ICD-O-3 ("value of Behavior Code ICD-O-3"): all TNM fields must = 88

Additional Messages

SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death certificate only)
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 3 (invasive)

For following TNM Groups, if Behavior Code ICD-O-3 is 2, then TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must all = 88. AJCC does not consider these cases stageable.

- 7. Major Salivary Glands
- 8. Thyroid Gland (08A-08F)
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16. GIST (16A-16B)
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphomas

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF601

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Changed default error message to 3612, added Primary Site value to list of fields returned by error message.
- Corrected logic to edit for site/histology groups 36B and 36C rather than 36A and 36B.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM M, Mets at DX, Melanoma of Skin (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin M [Std# 960]
TNM Path M [Std# 900]
Mets at DX-Lung [Std# 1116]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Clin M ("value of TNM Clin M"), TNM Path M ("value of TNM Path M"), and Mets at DX-Lung ("value of Mets at DX-Lung")

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with Mets at DX-Lung for Melanoma of Skin.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not melanoma of skin.
5. TNM Clin M and TNM Path M are blank or 88
6. Mets at DX-Lung is blank

For melanoma of skin:

- A. If Mets at DX-Lung = 1 (lung metastasis),
then TNM Clin M must = c1B or p1B (Metastasis to lung) or higher, or
TNM Path M must = c1B or p1B or higher.
- B. If Mets at Dx-Lung = 0 (no lung metastasis) or 9 (unknown if lung metastasis)
then TNM Clin M must not = c1B or p1B, and TNM Path M must not = c1B or p1B
- C. If TNM Clin M = c1B or p1B or TNM Path M = c1B or p1B
then Mets at DX-Lung must = 1

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

IF571

TNM M, SSF 3 Kidney (COC)

Agency: COC

Last changed: 06/03/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin M [Std# 960]
TNM Path M [Std# 900]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Clin M ("value of TNM Clin M"), TNM Path M ("value of TNM Path M"), and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with CS SSF 3, Ipsilateral Adrenal Gland Involvement, for Kidney parenchyma.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 043, Kidney
5. TNM Clin M and TNM Path M are blank or 88
6. CS SSF 3 is blank or 988

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Kidney, SSF 3:

- A. If SSF 3 = 020 (Noncontiguous involvement of ipsilateral adrenal gland) or 030 (Noncontiguous plus contiguous involvement of ipsilateral adrenal gland) then TNM Clin M must = p1 (Tumor invades beyond Gerota's fascia including contiguous extension into the ipsilateral adrenal gland) or TNM Path M must = p1

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF608

TNM M, SSF 4 Melanoma of Skin (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin M [Std# 960]
TNM Path M [Std# 900]
CS Site-Specific Factor 4 [Std# 2910]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Clin M ("value of TNM Clin M"), TNM Path M ("value of TNM Path M"), and CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4")

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with CS SSF 4 for Melanoma of Skin (Serum Lactate Dehydrogenase).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not melanoma of skin.
5. TNM Clin M and TNM Path M are blank or 88
6. CS SSF 4 is blank or 988.

For melanoma of skin:

If CS SSF 4 = 010, 020, 030, (elevated LDH)
then TNM Clin M and TNM Path M must not = c1A, c1B, p1A, or p1B (Metastasis without elevated LDH).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
IF572

TNM M, SSF 4, Uveal Melanoma (CoC)

Agency: COC

Last changed: 05/31/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin M [Std# 960]
TNM Path M [Std# 900]
CS Site-Specific Factor 4 [Std# 2910]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Clin M ("value of TNM Clin M"), TNM Path M ("value of TNM Path M"), and CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4")

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with SSF 4 for Uveal Melanoma (Size of Largest Metastasis).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not uveal melanoma
5. TNM Clin M and TNM Path M are blank or 88
6. SSF 4 is blank or 988

For uveal melanoma:

- A. If CS Site-Specific Factor 4 = 000 (no metastatic disease)
then TNM Clin M and TNM Path M must not = c1, c1A, c1B, c1C, p1, p1A, p1B, or p1C
- B. If CS Site-Specific Factor 4 = 001-030 (size of metastasis in mm), or 991 (described as less than 3cm)
then TNM Clin M or TNM Path M must = c1A or p1A
- C. If CS Site-Specific Factor 4 = 031-080 (size of metastasis in mm), or 992 (described as less than 8 cm),
then TNM Clin M or TNM Path M must = c1B or p1B

D. If CS Site-Specific Factor 4 = 081 - 980 (size of metastasis in mm), or 993 (described as greater than 8cm),
then TNM Clin M or TNM Path M must = c1C or p1C

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

IF573

TNM N, Size Nodes, Site Spec - Ed 7 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor16 [Std# 2870]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
NODESIZE.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6012] TNM Clin N of "value of TNM Clin N" is not consistent with coded size of nodes
[6013] TNM Path N of "value of TNM Path N" is not consistent with coded size of nodes
[6014] TNM Clin N of "value of TNM Clin N" and TNM Path N of "value of TNM Path N" not consistent with coded size of nodes
SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where numeric value for size of nodes is not collected
6. TNM Clin N and TNM Path N are both blank or 88

Skip for number 5 applied after determination of site/histology group

TNM Clin N and TNM Path N may be blank. If one or both of these are entered, the field(s) will be edited site-specifically. A cN or pN category will be compared to the appropriate site-specific factor for the site/histology. The edit will first compare the number of nodes to pN category entered in TNM Path N, and then to cN category entered in TNM Clin N. The edit comparisons will proceed as follows:

1. If TNM PATH N is empty:
 - a. TNM Clin N and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin N and Site-Specific Factor: Fail, edit fails
2. If TNM Path N is coded:
 - a. TNM Path N and Site-Specific Factor: Pass, edit passes.
 - b. TNM Path N and Site-Specific Factor: Fail
 1. If TNM Clin N is empty, edit fails
 2. If TNM Clin N is coded:
 - a. TNM Clin N and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin N and Site-Specific Factor: Fail, edit fails

"980", "980 millimeters or larger", is the largest possible size for nodes. Nonspecific size values are converted to numeric values for purposes of the edit.

The site-specific TNM N values with the corresponding size of nodal metastasis/size of nodes, and the Site-Specific Factor used to collect the information, are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where pathologic N is based on the size of regional nodal metastasis/nodes. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

NOTE: Size of lymph nodes is also involved in assignment of N category for Vulva, Renal Pelvis/Ureter, and Urethra, but this information is not collected in a separate site-specific factor. Node size is collected as a code rather than a numeric value in a site-specific factor for Testis.

3. Lip and Oral Cavity

SSF 1					
TNM N:		1,	2	2A	2B
	2C		3		
Size of Nodes	001-030		001-060	031-060	001-060
	001-060		061-980		

4. Pharynx

- 4A. Oropharynx and Hypopharynx
- 4D. Oropharynx

SSF 1					
TNM N:		1,	2	2A	2B
	2C		3		
Size of Nodes	001-030		001-060	031-060	001-060
	001-060		061-980		

- 4B. Nasopharynx
- 4C. Nasopharynx

SSF 1					
TNM N:	1		2		3
Size of Nodes	001-060	001-060		061-980	

5. Larynx

5A. Supraglottis, Subglottis, Other
5B. Glottis

SSF 1					
TNM N:	1,		2		2A
	2C		3		2B
Size of Nodes	001-030	001-060		031-060	001-060
	001-060	061-980			

6. Nasal Cavity and Paranasal Sinuses

SSF 1					
TNM N:	1,		2		2A
	2C		3		2B
Size of Nodes	001-030	001-060		031-060	001-060
	001-060	061-980			

7. Major Salivary Glands

SSF 1					
TNM N:	1,		2		2A
	2C		3		2B
Size of Nodes	001-030	001-060		031-060	001-060
	001-060	061-980			

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

SSF 16					
TNM N:	1,		2		2A
	2C		3		2B
Size of Nodes	001-030	001-060		031-060	001-060
	001-060	061-980			

Administrative Notes

New edit - added to NAACCR v15 metafile

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM N, SSF 3 Melanoma of Skin (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3322] Conflict between %F1 (%V1) and %F3 (%V3)
Conflict between TNM Clin N ("value of TNM Clin N") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

[3330] Conflict among TNM Clin N ("value of TNM Clin N"), TNM Path N ("value of TNM Path N"), and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Description

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 3 for Melanoma (Clinical Status of Lymph Nodes).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Melanoma of Skin.
5. TNM Clin N and TNM Path N are blank or 88
6. CS SSF 3 is blank or 988

For melanoma of skin:

- A. If CS SSF 3 = 005 (Clinically negative nodes and no pathologic exam or pathologic exam negative or unknown if pathologic exam),
then TNM Clin N must = c0 and TNM Path N must = c0, p0, pX, or blank (no pathologic exam or unknown if performed, no pathologic node metastasis)
- B. If CS SSF 3 = 010 (Clinically occult (microscopic) lymph node metastasis only)

then TNM Clin N must = c0 (no regional lymph node metastasis) and TNM Path N must = p1A or p2A.

C. If CS SSF 3 = 043 (Clinically apparent nodal metastasis in 1 regional node) or 050 (Clinically apparent nodal metastasis in regional node(s) but number not specified)

then TNM Clin N must = c1

D. If CS SSF 3 = 045 (Clinically apparent nodal metastasis in 2-3 regional nodes)

then TNM Clin N must = c2

E. If CS SSF 3 = 048 (Clinically apparent nodal metastasis in 4+ regional nodes)

then TNM Clin N must = c3

G. If CS SSF 3 = 100 (Clinically apparent in transit metastasis with or without occult lymph node metastasis)

then TNM Clin N must = c2C

H. If CS SSF 3 = 999 (Unknown clinically if nodes involved)

then TNM Clin N must = cX

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF574

TNM N, SSF 3 Merkel Cell (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3322] Conflict between %F1 (%V1) and %F3 (%V3)
Conflict between TNM Clin N ("value of TNM Clin N") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Additional Messages

[3330] Conflict among TNM Clin N ("value of TNM Clin N"), TNM Path N ("value of TNM Path N"), and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Description

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 3 for Merkel Cell (Clinical Status of Lymph Nodes).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Merkel cell.
5. TNM Clin N and TNM Path N are blank or 88
6. CS SSF 3 is blank or 988

For Merkel cell:

A. If CS SSF 3 = 005 (Clinically negative nodes and no pathologic exam or pathologic exam negative or unknown if pathologic exam)
then TNM Clin N must = c0 and if not blank TNM Path N must = c0, p0, pX, or blank (no pathologic exam or unknown if performed, no pathologic node metastasis)

- B. If CS SSF 3 = 010 (Clinically occult (microscopic) lymph node metastasis only)
then TNM Clin N must = c0 (no regional lymph node metastasis) and TNM Path N
must = p1A.
- C. If CS SSF 3 = 020 (Clinically apparent nodal metastasis)
then TNM Clin N must = c1
- D. If CS SSF 3 = 100 (Clinically apparent in transit metastasis with or without
occult lymph node metastasis) or 150 (Clinically apparent in transit metastasis and
clinically apparent nodal metastasis)
then TNM Clin N must = c2
- E. If CS SSF 3 = 999 (Unknown clinically if nodes involved)
then TNM Clin N must = cX

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

IF575

TNM N, SSF 3, 5 Corpus Uteri (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 5 [Std# 2920]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6051] Conflict among %F2 (%V2), %F3 (%V3), and %F4 (%V4)
Conflict among TNM Path N ("value of TNM Path N"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), and CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5")

Additional Messages

[6050] Conflict among TNM Clin N ("value of TNM Clin N"), TNM Path N ("value of TNM Path N"), CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3"), and CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5")

Description

Purpose: This edit verifies that TNM Path N and TNM Clin N are coded consistently with nodal information in CS Site-Specific Factors 3 (Number of Positive Pelvic Nodes) and 5 (Number of Positive Para-Aortic Nodes) for Corpus Uteri.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not 36A, Corpus Uteri CarcinomaS
5. TNM Path N and TNM Clin N are blank or 88
6. CS Site-Specific Factors 3 and 5 are blank or 988.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Corpus Uteri:

1. If CS Site-Specific Factors 3 and 5 = 000 (all nodes examined negative), TNM Path N must = p0 or blank.

2. If CS Site-Specific Factor 3 or 5 = 001-090, 095, 097 (positive nodes),
TNM Clin N and TNM Path N must not both indicate no nodes involved.
3. If both CS Site-Specific Factors 3 and 5 = 098 (no nodes examined) or 999
(unknown if nodes positive)
TNM Path N must = blank, pX, or c0.

Administrative Notes

New edit for v16 metafile, EC.
SEER IF576

TNM N, SSF 4, 6 Fallopian Tube (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 6 [Std# 2930]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6051] Conflict among %F2 (%V2), %F3 (%V3), and %F4 (%V4)
Conflict among TNM Path N ("value of TNM Path N"), CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6")

Additional Messages

[6050] Conflict among TNM Clin N ("value of TNM Clin N"), TNM Path N ("value of TNM Path N"), CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6")

Description

Purpose: This edit verifies that TNM Path N and TNM Clin N are coded consistently with nodal information in CS Site-Specific Factors 4 (Number of Positive Pelvic Nodes) and 6 (Number of Positive Para-Aortic Nodes) for Fallopian Tube.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not 038, Fallopian Tube
5. TNM Path N and TNM Clin N are blank or 88
6. CS Site-Specific Factors 4 and 6 are blank or 988.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Fallopian Tube:

1. If CS Site-Specific Factors 4 and 6 = 000 (all nodes examined negative), TNM Path N must = p0 or blank.

2. If CS Site-Specific Factor 4 or 6 = 001-090, 095, 097 (positive nodes),
TNM Clin N and TNM Path N must not both indicate no nodes involved.
3. If both CS Site-Specific Factors 4 and 6 = 098 (no nodes examined) or 999
(unknown if nodes positive)
TNM Path N must = blank, pX, or c0.

Administrative Notes

New edit for v16 metafile, EC.
SEER IF577

TNM N, SSF 5 Testis (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin N [Std# 950]
TNM Path N [Std# 890]
CS Site-Specific Factor 5 [Std# 2920]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Clin N ("value of TNM Clin N"), TNM Path N ("value of TNM Path N"), and CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5")

Description

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 5 for Testis (Size of Metastasis in Lymph Nodes).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not site/histology group 42, Testis
6. TNM Clin N and TNM Path N are blank or 88
5. CS SSF 5 is blank or 988

Site, histologies for site/histology group 42 are identified in the edit Primary Site, Stage Group 2016 - Ed 7.

For Testis:

- A. If CS SSF 5 = 000 (no lymph node metastasis)
then TNM Clin N must not = c1, c2, or c3 and TNM Path N must not = p1, p2, or p3 (regional lymph node metastasis)
- B. If CS SSF 5 = 010 (Lymph node metastasis mass 2cm or less without pathologic extranodal extension)
then TNM Clin N must = c1 (Metastasis with lymph node mass 2cm or less in greatest dimension or multiple lymph nodes none more than 2cm in greatest dimension) or TNM Path N must = p1 (Metastasis with lymph node mass 2cm or less in

greatest dimension and less than or equal to 5 nodes positive, none more than 2cm in greatest dimension).

C. If CS SSF 5 = 020 (Lymph node metastasis mass more than 2cm but not more than 5cm in greatest dimension or pathologic extranodal extension of tumor)
then TNM Clin N must = c2 (Metastasis with lymph node mass more than 2cm but not more than 5cm in greatest dimension or multiple lymph nodes any one mass greater than 2cm but not more than 5cm in greatest dimension) or TNM Path N must = p2 (Metastasis with lymph node mass more than 2cm but not more than 5cm in greatest dimension or more than 5 nodes positive none more than 5cm or evidence of extranodal extension of tumor)

D. If CS SSF 5 = 030 (Lymph node metastasis mass more than 5cm in greatest dimension)
then TNM Clin N must = c3 or TNM Path N must = p3 (metastasis with a lymph node mass more than 5cm in greatest dimension)

E. If CS SSF 5 = 999 (Regional lymph nodes involved, size of lymph node mass not stated, unknown if regional nodes involved)
then TNM Clin N must = c1 or cX or TNM Path N must = p1 or pX

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF578

TNM Path cN0 2016 (CoC)

Agency: COC

Last changed: 05/04/2016

Fields

TNM Path T [Std# 880]
TNM Path N [Std# 890]
Date of Diagnosis [Std# 390]

Default Error Message

[6032] %F2 may be coded %V2 only when %F1 = in situ
TNM Path N may be coded "value of TNM Path N" only when TNM Path T = in situ

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank (unknown), or invalid
2. TNM Path N is blank or 88

TNM Path N may be coded c0 only when TNM Path T = A, IS, ISU, or ISD.

Administrative Notes

New edit for v16 metafile, EC

TNM Path Descriptor (COC)

Agency: COC

Last changed: 05/26/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path Descriptor [Std# 920]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path Descriptor" is not a valid value for TNM Path Descriptor

Description

Must be a valid TNM Path Descriptor code (0-6, 9, blank).

Administrative Notes

-v16 updates
no changes

TNM Path Descriptor, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 03/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Path Descriptor [Std# 920]
Date of Diagnosis [Std# 390]

Default Error Message

[4628] %F1 must =0-6 or 9
TNM Path Descriptor must =0-6 or 9

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid
2. TNM Path Descriptor is blank

Must be a valid TNM Path Descriptor code (0-6, 9).

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2014

TNM Path Descriptor, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/16/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Path Descriptor [Std# 920]

Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict

TNM Path Descriptor and Date of Diagnosis conflict

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank (unknown), or invalid

If year of Date of Diagnosis is greater than 2015, then TNM Path Descriptor cannot be blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF533

This edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the COC version is never skipped.

This edit differs from the NPCR version as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

TNM Path Descriptor, RX Dates - Ed 7 (CoC)

Agency: COC

Last changed: 05/04/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Date of Diagnosis [Std# 390]
TNM Edition Number [Std# 1060]
Behavior Code ICD-O-3 [Std# 523]
TNM Path Descriptor [Std# 920]
RX Date Mst Defn Srg [Std# 3170]
RX Date Radiation [Std# 1210]
RX Date Radiation Flag [Std# 1211]
RX Date BRM [Std# 1240]
RX Date BRM Flag [Std# 1241]
RX Date Chemo [Std# 1220]
RX Date Chemo Flag [Std# 1221]
RX Date Hormone [Std# 1230]
RX Date Hormone Flag [Std# 1231]
RX Date Other [Std# 1250]
RX Date Other Flag [Std# 1251]

Default Error Message

[3590] If %F4 = %V4, at least one rx date must be less than %F5 (%V5) or date flag = 12
If TNM Path Descriptor = "value of TNM Path Descriptor", at least one rx date must be less than RX Date
Mst Defn Srg ("value of RX Date Mst Defn Srg") or date flag = 12

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016 or blank (unknown)
2. TNM Edition Number is not = 07
3. TNM Path Descriptor is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. RX Date Mst Defn Srg is blank

If TNM Path Descriptor = 4 [Y (Classification after initial multimodality therapy)-
pathologic staging only] or 6 [M & Y (Multiple primary tumors and initial
multimodality therapy)]

Then

At least one of the following dates must be less than RX Date Mst Defn Srg. If
any are blank, then the associated date flag is checked and, if equal to 12
(treatment given, date unknown), the edit will pass.

RX Date Radiation/RX Date Radiation Flag
RX Date BRM/RX Date BRM Flag

RX Date Chemo/RX Date Chemo Flag
RX Date Hormone/RX Date Hormone Flag
RX Date Other/RX Date Other Flag

Partial Dates:

1. When comparisons include partial dates, the treatment date can be less than or equal to the RX Date Mst Defn Srg.
2. When comparing dates, if both years are known, but either month is blank, then only the years are compared and may be equal. If either day is blank, then only the years and months are compared. Consequently, the edit may pass due to not having enough information to compare beyond years or year/month. For example, a RX Date Radiation of 201403 (ccyymm), when compared to RX Date Mst Defn Srg of 20140315 (ccymmdd), will pass because the edit has to assume that the unknown dd portion of RX Date Radiation could be less than the dd portion of RX Date Mst Defn Srg.

Administrative Notes

New edit - added to NAACCR v16 metafile, EC

TNM Path Descriptor, TNM Fields (NPCR)

Agency: NPCR

Last changed: 06/01/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Path T [Std# 880]
TNM Path M [Std# 900]
TNM Path N [Std# 890]
TNM Path Stage Group [Std# 910]
TNM Path Descriptor [Std# 920]
Date of Diagnosis [Std# 390]

Default Error Message

[6063] If any path TNM fields are entered, %F5 must also be entered
If any path TNM fields are entered, TNM Path Descriptor must also be entered

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid

If any path TNM fields are entered, then TNM Path Descriptor must also be entered.

TNM fields include the following:

TNM Path T
TNM Path N
TNM Path M
TNM Path Stage Group
TNM Path Descriptor

Administrative Notes

New edit - added to NAACCR v16 metafile. EC

TNM Path M c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/04/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Path M [Std# 900]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Path M" is not a valid value for TNM Path M

Description

This edit will check valid TNM Path M codes, either with or without the "c" or "p" component.

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Path M is blank.

Must be a valid code for TNM Path M and must be left justified. Subcategory letters must be uppercase, "c" or "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software. Codes not included in the list (p0I+, c1M, c1M1) will fail the edit.

X	cX
0	c0
0I+	c0I+
1	c1
	p1
1A	c1A
	p1A
1B	c1B
	p1B
1C	c1C
	p1C
1D	c1D
	p1D
1E	c1E
	p1E
1M	p1M
1M1	p1M1
88	88

Administrative Notes

New edit for v16 metafile, EC

TNM Path M Conv (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path M" is not a valid value for TNM Path M

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date >2015
2. TNM Path M is empty.

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for at least one TNM edition:

pX
p0
p1
p1A
p1B
p1C
p1D
p1E
p1M
p1M1
c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
88

Administrative Notes

New edits for v16 metafile

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Path M, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/28/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path M [Std# 900]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path M" is not a valid value for TNM Path M

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank (unknown), or invalid.
2. TNM Path M is blank.

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 diagnosis year:

c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88

Administrative Notes

New edit for v16
SEER IF548

Modifications

NAACCR v16A

- c0I+ and 88 added to Description as allowable values for TNM Path M

TNM Path N c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/04/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Path N [Std# 890]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Path N" is not a valid value for TNM Path N

Description

This edit will check valid TNM Path N codes, either with or without the "p" component. TNM Path N with the "c" component is only valid for "c0".

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Path N is blank.

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be uppercase, "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software.

X	pX
0	p0
	c0
0I-	p0I-
0I+	p0I+
0M-	p0M-
0M+	p0M+
0A	p0A
0B	p0B
1	p1
1A	p1A
1B	p1B
1C	p1C
1M	p1M
1MI	p1MI
2	p2
2A	p2A
2B	p2B
2C	p2C
3	p3
3A	p3A
3B	p3B
3C	p3C

4 p4
I- pI-
I+ pI+
M- pM-
M+ pM+
88 88

Administrative Notes

New edit for v16 metafile, EC

TNM Path N Conv (COC)

Agency: COC

Last changed: 05/04/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Path N [Std# 890]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path N" is not a valid value for TNM Path N

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015
3. TNM Path N is empty.

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

.

The following codes are valid at least one AJCC edition:

pX
p0
p0I-
p0I+
p0M-
p0M+
p0A
p0B
p1
p1A
p1B
p1C
p1M
p1MI
p2
p2A
p2B
p2C
p3
p3A
p3B
p3C
p4
pI-
pI+

pM-
pM+
c0
88

Administrative Notes

New edit for v16 metafile EC

TNM Path N, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/28/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path N [Std# 890]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path N" is not a valid value for TNM Path N

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.TNM Path N is blank.

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be upper case, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 diagnosis year:

pX
p0
p0I-
p0I+
p0M-
p0M+
p1
p1A
p1B
p1C
p1M
p1MI
p2
p2A
p2B
p2C
p3
p3A
p3B
p3C
p4
c0
88
p0A
p0B

Administrative Notes

New edit for v16
SEER IF549

Modifications

NAACCR v16A

- Added p0A, p0B to description, edit logic. Codes allowed by COC and SEER for Melanoma of Conjunctiva for pathologic N.

TNM Path N, Reg Nodes Ex - Ed 7 (CoC)

Agency: COC

Last changed: 07/31/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
TNM Path N [Std# 890]
Regional Nodes Examined [Std# 830]

Default Error Message

[6065] If %F5 = 00 or 99, %F4 must = pX, c0, or blank
If Regional Nodes Examined = 00 or 99, TNM Path N must = pX, c0, or blank

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Path N is blank or 88
4. Regional Nodes Examined = blank

IF Regional Nodes Examined = 00 or 99
Then
 TNM Path N must = pX, c0, or blank

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF579

Modifications

NAACCR v16A

- Error message updated to read, if Regional Nodes Examined = 00 or 99, TNM Path N must = pX, c0, or blank

TNM Path N, Reg Nodes Pos - Ed 7 (COC)

Agency: COC

Last changed: 06/06/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Path N [Std# 890]
Regional Nodes Positive [Std# 820]

Default Error Message

[3587] If %F6 = %V6, %F7 must not = 00, 98, 99
If TNM Path N = "value of TNM Path N", Regional Nodes Positive must not = 00, 98, 99

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path N is blank or 88
5. Regional Nodes Positive is blank

At least one positive lymph node is required if TNM Pathologic N is 1 or higher.

If the second character of TNM Path N = 1, 2, or 3, indicating metastasis in at least one lymph node

Then

Regional Nodes Positive must not = 00 (all nodes examined are negative), 98 (no nodes were examined), 99 (unknown whether nodes are positive)

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

Chapter 14: Colon and Rectum

TNM Path N = p1C (tumor deposits)

Chapter 31: Melanoma of the Skin

TNM Path N = p2C (satellite nodules)

Chapter 30: Merkel Cell Carcinoma

TNM Path N = p2 (in transit metastases)

Chapter 52: Retinoblastoma

TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma

TNM Path N = p3 or p4 (codes indicating distant nodes)

Administrative Notes

New edit - added to NAACCR v16 metafile, EC
SEER IF580

TNM Path N, Reg Nodes Pos,Ex, Breast - Ed 7 (CoC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
TNM Path N [Std# 890]
Regional Nodes Positive [Std# 820]
Regional Nodes Examined [Std# 830]
Type of Reporting Source [Std# 500]

Default Error Message

[4991] Conflict among %F4 (%V4), %F5 (%V5), %F6 (%V6)
Conflict among TNM Path N ("value of TNM Path N"), Regional Nodes Positive ("value of Regional Nodes Positive"), Regional Nodes Examined ("value of Regional Nodes Examined")

Description

This edit verifies that nodes are examined for "0I-", "0I+", "0M-", and "0M+" categories, and that ITCs are not considered positive nodes for breast.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Site/histology group is not 032 (Breast)
4. TNM Path N is blank or 88
5. Regional Nodes Positive is blank
6. Regional Nodes Examined is blank

If TNM Path N = p0I+, p0I-, p0M+, p0M-
then Regional Nodes Examined must not = 00, 99 (no nodes examined or unknown nodes examined)
Regional Nodes Positive must = 00 (all nodes examined are negative)

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF581

Modifications

NAACCR v16A

- Error message corrected, field out of order

TNM Path N, RNP, Site Spec - Ed 7, ICDO3 (COC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Regional Nodes Positive [Std# 820]
TNM Path N [Std# 890]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
PATHNNUM.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6028] TNM Path N of "value of TNM Path N" is not consistent with Regional Nodes Positive of "value of Regional Nodes Positive"
SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where Path N is not dependent on number of positive nodes
6. TNM Path N is blank or 88
7. Regional Nodes Positive is empty

8. Regional Nodes Positive is coded "95", "Positive aspiration of lymph nodes performed".
9. Regional Nodes POsitive is coded "97", "Positive nodes are documented but the number is unspecified".

TNM Path N may be blank. If entered, it will be edited site-specifically. A pN category entered in TNM Path N will be compared to Regional Nodes Positive. An edit failure will be returned if the number of positive nodes is outside the range of positive nodes for the listed pN category. "90", "90 or more nodes are positive", is the highest possible number of positive nodes.

The site-specific TNM Pathologic N values with the corresponding number of positive regional nodes are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where pathologic N is based on the number of positive regional nodes. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

3. Lip and Oral Cavity

TNM N: 1,2A 2B,2C
 Reg Nodes Pos 01-01 02-90

4. Pharynx

- 4A. Oropharynx and Hypopharynx
- 4D. Oropharynx

TNM N: 1,2A 2B,2C
 Reg Nodes Pos 01-01 02-90

5. Larynx

- 5A. Supraglottis, Subglottis, Other
- 5B. Glottis

TNM N: 1,2A 2B,2C
 Reg Nodes Pos 01-01 02-90

6. Nasal Cavity and Paranasal Sinuses

TNM N: 1,2A 2B,2C
 Reg Nodes Pos 01-01 02-90

7. Major Salivary Glands

TNM N: 1,2A 2B,2C
 Reg Nodes Pos 01-01 02-90

10. Esophagus and Esophagus Gastric Junction

- 10A. Esophagus
- 10B. Esophagus Gastric Junction

TNM N: 1 2 3
 Reg Nodes Pos 01-02 03-06 07-90

11. Stomach

TNM N: 1 2 3 3A 3B
Reg Nodes Pos 01-02 03-06 >06 07-15 16-90

12. Small Intestine

TNM N: 1 2
Reg Nodes Pos 01-03 04-90

13. Appendix

13A. Appendix: Carcinoma
13B. Appendix: Carcinoid

TNM N: 1 2
Reg Nodes Pos 01-03 04-90

14. Colon and Rectum

TNM N: 1 1A 1B 2 2A
2B
Reg Nodes Pos 01-03 01-01 02-03 04-90 04-06 07-90

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM N: 1,2A 2B,2C
Reg Nodes Pos 01-01 02-90

31. Melanoma of the Skin

TNM N: 1 1A 1B 2A 2B
Reg Nodes Pos 01-01 01-01 01-01 02-03 02-03

32. Breast

TNM N: 1A 2A
Reg Nodes Pos 01-03 04-09

33. Vulva

TNM N: 1 1A 1B 2A 2B
Reg Nodes Pos 01-02 01-02 01-01 03-90 02-90

40. Penis

TNM N: 1 2
Reg Nodes Pos 01-01 02-90

42. Testis

TNM N: 1
Reg Nodes Pos 01-05

44. Renal Pelvis and Ureter

TNM N: 1
Reg Nodes Pos 01-01

45. Urinary Bladder

TNM N: 1 2
Reg Nodes Pos 01-01 02-90

46. Urethra

TNM N: 1
Reg Nodes Pos 01-01

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM Path N, SSF 3, 4, 5 Breast (COC)

Agency: COC

Last changed: 08/01/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path N [Std# 890]
CS Site-Specific Factor 3 [Std# 2900]
CS Site-Specific Factor 4 [Std# 2910]
CS Site-Specific Factor 5 [Std# 2920]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Tables

BREAST45.DBF

Default Error Message

[6040] %F1 (%V1), %F3 (%V3), and %F4 (%V4) conflict
TNM Path N ("value of TNM Path N"), CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4"), and
CS Site-Specific Factor 5 ("value of CS Site-Specific Factor 5") conflict

Additional Messages

[3331] Conflict between TNM Path N ("value of TNM Path N") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Description

Purpose: This edit verifies for primary site of breast that pathologic TNM N must be consistent with CS SSF 3 (Number of positive ipsilateral level I-II Axillary Lymph Nodes), CS SSF 4 (Immunohistochemistry of Regional Lymph Nodes), and CS SSF 5 (Molecular Studies of Regional Lymph Nodes).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not = 032, Breast.
5. TNM Path N is blank or 88.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For CS Site-Specific Factor 3:

1. If TNM Path N = p0, p0I-, p0I+, p0M-, p0M+,
then CS SSF 3 must = 000 (All ipsilateral axillary nodes examined negative).
2. If TNM Path N = c0 or pX,
then CS SSF 3 must = 098 (No axillary nodes examined), or 099 (Unknown if axillary nodes are positive).

For CS Site-Specific Factor 4, CS Site-Specific Factor 5:

3. TNM Path N is compared to the combination of CS SSF 4 and CS SSF 5 using a table lookup. Findings on molecular studies (CS SSF 5) are given precedence to findings on IHC studies (CS SSF 4). An error is generated if the combination of CS SSF 4 and CS SSF 5 do not support the assigned pN category. If either CS SSF 4 or CS SSF 5 is coded 988, TNM N is compared to the value of the CS SSF not coded 988. If both are coded 988, the edit check is skipped. If either CS SSF 4 or CS SSF 5 is blank (not coded), TNM N is compared to the value of the coded CS SSF. If both are blank, the edit check is skipped.

Two situations not handled by table lookup are included in the edit logic:

- The edit passes for TNM Path N = pX, CS SSF 4 = 987, CS SSF 5 = 987.
- The edit passes for TNM Path N = c0, CS SSF 4 = 000, CS SSF 5 = 000.

Administrative Notes

New edit for v16 metafile
SEER IF582

Modifications

NAACCR v16A

- Description updated to note that two situations not handled by table lookup are included in the edit logic:
 - The edit passes for TNM Path N = pX, CS SSF 4 = 987, CS SSF 5 = 987.
 - The edit passes for TNM Path N = c0, CS SSF 4 = 000, CS SSF 5 = 000.
- Logic updated to pass when path N = c0, SSF4 = 000, SSF 5 = 000

TNM Path N, SSF 4 Colon (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path N [Std# 890]
CS Site-Specific Factor 4 [Std# 2910]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
TNM Path N ("value of TNM Path N") and CS Site-Specific Factor 4 ("value of CS Site-Specific Factor 4")
conflict

Description

Purpose: This edit verifies that TNM Path N is coded consistently with CS SSF 4 for Colon and Rectum (Tumor Deposits).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology group is not 14, Colorectal.
5. TNM Path N is blank or 88
6. CS SSF 4 is blank or 988.

For Colon and Rectum:

- A. If SSF 4 = 000 (no tumor deposits) ,
then TNM Path N must not = p1C (Tumor deposit(s) in the subserosa, mesentery,
or nonperitonealized pericolic or perirectal tissues without regional nodal
metastasis).
- B. If TNM Path N = p1C,
then CS SSF 4 must not = 000 (none), 998 (no surgical resection of primary
site), or 999 (unknown or no information).
- C. If TNM Path N = p0,
then CS SSF 4 must = 000, 998, or 999.

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF583

TNM Path Stage Group (COC)

Agency: COC

Last changed: 06/06/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path Stage Group [Std# 910]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path Stage Group" is not a valid value for TNM Path Stage Group

Description

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase. May be blank.

The edit is skipped for diagnosis date > 2015, blank (unknown), or invalid.

The following codes are valid for at least one TNM edition:

0
0A
0S
0IS
1
1A
1A1
1A2
A1
A2
1B
1B1
1B2
B1
B2
1C
1E
1S
2
2A
2A1
2A2
2B
2C
2E
2S
3
3A
3B
3C
3C1

3C2
3E
3S
4
4A
4A1
4A2
4B
4C
4E
4S
88
99
OC

Administrative Notes

Modifications:

NAACCR v12.0

- The size of field was changed from 2 to 4 characters. All codes are left-justified.
- The following codes were added:
0IS, 1A1, 1A2, 1B1, 1B2, 2A1, 2A2, 3C1, 3C2

NAACCRv12C

- Updated description to include "0IS". (Logic already included "0IS".)

NAACCR v14A

- Updated the description to specify that the listed codes are valid for at least one TNM edition

NAACCR v16

- Updated to skip for diagnosis date > 2015, blank, or invalid

TNM Path Stage Group, 2016 (COC)

Agency: COC

Last changed: 05/25/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path Stage Group [Std# 910]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path Stage Group" is not a valid value for TNM Path Stage Group

Description

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.TNM Path Stage Group is blank

The following codes are valid for 2016:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4

4A
4A1
4A2
4B
4C
88
99
OC

Administrative Notes

New for NAACCR v16 metafile - EC

TNM Path Stage Group, Date of Diagnosis (COC)

Agency: COC

Last changed: 05/25/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
TNM Path Stage Group [Std# 910]

Default Error Message

[4632] If year of %F1 = %V1 then %F2 cannot be blank
If year of Date of Diagnosis = "value of Date of Diagnosis" then TNM Path Stage Group cannot be blank

Description

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is 2016 or later, AJCC TNM Path Stage Group cannot be blank.

Administrative Notes

New edit NAACCR v16

This edit differs from the SEER edit of the same name in that it checks only that TNM Path Stage Group is coded for cases diagnosed 2016 and later. The SEER edit, TNM Path Stage Group, Date of Diagnosis (SEER), checks for valid Path Stage Group codes for 2016 and later. (The edit TNM Path Stage Group, 2016 (COC) checks for valid Path Stage Group codes for 2016 and later.)

TNM Path Stage Group, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 06/03/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Path Stage Group [Std# 910]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Path Stage Group" is not a valid value for TNM Path Stage Group

Description

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.TNM Path Stage Group is blank

The following codes are valid for 2016:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2

4B
4C
88
99
OC

Administrative Notes

New for NAACCR v16 metafile

This edit differs from the COC edit of the same name in that it checks for valid codes for 2016 and later. TNM Path Stage Group, Date of Diagnosis (COC), checks only that TNM Path Stage is coded for cases diagnosed 2016 and later. (The edit TNM Path Stage Group, 2016 (COC) checks for valid Path Stage Group codes for 2016 and later.)

SEER IF560

TNM Path Stage Group, Prim Site, Surg - Ed 7(CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Path Stage Group [Std# 910]
RX Summ--Surg Prim Site [Std# 1290]

Default Error Message

[3610] For %F3 (%V3), %F4 (%V4), %F6 (%V6): %F7 (%V7) must = 20 - 90
For Primary Site ("value of Primary Site"), Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"),
TNM Path Stage Group ("value of TNM Path Stage Group"): RX Summ--Surg Prim Site ("value of RX
Summ--Surg Prim Site") must = 20 - 90

Additional Messages

[3609] For Primary Site ("value of Primary Site"), Histologic Type ICD-O-3 ("value of Histologic Type ICD-O-3"),
TNM Path Stage Group ("value of TNM Path Stage Group"): RX Summ--Surg Prim Site ("value of RX
Summ--Surg Prim Site") must = 30-90.

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path Stage Group is blank or 88
5. RX Summ--Surg Prim Site is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

Definitive surgical resection is required for TNM Path Stage Group 0, 0IS, and 0A.

A. For all site/histology groups except Urinary Bladder (Chapter 45):

If TNM Path Stage Group = 0, 0IS, 0A

Then

RX Summ--Surg Prim Site must be equal to or greater than 20
and not equal 99 (unknown)

B. For TNM site/histology group Urinary Bladder:

If TNM Path Stage Group = 0IS or 0A

Then

RX Summ--Surg Prim Site must be equal to or greater than 30
and not equal 99 (unknown)

Administrative Notes

New edit - added to NAACCR v16 metafile, EC

SEER IF584

TNM Path Stage Group, TNM Items, ICDO3 (COC)

Agency: COC

Last changed: 11/23/2007

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
TNM Edition Number [Std# 1060]
TNM Path Stage Group [Std# 910]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]

Default Error Message

[3217] If TNM Path Stage Group not = 88, then TNM Path T, N, and M must not = 88
If TNM Path Stage Group not = 88, then TNM Path T, N, and M must not = 88

Additional Messages

[3222] If TNM Path Stage Group not = 88, then TNM Path T and M must not = 88

Description

This edit is skipped if TNM Edition Number is not equal 06, TNM Path Stage Group is empty, Histologic Type ICD-O-3 is empty, or if case is a lymphoma (Histologic Type ICD-O-3 = 9590-9596, 9650-9667, 9670-9729).

If Primary Site = C589 (Placenta):

If TNM Path Stage Group is not equal to 88, then TNM Path T and TNM Path M must not equal 88. (TNM N is not included because the staging scheme for placenta does not include a TNM N value.)

For all other sites:

If TNM Path Stage Group is not equal to 88, then TNM Path T, TNM Path M, and TNM Path N must not equal 88.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that the edit is skipped if TNM Path Stage Group is blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later.)

Modifications:

NACR110C

08/20/06

Edit was modified to exclude TNM Path N check when Primary Site = C589 (Placenta). (The staging scheme for placenta does not include a TNM N value.)

NAACCR v11.2
11/2007

This edit was updated to skip if TNM Path Stage Group is blank.

TNM Path Stage Group, TNM Items, ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 11/26/2007

Fields

Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
TNM Edition Number [Std# 1060]
TNM Path Stage Group [Std# 910]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]

Default Error Message

[3217] If TNM Path Stage Group not = 88, then TNM Path T, N, and M must not = 88
If TNM Path Stage Group not = 88, then TNM Path T, N, and M must not = 88

Additional Messages

[3222] If TNM Path Stage Group not = 88, then TNM Path T and M must not = 88

Description

This edit is skipped if TNM Edition Number is not equal 06, Histologic Type ICD-O-3 is empty, or if case is a lymphoma (Histologic Type ICD-O-3 = 9590-9596, 9650-9667, 9670-9729).

If Primary Site = C589 (Placenta):

If TNM Path Stage Group is not equal to 88, then TNM Path T and TNM Path M must not equal 88. (TNM N is not included because the staging scheme for placenta does not include a TNM N value.)

For all other sites:

If TNM Path Stage Group is not equal to 88, then TNM Path T, TNM Path M, and TNM Path N must not equal 88.

Administrative Notes

New edit - added to NAACCR v11.2 metafile. This edit is a copy of the COC edit [of the same name] before the COC edit was updated to not require TNM Path Stage Group for cases diagnosed 2008 and later

This edit differs from the COC edit of the same name in that the edit is not skipped if TNM Path Stage Group is blank. (TNM Path Stage Group is no longer required by the COC for cases diagnosed 2008 and later.)

TNM Path Staged By (COC)

Agency: COC

Last changed: 07/24/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path Staged By [Std# 930]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path Staged By" is not a valid value for TNM Path Staged By

Description

Must be a valid TNM Path Staged By code (00, 10, 11, 12, 13, 14, 15, 20, 30, 40, 50, 60, 88, 99) or blank.

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is not eligible for staging
99	Staged but unknown who assigned stage

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item is no longer required by the COC for cases diagnosed 2008 and later. Another edit (TNM Path Staged By, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is less than 2008. COC-approved programs should include both edits in their edit set.

MODIFICATIONS:

NAACCR v11.2
11/2007

This edit was updated to allow a blank TNM Path Staged By code.

NAACCR v16.
- This edit was updated to allow two-character field, new codes.

- The field is required by COC beginning with 2016 cases. Another edit, TNM Path Staged By, Date of Diagnosis (COC) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2015.

TNM Path Staged By (NAACCR)

Agency: NAACCR

Last changed: 01/09/2016

Fields

TNM Path Staged By [Std# 930]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Path Staged By" is not a valid value for TNM Path Staged By

Description

Must have a valid TNM Path Staged By code (00, 10, 11, 12, 13, 14, 15, 20, 30, 40, 50, 60, 88, 99).

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is not eligible for staging
99	Staged but unknown who assigned stage

Administrative Notes

New edit - added to NAACCR v11.2 metafile. This edit is a copy of the COC edit [of the same name] before the COC edit was updated to not require TNM Path Stage Group for cases diagnosed 2008 and later

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Updated NAACCR v16 to two-character field.

TNM Path Staged By, Date of Diagnosis (COC)

Agency: COC

Last changed: 03/22/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Path Staged By [Std# 930]
Date of Diagnosis [Std# 390]

Default Error Message

[3237] %F1 cannot be blank if %F2 is less than 2008 or greater than 2015
TNM Path Staged By cannot be blank if Date of Diagnosis is less than 2008 or greater than 2015

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is blank (unknown), or invalid.

If the year of Date of Diagnosis is less than 2008, then TNM Path Staged By cannot be blank.

If the year of Date of Diagnosis is greater than 2015, then TNM Path Staged By cannot be blank.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v16

- Modified to require Staged By for 2016 diagnosis date

TNM Path Staged By, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 04/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Path Staged By [Std# 930]

Date of Diagnosis [Std# 390]

Default Error Message

[1023] %F1 is not valid

TNM Path Staged By is not valid

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2015, blank (unknown), or invalid
2. TNM Path Staged By [930] is blank and year of Date of Diagnosis is 2015.

Must be a valid TNM Path Staged By [930] code
(00,10,11,12,13,14,15,20,30,40,50,60,88,99).

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is not eligible for staging
99	Staged but unknown who assigned stage

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF534

This edit differs from the COC edit of the same name as follows:

- This edit checks for valid codes (0-9) only if Diagnosis year is 2015 or later and the field is not blank; the COC version requires the field only for cases diagnosed 2007 and earlier and does not check for valid codes. It checks for valid codes in a separate single-field edit.

NAACCR v16

- Updated to two-character field

TNM Path T c,p pre2016 (NAACCR)

Agency: NAACCR

Last changed: 05/04/2016

Edit Sets

Pre2016 c,p mixed bag

Fields

TNM Path T [Std# 880]

Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1

"value of TNM Path T" is not a valid value for TNM Path T

Description

This edit will check valid TNM Path T codes, either with or without the "p" component.

This edit is skipped if any of the following conditions are true:

1. Diagnosis date >2015, blank (unknown), or invalid
2. TNM Path T is blank.

Must be a valid code for TNM Path T and must be left justified. Subcategory letters must be uppercase, "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for at least one AJCC edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software:

X	pX
0	p0
IS	pIS
ISPU	pISU
ISU	pISU
SU	pISU
ISPD	pISD
ISD	pISD
SD	pISD
A	pA
1	p1
1A	p1A
1A1	p1A1
1A2	p1A2
A1	pA1
A2	pA2
1B	p1B
1B1	p1B1
1B2	p1B2
B1	pB1
B2	pB2
1C	p1C
1D	p1D

1M p1M
1MI p1MI
2 p2
2A p2A
2A1 p2A1
2A2 p2A2
2B p2B
2C p2C
2D p2D
3 p3
3A p3A
3B p3B
3C p3C
3D p3D
4 p4
4A p4A
4B p4B
4C p4C
4D p4D
4E p4E
88 88

Administrative Notes

New edit for v16 metafile, EC

TNM Path T Conv (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
Pre2016 c,p required

Fields

TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path T" is not a valid value for TNM Path T

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date >2015, blank (unknown), or invalid
2. TNM Path T is empty.

Must be a valid code for TNM Path T and must be left-justified. Subcategory letters must be uppercase, "p" in code must be lowercase. May be blank.

The following codes are valid for at least one AJCC edition:

pX
p0
pIS
pISU
pISD
pA
p1
p1A
p1A1
p1A2
pA1
pA2
p1B
p1B1
p1B2
pB1
pB2
p1C
p1D
p1M
p1MI
p2
p2A
p2A1
p2A2
p2B

p2C
p2D
p3
p3A
p3B
p3C
p3D
p4
p4A
p4B
p4C
p4D
p4E
88

Administrative Notes

New edit v16 metafile

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Path T, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of TNM Path T" is not a valid value for TNM Path T

Description

This edit is skipped if any of the following conditions are true:

1. Diagnosis date < 2016, blank (unknown), or invalid
2. TNM Path T is blank.

Must be a valid code for TNM Path T and must be left-justified. Subcategory letters must be uppercase, "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 diagnosis year:

pX
p0
pIS
pISU
pISD
pA
p1
p1A
p1A1
p1A2
p1B
p1B1
p1B2
p1C
p1D
p1MI
p2
p2A
p2A1
p2A2
p2B
p2C
p2D
p3
p3A

p3B
p3C
p3D
p4
p4A
p4B
p4C
p4D
p4E
88

Administrative Notes

New edit for v16
SEER IF550

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

TNM Path T, Depth, Melanoma- Ed 7, ICD03 (CoC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
CS Site-Specific Factor 1 [Std# 2880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Tables

AC7G2016.DBF
TUMDEPTH.DBF

Default Error Message

[6028] %F2 of %V2 is not consistent with %F1 of %V1
CS Site-Specific Factor 1 of "value of CS Site-Specific Factor 1" is not consistent with TNM Path T of "value of TNM Path T"

Description

This edit verifies consistency between CS Site-Specific Factor 1 coding Depth and the assigned TNM Path T category for Melanoma of Skin and Melanoma of Conjunctiva.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology where Tumor Depth is not recorded as a staging factor (not 31, 50). (Site/histology group is determined before the skip is applied.)
5. TNM Path T is blank or 88
6. Tumor Depth (in CS SSF 1) is blank, "999", unknown, or "988", not applicable.

(Site/histology group is determined before skips 4 and 6 are applied.)

TNM Path T may be blank. If entered, it will be edited site-specifically. A pT category entered in TNM Path T will be compared to the tumor depth coded in a site-specific factor. An edit failure will be returned if the tumor depth is outside the

range for the listed pT category. "980", "980 millimeters or larger", is the largest possible size. Nonspecific size values are converted to numeric values for purposes of the edit.

The site-specific TNM Pathologic T values with the corresponding codes in the Site-Specific Factor used to collect the information are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those melanomas where pathologic T is based on tumor depth coded in a site-specific factor. For both Melanoma of Skin and Melanoma of Conjunctiva, the measurement is coded in hundredths of millimeters.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

31. Melanoma of the Skin

SSF 1				
TNM T Path:	1	1A	1B	2
	2A	2B	3	3A
Tumor Depth	001-100	001-100	001-100	101-200
	101-200	101-200	021-040	201-400
400				201-
	4	4A	4B	
	401-980	401-980	401-980	

50. Melanoma of Conjunctiva

SSF 1			
TNM T Path:	1A	1B	1C
	2B	2C	2A
Tumor Depth	001-050	051-150	151-980
	051-150	151-980	001-050

Administrative Notes

New edit - added to NAACCR v15 metafile
SEER IF622

Modifications

NAACCR v16A

- Updated description with correct tumor depth values for Melanoma of Skin: T1, T1A, T1B: 001-100. T2, T2A, T2B: 101-200. T3, T3A, T3B: 201-400. T4, T4A, T4B: 401-980
- Corrected mapping for values of tumor depth to path T in table referenced by logic: T1, T1A, T1B: 001-100. T2, T2A, T2B: 101-200. T3, T3A, T3B: 201-400. T4, T4A, T4B: 401-980
- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Edit identified as SEER IF622
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

Agency: SEER

Last changed: 08/02/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Pathologic [Std# 754]
TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
PATHTSIZ.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6028] TNM Path T of "value of TNM Path T" is not consistent with Tumor Size Pathologic of "value of Tumor Size Pathologic"
SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where Path T is not dependent on pathologic tumor size
3. TNM Path T is blank or 88
4. Tumor Size Pathologic is blank or 999

TNM Path T may be blank. If entered, it will be edited site-specifically. A pT category entered in TNM Path T will be compared to Tumor Size Pathologic. An edit failure will be returned if the pathologic tumor size is outside the range of tumor size for the listed pT category. "989", "989 millimeters or larger", is the

highest possible size for Tumor Size Pathologic. 990 (microscopic focus) will be accepted for p1 (p1A, p1MI) for all sites/histologies included in this edit.

The site-specific TNM Pathologic T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where pathologic T is based on pathologic tumor size. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

3. Lip and Oral Cavity

TNM T:	1	2	3
Tumor Size Path	001-020, 990	021-040	041-989

4. Pharynx

4A. Oropharynx and Hypopharynx

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

4E. Hypopharynx

Sites: C129, C130-C139

TNM T:	1
Tumor Size Path	001-020, 990

4D. Oropharynx

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

7. Major Salivary Glands

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

TNM T:	1	1A	1B	
	2			
Tumor Size Path	001-020, 990	001-010, 990	011-020	021-040

13. Appendix

13B. Appendix: Carcinoid

TNM T: 1 1A 1B

Tumor Size Path 001-020, 990 001-010, 990 011-020

15. Anus

TNM T: 1 2 3

Tumor Size Path 001-020, 990 021-050 051-989

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

16B. GIST: Small Intestine

TNM T: 1 2 3

4

Tumor Size Path 001-020, 990 021-050 051-100 101-989

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine

TNM T: 1

Tumor Size Path 001-010, 990

17D. NET: Ampulla

TNM T: 1 2

Tumor Size Path 001-010, 990 011-989

24. Exocrine and Endocrine Pancreas

TNM T: 1 2

Tumor Size Path 001-020, 990 021-989

25. Lung

TNM T: 1 1A 1B

2A 2B

Tumor Size Path 001-030, 990 001-020, 990 021-030 031-050
051-070

27. Bone

TNM T: 1 2

Tumor Size Path 001-080, 990 081-989

28. Soft Tissue Sarcoma

TNM T: 1 2

Tumor Size Path 001-050, 990 051-989

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM T: 1

Tumor Size Path 001-020, 990

30. Merkel Cell Carcinoma

TNM T:	1	2	3
Tumor Size Path	001-020, 990	021-050	051-989

32. Breast

TNM T:	1	1M	1A	
	1B	1C	2	
Tumor Size Path	001-020, 990	001-001, 990	001-005, 990	005-010
	011-020	021-050		
	3			
	051-989			

43. Kidney

TNM T:	1	1A	1B	
	2	2A	2B	
Tumor Size Path	001-070, 990	001-040, 990	041-070	071-989
	071-100	101-989		

47. Adrenal

47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma

TNM T:	1	2
Tumor Size Path	001-050, 990	051-989

49. Conjunctiva

TNM T:	1	2
Tumor Size Path	001-005, 990	006-989

53. Carcinoma of the Lacrimal Gland

TNM T:	1	2	3
Tumor Size Path	001-020, 990	021-040	041-989

54. Sarcoma of the Orbit

TNM T:	1	2
Tumor Size Path	001-015, 990	016-989

Administrative Notes

New edit - added to NAACCR v15 metafile
SEER IF618

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM Path T, Primary Site, Surgery - Ed 7 (COC)

Agency: COC

Last changed: 07/23/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Path T [Std# 880]
RX Summ--Surg Prim Site [Std# 1290]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Sex [Std# 220]

Tables

AC7G2016.DBF

Default Error Message

[3620] Conflict between %F6 (%V6) and %F7 (%V7)
Conflict between TNM Path T ("value of TNM Path T") and RX Summ--Surg Prim Site ("value of RX Summ--Surg Prim Site")

Additional Messages

SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
5. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Path T is blank or 88
4. RX Summ--Surg Prim Site is blank

Definitive surgical resection is required for TNM Path T except for the highest T category.

A. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 20 and not equal 99 (unknown):

1. TNM groups in List 1 (highest pT = 4B):
TNM Path T = p1-p4A
2. TNM groups in List 2 (highest pT = 3C or 4)
TNM Path T = p1-p3B
3. TNM groups in List 3 (highest pT = 4D):
TNM Path T = p1-p4C
4. TNM group Placenta (Chapter 39), the highest pT = 2:
TNM Path T = p1
5. TNM group Bone (Chapter 27)
TNM group Vulva (Chapter 33), the highest pT = 3:
TNM Path T = p1-p2
6. TNM group Soft Tissue (Chapter 28), the highest pT = 2B:
TNM Path T = p1-p2A
7. TNM group Kidney (Chapter 43), the highest pT = 4:
TNM Path T = p1-p3C
8. TNM group Retinoblastoma (Chapter 52), the highest pT = 4B:
TNM Path T = p1-p4A
9. TNM group Carcinoma of the Lacrimal Gland (Chapter 53), the highest pT = 4C:
TNM Path T = p1-p4B
10. TNM group Ciliary Body and Choroid (Chapter 51A), the highest pT = 4E:
TNM Path T = p1-p4D

B. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 30 and not equal 99 (unknown):

1. TNM group Prostate (Chapter 41), the highest pT = 4. Prostate is an exception to the rule regarding definitive surgical resection being required for TNM Path T except for the highest T category. AJCC does not allow pathologic staging for T1, and allows pathologic staging based on biopsy for T3 and T4. Definitive surgical resection is required for T2, T2A, T2B, and T2C.
TNM Path T = p2 - p2C
2. TNM group Urinary Bladder (Chapter 45), the highest pT = 4B:
TNM Path T = p1-p4A

C. For TNM group Testis (Chapter 42), for p0, p1, p2, p3, RX Summ--Surg Prim Site must be equal to or greater than 40 and not equal 99 (unknown).

LIST 1 - Highest pT = 4B *****
- The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7.

3. Lip and Oral Cavity
4. Pharynx
 - 4A. Oropharynx and Hypopharynx
 - 4D. Oropharynx

- 5. Larynx
 - 5A. Supraglottis, Subglottis, Other
 - 5B. Glottis
- 6. Nasal Cavity and Paranasal Sinuses
- 7. Major Salivary Glands
- 8. Thyroid Gland
 - 8A. Thyroid: Papillary/follicular, age less than 045
 - 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
 - 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
 - 8D. Thyroid: Medullary
 - 8E. Thyroid: Anaplastic
 - 8F. Thyroid: Anaplastic
- 9. Mucosal Melanoma of the Head and Neck
- 10. Esophagus and Esophagus Gastric Junction
 - 10A. Esophagus
 - 10B. Esophagus Gastric Junction
- 11. Stomach
- 13A. Appendix: Carcinoma
- 14. Colon and Rectum
- 31. Melanoma of the Skin
- 51. Malignant Melanoma of Uvea
 - 51B. Iris

LIST 2 - Highest pT = p3C or p4 *****
 where next highest is no greater than 3B

- 4. Pharynx
 - 4B. Nasopharynx
 - Sites: C110, C112-C113, C118-C119
 - 4C. Nasopharynx
 - Sites: C111
 - Discriminator (CS Site-Specific Factor25):010
- 12. Small Intestine
- 13. Appendix
 - 13B. Appendix: Carcinoid
- 15. Anus
- 16. Gastrointestinal Stromal Tumor (GIST)
 - 16A. GIST: Gastric
 - 16B. GIST: Small Intestine
- 17. Neuroendocrine Tumors (NET)
 - 17A. NET: Stomach
 - 17B. NET: Small Intestine and Ampulla of Vater
 - 17C. NET: Colon and Rectum
- 18. Liver
 - 18A. Sites: C220
 - 18B. Sites: C221
- 19. Intrahepatic Bile Ducts
 - 19A. Sites: C220
 - 19B. Sites: C221
- 20. Gallbladder
- 21. Perihilar Bile Ducts
- 22. Distal Bile Duct
- 23. Ampulla of Vater
- 24. Exocrine and Endocrine Pancreas
- 25. Lung
- 26. Pleural Mesothelioma
- 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas
- 30. Merkel Cell Carcinoma
- 34. Vagina

- 35. Cervix Uteri
- 36. Corpus Uteri
- 36A. Corpus Uteri: Carcinomas
- 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma
- 36C. Corpus Uteri: Adenosarcoma
- 37. Ovary and Peritoneal Carcinomas
- 37A. Ovary
 - Sites: C569
- 37B. Peritoneal Carcinomas
 - Sites: C481-C482, C488 (Sex = 2,female) and
Discriminator (CS Site-Specific Factor 25) = 002
- 38. Fallopian Tube
- 40. Penis
- 42. Testis
- 44. Renal Pelvis and Ureter
- 46. Urethra
 - 46A. Urethra - Female
 - 46B. Urethra - not Female
- 47. Adrenal
 - 47A. Adrenal Cortex
 - 47B. Adrenal Cortical Carcinoma
- 48. Carcinoma of the Eyelid
- 50. Malignant Melanoma of the Conjunctiva
- 54. Sarcoma of the Orbit
- 57. Lymphoid Neoplasms
 - 57B. Primary Cutaneous Lymphomas

LIST 3 - Highest pT = p4D *****

- 32. Breast
- 49. Conjunctiva
- 55. Ocular Adnexal Lymphoma

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications

NAACCR v16A

- Logic corrected to use table AC7G2016.DBF in lookup for site/histology groups

TNM Path T, SSF 1 Retinoblastoma (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
CS Site-Specific Factor 1 [Std# 2880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3331] Conflict between %F1 (%V1) and %F2 (%V2)
Conflict between TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")

Description

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 1, Extension Evaluated at Enucleation, for Retinoblastoma.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Retinoblastoma (C69.2).
5. TNM Path T is blank or 88
6. CS SSF 1 is blank

For Retinoblastoma, SSF 1:

A. If SSF 1 = 300 (tumor confined to retina), 410 (tumor cells in vitreous body without optic nerve invasion and without choroidal invasion), 430 (tumor confined to subretinal space without optic nerve invasion and without choroidal invasion), 435 (tumor confined to eye NOS without optic nerve invasion and without choroidal invasion)

then TNM Path T must = p1 (tumor confined to eye with no optic nerve or choroidal invasion)

B. If SSF 1 = 440 (tumor invades optic nerve up to but not through level of lamina cribrosa without invasion of choroid), 460 (tumor invades choroid focally without invasion of optic nerve), 465 (stated as pT2a with no other information on extension)

then TNM Path T must = p2A (Tumor superficially invades optic nerve head but does not extend past lamina cribrosa or tumor exhibits focal choroidal invasion)

- C. If SSF 1 = 470 (tumor invades optic nerve up to but not through level of lamina cribrosa with focal invasion of choroid)
then TNM Path T must = p2B (tumor superficially invades optic nerve head but does not extend past lamina cribrosa and exhibits focal choroidal invasion)
- D. If SSF 1 = 490 (tumor with minimal optic nerve and/or choroidal invasion NOS)
then TNM Path T must = p2 (tumor with minimal optic nerve and/or choroidal invasion)
- E. If SSF 1 = 540 (tumor invades optic nerve through the level of lamina cribrosa but not to line of resection without massive invasion of choroid), 550 (tumor massively invades choroid without invasion of optic nerve through level of lamina cribrosa), 560 (tumor with significant optic nerve and/or choroidal invasion)
then TNM Path T must = p3A (tumor invades optic nerve past lamina cribrosa but not to surgical resection line or tumor exhibits massive choroidal invasion)
- F. If SSF 1 = 570 (tumor invades optic nerve through level of lamina cribrosa but not to line of resection with massive invasion of choroid)
then TNM Path T must = p3B (tumor invades optic nerve past lamina cribrosa but not to surgical resection line and exhibits massive choroidal invasion)
- G. If SSF 1 = 590 (tumor with significant optic nerve and/or choroidal invasion NOS)
then TNM Path T must = p3 (tumor with significant optic nerve and/or choroidal invasion)
- H. If SSF 1 = 725 (invasion of optic nerve to resection line without extraocular extension)
then TNM Path T must = p4A (tumor invades optic nerve to resection line but no extra-ocular extension identified)
- I. If SSF 1 = 745 (extraocular extension without invasion of optic nerve to resection line), 755 (extraocular extension without invasion of optic nerve to resection line including extension to brain), 810 (stated as pT4 NOS with no other information on extension)
then TNM Path T must = p4 (Tumor invades optic nerve to resection line or exhibits extra-ocular extension elsewhere)
- J. If SSF 1 = 765 (invasion of optic nerve to resection line with extraocular extension), 775 (invasion of optic nerve to resection line with extraocular extension to brain), 790 (stated as [T4b with no other information on extension)
then TNM Path T must = p4B (tumor invades optic nerve to resection line and extra-ocular extension identified)
- K. If SSF 1 = 950 (no evidence of primary tumor)
then TNM Path T must = p0
- L. If SSF 1 = 999 (enucleation performed, extension unknown)
then TNM Path T must = pX
- M. If SSF 1 = 960 (unknown if enucleation performed), 970 (no enucleation performed)
then TNM Path T must = pX or blank

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF585

TNM Path T, SSF 1, 2, 3 Kidney (COC)

Agency: COC

Last changed: 07/16/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Path T ("value of TNM Path T"), CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2")

Additional Messages

[3310] Conflict between TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")
[3331] Conflict between TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")
[6039] TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") conflict

Description

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 1, Invasion Beyond Capsule, CS SSF 2, Vein Involvement, and CS SSF 3, Ipsilateral Adrenal Gland Involvement, for Kidney parenchyma.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site is not site/histology group 043 (Kidney)
5. TNM Path T is blank or 88

For Kidney, SSF 1:

- A. If SSF 1 = blank or 988, edit checks are skipped.

- B. If SSF 1 = 000 (Invasion beyond capsule not present/not identified)
then TNM Path T = p1, p1A, p1B, p2, p2A,p2B, or pX (tumor limited to kidney or unknown)
- C. If SSF 1 = 010 (Lateral invasion, Perinephric fat), 020 (Medial invasion, Renal sinus, Perisinus fat), 030 (020 + 010), 991 (Invasion beyond capsule NOS)
then TNM Path T must = p3 (Tumor extends into major veins or perinephric tissues) or higher.
- D. IF SSF 1 = 998 (No surgical resection of primary site),
then TNM Path T must = pX or blank.

For Kidney, SSF 2:

- A. If SSF 2 = blank or 988, edit checks are skipped.
- B. If SSF 2 = 010 (Involvement of renal vein only)
then TNM Path T must = p3 (Tumor extends into major veins or perinephric tissue) or higher.
- C. If SSF 2 = 020 (Involvement of Inferior vena cava below the diaphragm),040 (Involvement of IVC NOS), 050 (Involvement of IVC below diaphragm plus involvement of renal vein), or 070 (Involvement of IVC NOS plus involvement of renal vein)
then TNM Path T must = p3b (Tumor grossly extends into vena cava below diaphragm) or higher
- D. If SSF 2 = 030 (Involvement of IVC above diaphragm),060 (Involvement of IVC above diaphragm plus involvement of renal vein),080 (Involvement of IVC above diaphragm plus involvement of IVC below diaphragm), or 090 (Involvement of IVC above diaphragm plus involvement of IVC below diaphragm plus involvement of renal vein)
then TNM Path T must = p3c (Tumor grossly extends into vena cava above diaphragm or invades wall of vena cava) or higher.
- E. If SSF 2 = 998 (No surgical resection of primary site),
then TNM Path T must = pX or blank

For Kidney, SSF 3:

- A. If SSF 3 = blank or 988, edit checks are skipped
- B. If SSF 3 = 010 (Contiguous involvement of ipsilateral adrenal gland), 030 (Noncontiguous plus contiguous involvement of ipsilateral adrenal gland), or 040 (Involvement of ipsilateral adrenal gland, not stated whether contiguous or noncontiguous)
then TNM Path T must = p4 (Tumor invades beyond Gerota's fascia including contiguous extension into the ipsilateral adrenal gland)

Administrative Notes

New edit - added to NAACCR v16
SEER IF586

Modifications

NAACCR v16A

- Logic corrected to include mapping of p3 to CS Site-Specific Factor 2 value of 030
- Logic corrected to include mapping of p3C, p4, pX to CS Site-Specific Factor 2 value of 060

TNM Path T, SSF 2, 7 Melanoma Skin (COC)

Agency: COC

Last changed: 05/26/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 7 [Std# 2861]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3330] Conflict among %F1 (%V1), %F2 (%V2), and %F3 (%V3)
Conflict among TNM Path T ("value of TNM Path T"), CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2"), and CS Site-Specific Factor 7 ("value of CS Site-Specific Factor 7")

Description

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 2, Ulceration, and CS SSF 7, Primary Tumor Mitotic Count/Rate for Melanoma of Skin. For pT1B, the edit verifies that either ulceration is present or mitotic rate is greater than or equal to 1 mitosis per square millimeter.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not Melanoma of Skin
5. TNM Path T is blank or 88
6. CS SSF 2 and CS SSF 7 are blank or 988

For Melanoma of Skin, CS SSF 2:

- A. If TNM Path T = p1A, p2A, p3A, p4A (without ulceration)
then SSF 2 must = 000 (no ulceration present)
- B. If TNM Path T = p2B, p3B, p4B (with ulceration)
then SSF 2 must = 010 (ulceration present)
- C. If TNM Path T = p1B (with ulceration or mitosis >1/sq mm)
then SSF 2 must = ulceration or
SSF 7 must = positive mitoses

[Implemented in edit logic as
SSF 2 must not = 000 (without ulceration)
and SSF 7 must not = 000 (no mitoses), 990 (stated as < 1 mitosis/sq
mm),
or 998 (no histologic examination of primary site)]

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF587

TNM Path T, SSF 3 Prostate (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Type of Reporting Source [Std# 500]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3331] Conflict between %F1 (%V1) and %F2 (%V2)
Conflict between TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 3 ("value of CS Site-Specific Factor 3")

Description

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 3, Pathologic Extension, for Prostate.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology group is not 041 (Prostate)
5. TNM Path T is blank or 88
6. CS SSF 3 is blank

For Prostate, SSF 3:

- A. If SSF 3 = 000 (In situ, intraepithelial, noninvasive)
then TNM Path T must = 88 (not eligible for staging)
- B. If SSF 3 = 200 (Involves one lobe/side, NOS), 300 (Localized NOS), 320 (Invasion into but not beyond prostatic capsule), 400 (No extracapsular extension but specific margins involved)
then TNM Path T must = p2 (Organ confined)
- C. If SSF 3 = 210 (Involves one half of one lobe/side or less), 330 (Invasion into but not beyond prostatic capsule plus involves one half of one lobe/side or less), 402 (No extracapsular extension but specific margins involved plus involves one half of one lobe/side or less)
then TNM Path T must = p2A (unilateral, one-half of one side or less)
- D. If SSF 3 = 220 (Involves more than one half of one lobe/side but not both lobes/sides), 340 (Invasion into but not beyond prostatic capsule plus involves

more than one half of one lobe/side but not both lobes/sides), 404 (No extracapsular extension but specific margins involved plus involves more than one half of one lobe/side but not both lobes/sides)

then TNM Path T must = p2B (unilateral, involving more than one-half of side but not both sides)

E. If SSF 3 = 230 (Involves both lobes/sides), 350 (Invasion into but not beyond prostatic capsule plus involves both lobes/sides), 406 (No extracapsular extension but specific margins involved plus involves both lobes/sides)

then TNM Path T must = p2C (Bilateral disease)

F. If SSF 3 = 495 (Stated as pT3 NOS with no other information on pathologic extension)

then TNM Path T must = p3 (tumor extends through prostate capsule)

G. If SSF 3 = 415 (Extension to periprostatic tissue), 420 (unilateral extracapsular extension), 430 (bilateral extracapsular extension), 480 (extracapsular extension and specific margins involved), 482 (microscopic bladder neck involvement), 483 (stated as pT3a with no other information on pathologic extension)

then TNM Path T must = p3A (Extraprostatic extension or microscopic invasion of bladder neck)

H. If SSF 3 = 485 (extension to seminal vesicles), 490 (extension to seminal vesicles plus microscopic bladder neck involvement)

then TNM Path T must = p3B (Seminal vesicle invasion)

I. If SSF 3 = 500 (extension to or fixation to adjacent structures other than seminal vesicles), 510 (extraprostatic urethra), 520 (levator muscle, skeletal muscle, ureter), 600 (extension to or fixation to pelvic wall or pelvic bone), 700 (further contiguous extension), 750 (stated as pT4 with no other information on pathologic extension)

then TNM Path T must = p4 (Tumor is fixed or invades adjacent structures other than seminal vesicles)

J. If SSF 3 = 950 (no evidence of primary tumor)

then TNM Path T must = p0

K. If SSF 3 = 990 (Prostatectomy done, extension not stated), 985 (Autopsy performed but extension unknown)

then TNM Path T must = pX

L. If SSF 3 = 960 (Unknown if prostatectomy done), 970 (no prostatectomy done within first course of treatment), 980 (prostatectomy performed but not considered first course of treatment)

then TNM Path T must = pX or blank

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF588

TNM Stage, Date Dx, Type Report Source (NPCR)

Agency: NPCR

Last changed: 07/30/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Date of Diagnosis [Std# 390]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
Type of Reporting Source [Std# 500]

Additional Messages

[5005] TNM Clin Stage Group cannot be blank if Date of Diagnosis is greater than or equal to 2016
[5006] TNM Path Stage Group cannot be blank if Date of Diagnosis is greater than or equal to 2016
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit checks that TNM Clin Stage Group and TNM Path Stage Group are not blank for date of diagnosis 2016 and greater. TNM Clin Stage Group and TNM Path Stage Group are allowed to be blank if Type of Report Source = 6 (autopsy only) or 7 (death certificate only).

This edit is skipped if any of the following conditions are true:

Year of Date of Diagnosis is less than 2016 or blank

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v16A

- Description updated to remove skip for blank Histologic Type ICD-O-3, add skip if date of diagnosis is blank

TNM T, Breast, Inflamm Carcinoma (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3626] Breast: If %F5 = %V5, %F1 must = c4D or %F2 must = p4D
Breast: If Histologic Type ICD-O-3 = "value of Histologic Type ICD-O-3", TNM Clin T must = c4D or TNM Path T must = p4D

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary Site not = C500-C509
5. TNM Clin T and TNM Path T are both blank, 88

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma)
Then

TNM Clin T must = c4D or TNM Path T must = p4D

Administrative Notes

New edit - added to NAACCR v16 metafile, EC
SEER IF589

TNM T, Clin and Path Stage, Behavior 2 (CoC)

Agency: COC

Last changed: 06/06/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
TNM Clin T [Std# 940]
TNM Clin Stage Group [Std# 970]
TNM Path T [Std# 880]
TNM Path Stage Group [Std# 910]
TNM Path Descriptor [Std# 920]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]

Tables

AC7G2016.DBF

Default Error Message

[3602] Behavior must = 2 for this combination of clin and path TNM
Behavior must = 2 for this combination of clin and path TNM

Additional Messages

SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

Note: The number next to each TNM group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The subheadings (A, B, etc) refer to site/histology groups listed in the edit Primary Site, Stage Group 2016 - Ed 7.

A. For the following TNM Group/TNM Clin T or TNM Path T code combinations, Behavior Code ICD-O-3 may = 2 or 3. These TNM Group/TNM Clin T or TNM Path T code combinations are passed (excluded from further editing). If TNM Path T is blank, the edit checks the values in TNM Clin T. If TNM Path T is not blank, the edit checks the values in TNM Path T.

1. TNM Group Lung (25): TNM Clin T = cX, Clin Stage Group = OC (Occult).
TNM Path T = pX, Path Stage Group = OC (Occult)
2. TNM Group Breast (32): TNM Clin T = pIS and Histologic Type ICD-O-3 = 8540,8541, and 8543 (codes
indicating Paget disease).
TNM Path T = pIS and Histologic Type ICD-O-3 =
8540,8541, and 8543 (codes
indicating Paget disease).
3. TNM Group Penis (40): TNM Clin T = pA (verrucous carcinoma)
TNM Path T = pA (verrucous carcinoma)
4. TNM Group Urinary Bladder (45): TNM Clin T = pIS (tumors described as "confined to mucosa")
TNM Path T = pIS (tumors described as "confined to mucosa")

B. For all other TNM Groups except Colon and Rectum (14),
Carcinoma of Appendix (13A), NET Stomach (17A),
Melanoma of Conjunctiva (50)

1. If TNM Path T is blank,
if TNM Clin T = pA, pIS, pISU, pISD,
then
Behavior Code ICD-O-3 must = 2.
2. If TNM Path T = pA, pIS, pISU, pISD
and TNM Path Descriptor is not = 4 or 6 (Codes indicating pathologic staging
after multimodality treatment)
Then
Behavior Code ICD-O-3 must = 2

Note: The four exceptions listed in B are site/histology groups where AJCC maps an extension considered "invasive" by ICD-O-3 to a "Tis" category.

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF604

TNM T, Clin and Path Stage, Behavior 3 (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin Stage Group [Std# 970]
TNM Path Stage Group [Std# 910]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]

Tables

AC7G2016.DBF

Default Error Message

[3608] Behavior must = 3 for this combination of clin and path TNM
Behavior must = 3 for this combination of clin and path TNM

Additional Messages

SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. All TNM fields are coded 88 (AJCC staging not applicable)
 - TNM Clin T = 88
 - TNM Clin N = 88

TNM Clin M = 88
TNM Clin Stage Group = 88
TNM Path T = 88
TNM Path N = 88
TNM Path M = 88
TNM Path Stage Group = 88

5. If all of the following conditions are true, fields have probably been defaulted and the edit is skipped:

TNM Clin T = cX
TNM Clin N = cX
TNM Clin M = cX
TNM Clin Stage Group = 99
TNM Path T = pX
TNM Path N = pX
TNM Path M = pX, cX
TNM Path Stage Group = 99

Not in situ, Behavior ICD-O-3 = 3

Note: The edit will pass if TNM Clin T, TNM Clin Stage Group, TNM Path T, and TNM Path Stage Group are blank. The edit will not pass if some but not all of these 4 fields are coded 88.

For all TNM Groups:

A. If TNM Path T and TNM Path Stage Group are empty:

If TNM Clin T is not pIS, pA, pISU, pISD
and TNM Clin Stage Group is not 0, 0A, 0IS
Then Behavior Code ICD-O-3 must = 3.

B. If TNM Path T and TNM Path Stage Group are not empty:

If TNM Path T is not pIS, pA, pISU, pISD
and TNM Clin Stage Group is not 0, 0A, 0IS
and TNM Path Stage Group is not 0, 0A, 0IS
Then Behavior Code ICD-O-3 must = 3

Administrative Notes

New edit - added to NAACCR v16 metafile. EC
SEER IF590

TNM T, Deep Sites Soft Tissue (COC)

Agency: COC

Last changed: 06/06/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Sex [Std# 220]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3312] %F1 (%V1) and %F2 (%V2) conflict
TNM Clin T ("value of TNM Clin T") and TNM Path T ("value of TNM Path T") conflict

Additional Messages

[6041] Conflict between TNM Path T ("value of TNM Path T") and Primary Site ("value of Primary Site")
[6052] Conflict between TNM Clin T ("value of TNM Clin T") and Primary Site ("value of Primary Site")

Description

Purpose: This edit verifies that TNM T is coded as deep tumor for certain Soft Tissue Sarcoma sites: heart/mediastinum, peritoneum, and retroperitoneum.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T and TNM Path T are blank or 88

For soft tissue sarcoma:

If site = C380-C383, C388 (8800-8820, 8823-8935, 8940-9136, 9142-9582),
C481-C482, C488 (8800-8820,8823-8934. 8940-9136, 9142-9582 (not female),
C481-C482, C488 (8800-8820, 8823-8921, 9120-8136, 9142-9582 (female
only), or
C480 (8800-8820, 8823-8934, 8940-9136, 9140-9582)
then TNM Clin T must = c1B, c2B, cX or blank, and TNM Path T must = p1B,
p2B,pX, or blank.

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF605

TNM T, Descriptor, SSF 1 Thyroid (CoC)

Agency: COC

Last changed: 06/03/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

CS Site-Specific Factor 1 [Std# 2880]
TNM Clin Descriptor [Std# 980]
TNM Path Descriptor [Std# 920]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6053] Conflict among %F1 (%V1), %F2 (%V2) and %F3 (%V3)
Conflict among CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1"), TNM Clin Descriptor ("value of TNM Clin Descriptor") and TNM Path Descriptor ("value of TNM Path Descriptor")

Description

Purpose: This edit verifies that CS Site-Specific Factor 1 (Solitary vs Multifocal Tumor) is coded consistently with TNM Clin Descriptor and TNM Path Descriptor for Thyroid.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 08A-F (thyroid)
5. TNM Clin T and TNM Path T are blank or 88
6. CS SSF 1 is blank or 988.
7. TNM Clin Descriptor and TNM Path Descriptor are blank

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Thyroid:

- A. if CS SSF 1 = 010 (Solitary tumor),
then TNM Clin Descriptor or TNM Path Descriptor must = 0 (none).
3. If CS SSF 1 = 020,(Multifocal tumor),

then TNM Clin Descriptor must = 3 (M, multiple primary tumors in a single site) or TNM Path Descriptor must = 3 (M, multiple primary tumors in a single site) or 6 (M&Y, multiple primary tumors and initial multimodality therapy).

C. If TNM Clin Descriptor and TNM Path Descriptor = 0 (none)
then CS SSF 1 must = 010 (Solitary tumor)

D. If TNM Clin Descriptor = 3 (Multiple primary tumors in a single site) and TNM Path Descriptor = 3 (multiple tumors in a single site) or 6 (Multiple primary tumors and initial multimodality therapy)
then CS SSF 1 must = 020 (Multifocal tumor)

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF591

TNM T, N, M - No Primary Found (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Behavior Code ICD-O-3 [Std# 523]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
Type of Reporting Source [Std# 500]

Default Error Message

[4279] If %F3 = %V3, %F4, %F5, %F6, %F7 and %F8 cannot all = c/p0, c/p X, or blank
If TNM Clin T = "value of TNM Clin T", TNM Clin N, TNM Clin M, TNM Path T, TNM Path N and TNM Path M cannot all = c/p0, c/p X, or blank

Additional Messages

[4280] If TNM Path T = "value of TNM Path T", TNM Clin T, TNM Clin N, TNM Clin M, TNM Path N and TNM Path M cannot all = c/p0, c/p X, or blank

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit requires that there is some evidence for tumor involvement of nodal or metastatic sites if there is no evidence of primary tumor.

For all site/histology groups:

If there is no evidence of primary tumor clinically and no pathologic assessment of tumor, nodes or metastasis must be known clinically or pathologically:

If TNM Clin T = c0

Then

TNM Clin N, TNM Clin M, TNM Path T, TNM Path N and TNM Path M
must not all equal c/p0, c/pX, or blank

If there is no evidence of primary tumor on pathologic examination, there must be some other evidence of tumor clinically or pathologically:

If TNM Path T = p0

Then

TNM Clin T, TNM Clin N, TNM Clin M, TNM Path N and TNM Path M
must not all equal c/p0, c/pX, or blank

Administrative Notes

New edit - added to NAACCR v16 metafile

SEER IF592

TNM T, N, M , In Situ (CoC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
TNM Path T [Std# 880]
TNM Path N [Std# 890]
TNM Path M [Std# 900]
TNM Path Stage Group [Std# 910]
TNM Clin T [Std# 940]
TNM Clin N [Std# 950]
TNM Clin M [Std# 960]
TNM Clin Stage Group [Std# 970]
TNM Path Descriptor [Std# 920]
Age at Diagnosis [Std# 230]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF

Default Error Message

[6035] Conflict between %F8 (%V8) and %F12 (%V12)
Conflict between TNM Path Stage Group ("value of TNM Path Stage Group") and TNM Clin Stage Group ("value of TNM Clin Stage Group")

Additional Messages

[3621] Conflict between TNM Path T ("value of TNM Path T") and TNM Path M ("value of TNM Path M")
[3622] Conflict between TNM Path T ("value of TNM Path T") and TNM Clin T ("value of TNM Clin T")
[3623] Conflict between TNM Path T ("value of TNM Path T") and TNM Path Stage Group ("value of TNM Path Stage Group")
[3625] Conflict between TNM Path T ("value of TNM Path T") and TNM Clin Stage Group ("value of TNM Clin Stage Group")
[3628] Conflict between TNM Path T ("value of TNM Path T") and TNM Clin M ("value of TNM Clin M")

[6034] Conflict between TNM Path T ("value of TNM Path T") and TNM Clin N ("value of TNM Clin N"

[6064] Conflict between TNM Path T ("value of TNM Path T") and TNM Path N ("value of TNM Path N"

Description

The purpose of this edit is to verify that TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path N, TNM Path M, and TNM Path Stage Group are coded consistently for cases where TNM Path T indicates an in situ tumor (TNM Path T = pIS, pA, pISU, pISD, or pA).

This edit enforces the statement in the AJCC manual on page 12: "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." The statement on page 499 for bladder takes precedence for this site: "Pathologic staging is based on the histologic review of the radical or partial cystectomy specimen."

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path T is not = pIS, pA, pISU, pISD, or pA
5. TNM Path Descriptor = 4 or 6, codes indicating pathologic staging after multimodality treatment

1. If TNM Path T = pIS, pA, pISU, or pISD:

- A. If TNM site/histology group = Bladder:

TNM Path N must = p0 (negative nodes pathologically), pX (nodes not pathologically evaluated), c0 (clinically negative nodes) or blank (criteria not met for

pathologic staging of bladder)

TNM Path M must = c0 (no clinically positive metastasis) or blank (criteria not met for pathologic staging of bladder)

TNM Path Stage Group must = 0IS or 0A (codes indicating in situ/noninvasive based on pathologic evaluation of T and N) or 99 (criteria not met for pathologic staging of bladder).

TNM Path T must = TNM Clin T

TNM Clin N must = c0 (no clinically positive nodes)

TNM Clin M must = c0 (metastasis clinically negative)

TNM Clin Stage Group must = 0IS or 0A (codes indicating clinical stage group)

TNM Clin Stage Group must = TNM Path Stage Group if both are coded and TNM Path Stage Group not = 99

- B. For all other AJCC groups:

TNM Path N must = p0, p0I-, p0I+, p0M-, p0M+ (negative nodes pathologically), pX (nodes not pathologically evaluated), c0 (clinically negative nodes).

TNM Path M must = c0, c0I+ (no clinically positive metastasis)

TNM Path Stage Group must = 0, 0A, or 0IS (codes indicating pathologic stage group based on AJCC instructions for pTis) or 99

TNM Path T must = TNM Clin T

TNM Clin N must = c0, c0A, c0B (no clinically positive nodes)

TNM Clin M must = c0, c0I+ (metastasis clinically negative)

TNM Clin Stage Group must = 0, 0A, or 0IS (codes indicating clinical stage group based on AJCC instructions for pTis)

TNM Clin Stage Group must = TNM Path Stage Group if both are coded and TNM Path Stage Group not = 99

This edit is skipped for the following TNM groups (AJCC does not recognize or does not stage in situ tumors for these sites, though in situ may be assigned by a pathologist):

- 7. Major Salivary Glands
- 8. Thyroid Gland (08A-08F)
- 9. Mucosal Melanoma Head and Neck
- 13B. Appendix, Carcinoid
- 16. GIST
- 17. NET Small Intestine and Ampulla of Vater, NET Colon and Rectum (17B, 17C)
- 18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphoma

This edit is also skipped for the following TNM groups. In situ carcinomas are recognized by AJCC, but there is no stage grouping.

- 49. Carcinoma of Conjunctiva
- 50. Malignant Melanoma of Conjunctiva

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF605

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440.
- Description and logic updated to skip edit for Carcinoma of Conjunctiva, Melanoma of Conjunctiva.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM T, Size, Uveal Melanoma (COC)

Agency: COC

Last changed: 05/24/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor 2 [Std# 2890]
CS Site-Specific Factor 3 [Std# 2900]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor25 [Std# 2879]
Type of Reporting Source [Std# 500]

Tables

TUMDEPTH.DBF
TUMDIMTR.DBF

Default Error Message

[6020] if %F3 or %F4 is coded, the other SSF must not be blank
if CS Site-Specific Factor 2 or CS Site-Specific Factor 3 is coded, the other SSF must not be blank

Additional Messages

[6018] TNM Clin T of "value of TNM Clin T" is not consistent with CS Site-Specific Factor 2 of "value of CS Site-Specific Factor 2"
[6019] TNM Path T of "value of TNM Path T" is not consistent with CS Site-Specific Factor 2 of "value of CS Site-Specific Factor 2"
[6021] TNM Clin T of "value of TNM Clin T" and TNM Path T of "value of TNM Path T" not consistent with CS Site-Specific Factor 2 of "value of CS Site-Specific Factor 2" and CS Site-Specific Factor 3 of "value of CS Site-Specific Factor 3"
[6022] TNM Clin T of "value of TNM Clin T" is not consistent with CS Site-Specific Factor 3 of "value of CS Site-Specific Factor 3"
[6023] TNM Path T of "value of TNM Path T" is not consistent with CS Site-Specific Factor 3 of "value of CS Site-Specific Factor 3"

Description

This edit checks for consistency between the TNM Clin T and TNM Path T categories and Tumor Size Category determined by the combination of Largest Basal Diameter and Thickness, coded in CS Site-Specific Factors 2 and 3 respectively.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology is not group 51A, uveal melanoma
5. TNM Path T and TNM Clin T are both blank or 88
6. Site Specific Factor 2 and Site Specific Factor 3 are both blank or 988

(Site/histology group is determined before skips 4 and 6 are applied.)

TNM Clin T and TNM Path T may be blank. If entered, they will be edited against tumor basal diameter and tumor depth coded in Site-Specific Factors 2 and 3 respectively. A pT category entered in TNM Path T will be compared to the tumor depth coded in a site-specific factor.

The edit will first compare the combination of basal diameter and depth to pT category entered in TNM Path T, and then to cT category entered in TNM Clin T. The edit comparisons will proceed as follows:

1. If TNM PATH T is empty:
 - a. TNM Clin T and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin T and Site-Specific Factor: Fail, edit fails
2. If TNM Path T is coded:
 - a. TNM Path T and Site-Specific Factor: Pass, edit passes.
 - b. TNM Path T and Site-Specific Factor: Fail
 1. If TNM Clin T is empty, edit fails
 2. If TNM Clin T is coded:
 - a. TNM Clin T and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin T and Site-Specific Factor: Fail, edit fails

An edit failure will be returned if the combination of diameter and depth is outside the range for the listed pT category, or if either diameter or depth is coded but the other is not. "980", "980 millimeters or larger", is the largest possible size. Nonspecific size values are converted to numeric values for purposes of the edit. For example, for basal diameter, the lowest value is converted to 001 (990>001), the highest value to the top of the range plus 1 (997>181), and the intervening values to the highest value in the range (993>090).

The TNM T categories corresponding to basal diameter and tumor depth are listed below, with the site-specific factor used to collect the information. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

51A. Ciliary Body and Choroid

SSF 2

TNM T:	1		1A
1B		1C	
Tumor Basal Diameter	001-120,991-994	001-120,991-994	001-120,991-994
	001-120,991-994		
	1D	2	2A
	2B		
	001-120,991-994	001-180,991-996	001-180,991-996
	001-180,991-996		
	2C		2D
3		3A	

996	031-180,992-996	001-180,991-996	001-180,991-996	031-180,992-
	3D	3B	3C	
		4		
180,992-996	121-980,995-997	031-180,992-996	031-180,992-996	031-
	4C	4A	4B	
		4D		
980,995-997	121-980,995-997	121-980,995-997	121-980,995-997	121-
SSF 3				
TNM T:	1	1	1A	
	1B	1C		
Tumor Depth	001-060,990-992	001-060,990-992	001-060,990-992	001-060,990-992
	001-060,990-992			
	2A	2B	2	
		001-060,990-992	001-090,990-993	001-
090,990-993	001-090,990-993	2C	2D	
	3	3A		
		001-090,990-993	001-990,990-993	031-
150,992-995	031-150,992-995	3B	3C	
	3D	4		
		031-150,992-995	031-150,992-995	031-
150,002-995	001-980,990-996	4A	4B	
	4C	4C		
		001-980,990-996	001-980,990-996	001-
980,990-996	001-980,990-996	4D		
		001-980,990-996		

Administrative Notes

New edit - added to NAACCR v15 metafile, EC.

TNM T, SSF 1 Conjunctiva (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor 1 [Std# 2880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6053] Conflict among %F1 (%V1), %F2 (%V2) and %F3 (%V3)
Conflict among TNM Clin T ("value of TNM Clin T"), TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1")

Description

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 1, Tumor Size, for Conjunctiva.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not carcinoma of conjunctiva
5. TNM Clin T and TNM Path T are both blank or 88
6. CS Site-Specific Factor 1 is blank or 88

"980", "980 millimeters or larger", is the largest possible size for CS SSF 1. 990 = microscopic focus. "991" = described as less than 5mm, stated as T1. "992" = described as greater than 5mm, stated as T2.

The site-specific TNM T values as coded in CS SSF 1 are listed below.

49. Conjunctiva

TNM T:	1	2
Tumor Size Summ	001-050, 990-991	051-980,992

- A. If CS SSF 1 is within the range for T1:
If TNM Path T is empty, TNM Clin T must not = c2.
If TNM Clin T is empty, TNM Path T must not = p2.
If both coded, both TNM Path T and TNM Clin T must not = 2.

B. If CS SSF 1 is within the range for T2:

If TNM Path T is empty, TNM Clin T must not = c1.

If TNM Clin T is empty, TNM Path T must not = p1.

If both coded, both TNM Path T and TNM Clin T must not = 1.

Administrative Notes

New edit - added to NAACCR v16 metafile, EC.

SEER IF593

TNM T, SSF 1, 2 Lung (CoC)

Agency: COC

Last changed: 06/14/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor 1 [Std# 2880]
CS Site-Specific Factor 2 [Std# 2890]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6046] CS Site-Specific Factor 1 ("value of CS Site-Specific Factor 1") conflicts with TNM Clin T ("value of TNM Clin T") and TNM Path T ("value of TNM Path T")
[6047] CS Site-Specific Factor 2 ("value of CS Site-Specific Factor 2") conflicts with TNM Clin T ("value of TNM Clin T") and TNM Path T ("value of TNM Path T")

Description

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 1, Separate Tumor Nodules Ipsilateral Lung, and CS SSF 2, Pleural/Elastic Layer Invasion by H&E or Elastic Stain

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 025, Lung
5. TNM Clin T and TNM Path T are blank or 88

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Lung CS Site Specific Factor 1:

A. If CS SSF 1 = 010 (separate tumor nodules in ipsilateral lung, same lobe) or 040 (separate tumor nodules ipsilateral lung unknown if same or different lobe),

then TNM Clin T must = c3 (tumor with separate tumor nodule(s) in the same lobe) or higher, or TNM Path T must = p3 or higher.

B. If CS SSF 1 = 020 (separate tumor nodules in ipsilateral lung, different lobe) or 030 (separate tumor nodules ipsilateral lung same and different lobes), then TNM Clin T must = c4 (tumor with separate tumor nodule(s) in a different ipsilateral lobe), or TNM Path T must = p4.

For Lung CS Site Specific Factor 2:

A. If CS SSF 2 = 010 (PL1), 020 (PL2), or 040 (invasion of pleura NOS), then TNM Clin T must = c2 (invades visceral pleura (PL1 or PL2) or higher, or TNM Path T must = p2 or higher

B. If CS SSF 2 = 030 (PL3), then TNM Clin T must = c3 (invades parietal pleura (PL3) or higher, or TNM Path T must = p3 or higher.

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF594

TNM T, SSF 10 Bile Ducts Intrahepatic (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor10 [Std# 2864]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6046] %F3 (%V3) conflicts with %F1 (%V1) and %F2 (%V2)
CS Site-Specific Factor10 ("value of CS Site-Specific Factor10") conflicts with TNM Clin T ("value of TNM Clin T") and TNM Path T ("value of TNM Path T")

Description

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 10, Tumor Growth Pattern, for Bile Ducts Intrahepatic.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 019, Bile Ducts Intrahepatic
5. TNM Clin T and TNM Path T are blank or 88
6. Site-Specific Factor 10 is blank or 988

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Bile Ducts Intrahepatic:

- A. If TNM Clin T = c4 or TNM Path T = p4 (tumor with periductal invasion)
then CS SSF 10 must = 010 (presence of periductal component)
- B. If CS SSF 10 = 010 (presence of periductal component)
then TNM Clin T must = c4 or TNM Path T must = p4 (tumor with periductal invasion).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF595

TNM T, SSF 12, Tumor Size, Carcinoma of Skin (COC)

Agency: COC

Last changed: 06/03/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor12 [Std# 2866]
Tumor Size Clinical [Std# 752]
Tumor Size Pathologic [Std# 754]
Tumor Size Summary [Std# 756]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6038] Conflict among TNM T, SSF 1, and tumor size
Conflict among TNM T, SSF 1, and tumor size

Additional Messages

[6019] TNM Path T of "value of TNM Path T" is not consistent with CS Site-Specific Factor12 of "value of CS Site-Specific Factor12"
[6039] TNM Clin T ("value of TNM Clin T") and CS Site-Specific Factor12 ("value of CS Site-Specific Factor12") conflict

Description

Purpose: This edit verifies that TNM Clin T, TNM Path T, and tumor size are coded consistently with CS SSF 12, High Risk Features, for Cutaneous CA of Skin.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 029, Cutaneous Ca of Skin
5. TNM Clin T and TNM Path T are blank or 88
6. CS Site-Specific Factor 12 is blank or 988

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Cutaneous CA of skin:

A. If TNM T = 1 (Tumor 2cm or less in greatest dimension with less than 2 high risk features)
then CS SSF 12 must = 000 (No high risk features), 001 (1 high risk feature), 991 (stated as less than 2 high risk features), 993 (stated as high risk features NOS), or 999 (Unknown or no information).

B. If TNM T = 2 (Tumor greater than 2cm in greatest dimension or tumor any size with 2 or more high risk features) and Tumor Size = 001-020
Then CS SSF 12 must = 002 (2 high risk features), 003 (3 high risk features), 004 (4 high risk features), 005 (5 high risk features), or 992 (stated as 2 or more high risk features).

The edit will check TNM Path T. If TNM Path T is empty, the edit will check TNM Clin T. For TNM Path T, the edit will check for size values in Tumor Size Pathologic and Tumor Size Summary. For TNM Clin T, the edit will check for size values in Tumor Size Clinical and Tumor Size Summary.

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

TNM T, SSF 6 Skin of Eyelid (CoC)

Agency: COC

Last changed: 05/18/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor 6 [Std# 2930]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[6042] %F1 (%V1), %F2 (%V2) and %F3 (%V3) conflict
TNM Clin T ("value of TNM Clin T"), TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") conflict

Description

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 6 for Skin of Eyelid (Perineural Invasion).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 048, Skin of Eyelid
5. TNM Clin T and TNM Path T are blank or 88
6. CS SSF 6 is blank or 988

For skin of eyelid:

if CS SSF 6 = 010 (Perineural invasion present/identified),
then TNM Clin T must equal c3a (Any T with perineural invasion) or higher (c3B, c4), or TNM Path T must equal p3a or higher (p3B, p4).

Administrative Notes

New edit - added to NAACCR v16_EC metafile.
SEER IF596

TNM T, SSF 6, Breast (CoC)

Agency: COC

Last changed: 06/15/2016

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
CS Site-Specific Factor 6 [Std# 2930]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[6042] %F1 (%V1), %F2 (%V2) and %F3 (%V3) conflict
TNM Clin T ("value of TNM Clin T"), TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") conflict

Additional Messages

[6049] Conflict between TNM Path T ("value of TNM Path T") and CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6")

Description

Purpose: This edit checks for Primary Site of Breast that clinical and pathologic TNM T are consistent with CS SSF 6 (Size of Tumor-Invasive Component).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 032, Breast.
5. TNM Clin T and TNM Path T are blank or 88
6. CS Site-Specific Factor 6 is blank or 988

For Breast:

- A. If CS SSF 6 = 000 (Entire tumor reported as invasive)
then TNM Path T must not = pIS and TNM Clin T must not = pIS.
- B. If CS SSF 6 = 020, 030, 040, 050, 060 (Invasive and in situ components present)
then TNM Path T must not = pIS
- C. If CS SSF 6 = 010 (Entire tumor reported as in situ),

then TNM Path T must = pIS.

Administrative Notes

New edit for v16 metafile, EC.
SEER IF597

TNM T, SSize, Site Spec - Ed 7, ICDO3 (CoC)

Agency: COC

Last changed: 08/02/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Size Summary [Std# 756]
TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Date of Diagnosis [Std# 390]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Behavior Code ICD-O-3 [Std# 523]
CS Site-Specific Factor10 [Std# 2864]
CS Site-Specific Factor25 [Std# 2879]
Grade [Std# 440]
Age at Diagnosis [Std# 230]
Sex [Std# 220]
Type of Reporting Source [Std# 500]

Tables

AC7G2016.DBF
CLINTSIZ.DBF
PATHTSIZ.DBF

Default Error Message

[3038] TNM stage problem
TNM stage problem

Additional Messages

[6015] TNM Clin T of "value of TNM Clin T" and TNM Path T of "value of TNM Path T" not consistent with Tumor Size Summary of "value of Tumor Size Summary"
[6028] TNM Clin T of "value of TNM Clin T" is not consistent with Tumor Size Summary of "value of Tumor Size Summary"
[6029] TNM Path T of "value of TNM Path T" is not consistent with Tumor Size Summary of "value of Tumor Size Summary"
SAVE_TEXT("t_tnm_msg")

Description

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)

3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where T is not dependent on tumor size
6. TNM Clin T and TNM Path T are both blank or 88
7. Tumor Size Summary is blank or 999

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically. The edit will first compare Tumor Size Summary to pT category entered in TNM Path T, and then to cT category entered in TNM Clin T. The edit comparisons will proceed as follows:

1. If TNM PATH T is empty:
 - a. TNM Clin T and Tumor Size Summary: Pass, edit passes
 - b. TNM Clin T and Tumor Size Summary: Fail, edit fails
2. If TNM Path T is coded:
 - a. TNM Path T and Tumor Size Summary: Pass, edit passes.
 - b. TNM Path T and Tumor Size Summary: Fail
 1. If TNM Clin T is empty, edit fails
 2. If TNM Clin T is coded:
 - a. TNM Clin T and Tumor Size Summary: Pass, edit passes
 - b. TNM Clin T and Tumor Size Summary: Fail, edit fails

"989", "989 millimeters or larger", is the largest possible size for Tumor Size Summary. 990 (microscopic focus) will be accepted for c/p1 (c/p1A, c/p1MI) for all sites/histologies included in this edit.

The site-specific TNM Clinical T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where clinical T is based on clinical tumor size. The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

3. Lip and Oral Cavity

TNM T:	1	2	3
Tumor Size Summ	001-020, 990	021-040	041-989

4. Pharynx

4A. Oropharynx and Hypopharynx

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

TNM T:	1	2
Tumor Size Summ	001-020, 990	021-040

4E. Hypopharynx

Sites: C129, C130-C139

TNM T:	1
Tumor Size	001-020, 990

4D. Oropharynx

TNM T: 1 2
Tumor Size Summ 001-020, 990 021-040

7. Major Salivary Glands

TNM T: 1 2
Tumor Size Summ 001-020, 990 021-040

8. Thyroid Gland

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary

TNM T: 1 1A 1B
2
Tumor Size Summ 001-020, 990 001-010, 990 011-020 021-040

13. Appendix

13B. Appendix: Carcinoid

TNM T: 1 1A 1B
Tumor Size Summ 001-020, 990 001-010, 990 011-020

15. Anus

TNM T: 1 2 3
Tumor Size Summ 001-020, 990 021-050 051-989

16. Gastrointestinal Stromal Tumor (GIST)

- 16A. GIST: Gastric
- 16B. GIST: Small Intestine

TNM T: 1 2 3
4
Tumor Size Summ 001-020, 990 021-050 051-100 101-989

17. Neuroendocrine Tumors (NET)

- 17A. NET: Stomach
- 17B. NET: Small Intestine

TNM T: 1
Tumor Size Summ 001-010, 990

17D. NET: Ampulla

TNM T: 1 2
Tumor Size Summ 001-010, 990 011-989

24. Exocrine and Endocrine Pancreas

TNM T: 1 2
Tumor Size Summ 001-020, 990 021-989

25. Lung

TNM T: 1 1A 1B
2A 2B
Tumor Size Summ 001-030, 990 001-020, 990 021-030 031-050
051-070

27. Bone

TNM T: 1 2
Tumor Size Summ 001-080, 990 081-989

28. Soft Tissue Sarcoma

TNM T: 1 2
Tumor Size Summ 001-050, 990 051-989

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM T: 1
Tumor Size Summ 001-020, 990

31. Merkel Cell Carcinoma

TNM T: 1 2 3
Tumor Size Summ 001-020, 990 021-050 051-989

32. Breast

TNM T: 1 1M 1A
1B 1C 2
Tumor Size Summ 001-020, 990 001-001, 990 001-005, 990 005-010
011-020 021-050
3
051-989

43. Kidney

TNM T: 1 1A 1B
2 2A 2B
Tumor Size Summ 001-070, 990 001-040, 990 041-070 071-989
071-100 101-989

47. Adrenal

47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma

TNM T: 1 2
Tumor Size Summ 001-050, 990 051-989

49. Conjunctiva

TNM T: 1 2

Tumor Size Summ 001-005, 990 006-989

53. Carcinoma of the Lacrimal Gland

TNM T: 1 2 3

Tumor Size Summ 001-020, 990 021-040 041-989

54. Sarcoma of the Orbit

TNM T: 1 2

Tumor Size Summ 001-015, 990 016-989

Administrative Notes

New edit - added to NAACCR v15 metafile

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

TNM T3, Carcinoma of Skin (CoC)

Agency: COC

Last changed: 05/04/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Primary Site [Std# 400]
Histologic Type ICD-O-3 [Std# 522]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]

Default Error Message

[6056] %F1 of %V1 or %F2 of %V2 is invalid for %F3 of %V3
TNM Clin T of "value of TNM Clin T" or TNM Path T of "value of TNM Path T" is invalid for Primary Site of "value of Primary Site"

Description

Purpose: This edit verifies that TNM T3 (Tumor with invasion of maxilla, mandible, orbit, or temporal bone) is coded for carcinomas of the head and neck only.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 029 (Carcinoma of Skin)
5. TNM Clin T and TNM Path T are blank or 88

This edit is evaluated only for Carcinomas of Skin, site/histology group 29. Sites, histologies included in this group are identified in the edit Primary Site, Stage Group 2016 - Ed 7.

For Carcinomas of Skin

If TNM Clin T = c3 or TNM Path T = p3,
then primary site must = C440, C442-C444, C448-C449

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

Tumor Marker 1 (SEER TUMMARK1)

Agency: SEER

Last changed: 08/19/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Tumor Marker 1 [Std# 1150]

Default Error Message

[309] Tumor Marker 1 not valid
Tumor Marker 1 not valid

Description

Must be a valid Tumor Marker 1 code (0-6,8-9) or blank.

Tumor Marker 1, Date of Diagnosis (SEER IF65)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Primary Site [Std# 400]

Tumor Marker 1 [Std# 1150]

Registry ID [Std# 40]

Default Error Message

[416] Tummark1, Date_dx, Site conflict

Tummark1, Date_dx, Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

1. For Diagnosis Years 1973-1989, Tumor Marker 1 must be 9 for all cases.
2. For Diagnosis Years 1990-1997:
 - A. if Primary Site is breast (C500-C509), Tumor Marker 1 may be 0-3,8-9;
 - B. if any other site, Tumor Marker 1 must be 9.
3. For Diagnosis Years 1998-2003:
 - A. if Primary Site is breast (C500-C509) or prostate (C619), Tumor Marker 1 may be 0-3,8-9;
 - B. if Primary Site is testis (C620-C629), Tumor Marker 1 may be 0,2,4-6,8-9;
 - C. if any other site, Tumor Marker 1 must be 9.
4. For Diagnosis Years 2004+: Tumor Marker 1 must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF65

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. the edit will be skipped if Date of Diagnosis is blank.

Tumor Marker 1, Primary Site, Morph ICD02 (COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Marker 1 [Std# 1150]
Primary Site [Std# 400]
Morph--Type&Behav ICD-O-2 [Std# 419]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Tumor Marker 1, Primary Site and Morph--Type&Behav ICD-O-2

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by the COC as of 1/1/2003.

This edit is skipped if Year of Date of Diagnosis is less than 1998 or blank.

This edit is skipped if any of the fields are blank.

If Primary Site is:

Breast (Primary Site = C500-C509)
Colorectal (Primary Site = C180-C189, C199, C209)
Liver (Primary Site = C220, C221)
Neuroblastoma (Morphology--Type&Behavior = 95003)
Ovary (Primary Site = C569)
Prostate (Primary Site = C619)

then Tumor Marker 1 must = 0-3, 8 or 9.

If Primary Site is:

Testis (Primary Site = C620, C621, C629)

then Tumor Marker 1 must = 0-6, 8 or 9.

For all other Primary Site and Morphology--Type&Behavior ICD-O-2 codes, Tumor Marker 1 must = 9.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Tumor Marker 1, Primary Site, Morph ICD03 (COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Marker 1 [Std# 1150]
Primary Site [Std# 400]
Morph--Type&Behav ICD-O-3 [Std# 521]
Date of Diagnosis [Std# 390]

Default Error Message

[1005] Conflict among %F1, %F2 and %F3
Conflict among Tumor Marker 1, Primary Site and Morph--Type&Behav ICD-O-3

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by the COC as of 1/1/2003.

This edit is skipped if Year of Date of Diagnosis is less than 1998 or blank.

This edit is skipped if any of the fields are blank.

If Primary Site is:

Breast (Primary Site = C500-C509)
Colorectal (Primary Site = C180-C189, C199, C209)
Liver (Primary Site = C220, C221)
Neuroblastoma (Morphology--Type&Behavior = 95003)
Ovary (Primary Site = C569)
Prostate (Primary Site = C619)

then Tumor Marker 1 must = 0-3, 8 or 9.

If Primary Site is:

Testis (Primary Site = C620, C621, C629)

then Tumor Marker 1 must = 0-6, 8 or 9.

For all other Primary Site and Morphology--Type&Behavior ICD-O-3 codes, Tumor Marker 1 must = 9.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Tumor Marker 1, Type of Report Srce (SEER IF67)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Tumor Marker 1 [Std# 1150]
Registry ID [Std# 40]

Default Error Message

[418] Rept_src, Tummark1, Site conflict
Rept_src, Tummark1, Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

This edit is skipped for diagnosis years 2004+.

For diagnosis years 1990 and later and primary site of breast (C500-C509):

1. If Type of Reporting Source is Autopsy Only (6), then Tumor Marker 1 must be "None" (0).
2. If Type of Reporting Source is Death Certificate Only (7), then Tumor Marker 1 must be "Unknown" (9).

For diagnosis years 1998 and later and primary site of prostate (C619) or testis (C620-C629):

1. If Type of Reporting Source is Autopsy Only (6), then Tumor Marker 1 must be "None" (0).
2. If Type of Reporting Source is Death Certificate Only (7), then Tumor Marker 1 must be "Unknown" (9).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF67

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. The edit will be skipped if Date of Diagnosis is blank.

Tumor Marker 2 (SEER TUMMARK2)

Agency: SEER

Last changed: 08/19/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Tumor Marker 2 [Std# 1160]

Default Error Message

[310] Tumor Marker 2 not valid
Tumor Marker 2 not valid

Description

Must be a valid Tumor Marker 2 code (0-6,8-9) and blank.

Tumor Marker 2, Date of Diagnosis (SEER IF66)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Primary Site [Std# 400]

Tumor Marker 2 [Std# 1160]

Registry ID [Std# 40]

Default Error Message

[417] Tummark2, Date_dx, Site conflict

Tummark2, Date_dx, Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

1. For Diagnosis Years 1973-1989, Tumor Marker 2 must be 9 for all cases.
2. For Diagnosis Years 1990-1997:
 - A. if Primary Site is breast (C500-C509), Tumor Marker 2 may be 0-3,8-9;
 - B. if any other site, Tumor Marker 2 must be 9.
3. For Diagnosis Years 1998-2003:
 - A. if Primary Site is breast (C500-C509) or prostate (C619), Tumor Marker 2 may be 0-3,8-9;
 - B. if Primary Site is testis (C620-C629), Tumor Marker 2 may be 0,2,4-6,8-9;
 - C. if any other site, Tumor Marker 2 must be 9.
4. For Diagnosis Years 2004+: Tumor Marker 2 must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF66

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. the edit will be skipped if Date of Diagnosis is blank.

Tumor Marker 2, Primary Site (COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Marker 2 [Std# 1160]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Tumor Marker 2 and Primary Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by the COC as of 1/1/2003.

This edit is skipped if Year of Date of Diagnosis is less than 1998 or blank.

This edit is skipped if any of the fields are blank.

If Primary Site is:

Breast (Primary Site = C500-C509)
Prostate (Primary Site = C619)

then Tumor Marker 2 must = 0-3, 8 or 9.

If Primary Site is:

Testis (Primary Site = C620, C621, C629)

then Tumor Marker 2 must = 0-6, 8 or 9.

For all other Primary Site codes, Tumor Marker 2 must = 9.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Tumor Marker 2, Type of Report Srce (SEER IF68)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Registry ID [Std# 40]
Primary Site [Std# 400]
Type of Reporting Source [Std# 500]
Tumor Marker 2 [Std# 1160]

Default Error Message

[419] Rept_src, Tummark2, Site Conflict
Rept_src, Tummark2, Site Conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

This edit is skipped for diagnosis years 2004+.

For diagnosis years 1990 and later and primary site of breast (C500-C509):

1. If Type of Reporting Source is Autopsy Only (6), then Tumor Marker 2 must be "None" (0).
2. If Type of Reporting Source is Death Certificate Only (7), then Tumor Marker 2 must be "Unknown" (9).

For diagnosis years 1998 and later and primary site of prostate (C619) or testis (C620-C629):

1. If Type of Reporting Source is Autopsy Only (6), then Tumor Marker 2 must be "None" (0).
2. If Type of Reporting Source is Death Certificate Only (7), then Tumor Marker 2 must be "Unknown" (9).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF68

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. The edit will be skipped if Date of Diagnosis is blank.

Tumor Marker 3 (SEER TUMMARK3)

Agency: SEER

Last changed: 08/19/2004

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential
SEER: Vs 16 Transmit Edits

Fields

Tumor Marker 3 [Std# 1170]

Default Error Message

[324] Tumor Marker 3 not valid
Tumor Marker 3 not valid

Description

Must be a valid Tumor Marker 3 code (0-6,8-9) or blank.

Tumor Marker 3, Date of Diagnosis (SEER IF73)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]

Primary Site [Std# 400]

Tumor Marker 3 [Std# 1170]

Registry ID [Std# 40]

Default Error Message

[427] Tummark3, Date_dx, Site conflict

Tummark3, Date_dx, Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

1. For Diagnosis Years 1973-1997, Tumor Marker 3 must be 9 for all cases.
2. For Diagnosis Years 1998-2003:
 - A. if Primary Site is testis (C620-C629), Tumor Marker 3 may be 0,2,4-6,8-9;
 - B. if any other site, Tumor Marker 3 must be 9.
3. For Diagnosis Years 2004+: Tumor Marker 3 must be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF73

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. the edit will be skipped if Date of Diagnosis is blank.

Tumor Marker 3, Primary Site (COC)

Agency: COC

Last changed: 01/20/2010

Edit Sets

Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Marker 3 [Std# 1170]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]

Default Error Message

[1016] %F1 and %F2 conflict
Tumor Marker 3 and Primary Site conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

Note: This edit is not supported by the COC as of 1/1/2003.

This edit is skipped if Year of Date of Diagnosis is less than 1998 or blank.

This edit is skipped if any of the fields are blank.

If Primary Site is:

Testis (Primary Site = C620, C621, C629)

then Tumor Marker 3 must = 0-6, 8 or 9.

For all other Primary Site codes, Tumor Marker 3 must = 9.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Tumor Marker 3, Type of Report Srce (SEER IF74)

Agency: SEER

Last changed: 01/25/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Primary Site [Std# 400]
Tumor Marker 3 [Std# 1170]
Registry ID [Std# 40]

Default Error Message

[428] Rept_src, Tummark3, Site Conflict
Rept_src, Tummark3, Site Conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for cases diagnosed before 2000 from New Jersey (Registry ID = 0000001544).

This edit is skipped for diagnosis years 2004+.

For diagnosis years 1998 and later and primary site of testis (C620-C629):

1. If Type of Reporting Source is Autopsy Only (6), then Tumor Marker 3 must be "None" (0).
2. If Type of Reporting Source is Death Certificate Only (7), then Tumor Marker 3 must be "Unknown" (9).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF74

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. The edit will be skipped if Date of Diagnosis is blank.

Tumor Record Number (NAACCR)

Agency: NAACCR

Last changed: 03/29/1997

Fields

Tumor Record Number [Std# 60]

Default Error Message

[1036] %F1 must be a two-digit number
Tumor Record Number must be a two-digit number

Description

Must be a valid two-digit Tumor Record Number (01-99).

Tumor Size Clinical (SEER)

Agency: SEER

Last changed: 03/21/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Clinical [Std# 752]

Default Error Message

[1023] %F1 is not valid
Tumor Size Clinical is not valid

Description

Must be a valid three-digit number (000-990, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

Tumor Size Clinical , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 06/13/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Clinical [Std# 752]

Date of Diagnosis [Std# 390]

Default Error Message

[1300] If year of %F2 > 2015, then %F1 cannot be blank

If year of Date of Diagnosis > 2015, then Tumor Size Clinical cannot be blank

Additional Messages

[1301] If year of Date of Diagnosis < 2016, then Tumor Size Clinical must be blank

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Clinical cannot be blank.

If year of Date of Diagnosis is less than 2016, Tumor Size Clinical must be blank

Administrative Notes

New edit for v16 metafile

SEER IF551

Tumor Size Clinical, Primary Site (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]

Tumor Size Clinical [Std# 752]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1

"value of Tumor Size Clinical" is not a valid Tumor Size Clinical for a Primary Site of "value of Primary Site"

Description

If Tumor Size Clinical[752] is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF552

Tumor Size Clinical, TNM Clin T (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Clin T [Std# 940]
Tumor Size Clinical [Std# 752]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1
"value of Tumor Size Clinical" is not a valid Tumor Size Clinical for a TNM Clin T of "value of TNM Clin T"

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), invalid, or blank.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.TNM Clin T is blank or 88
- 5.Tumor Size Clinical is blank.

If Tumor Size Clinical is coded 000, TNM Clin T must be coded c0.
If TNM Clin T is coded c0, Tumor Size Clinical must be coded 000.

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF553

Tumor Size Pathologic (SEER)

Agency: SEER

Last changed: 03/21/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Pathologic [Std# 754]

Default Error Message

[1023] %F1 is not valid
Tumor Size Pathologic is not valid

Description

Must be a valid three-digit number (000-990, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

Tumor Size Pathologic , Date of Diagnosis (SEER)

Agency: SEER

Last changed: 06/08/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Pathologic [Std# 754]

Date of Diagnosis [Std# 390]

Default Error Message

[1300] If year of %F2 > 2015, then %F1 cannot be blank

If year of Date of Diagnosis > 2015, then Tumor Size Pathologic cannot be blank

Additional Messages

[1301] If year of Date of Diagnosis < 2016, then Tumor Size Pathologic must be blank

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Pathologic cannot be blank.

If year of Date of Diagnosis is less than 2016, then Tumor Size Pathologic must be blank.

Administrative Notes

New edit for v16 metafile

SEER IF554

Tumor Size Pathologic, Primary Site (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]

Tumor Size Pathologic [Std# 754]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1

"value of Tumor Size Pathologic" is not a valid Tumor Size Pathologic for a Primary Site of "value of Primary Site"

Description

If Tumor Size Pathologic is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF555

Tumor Size Pathologic, SSF 6 Breast (SEER)

Agency: SEER

Last changed: 05/26/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Tumor Size Pathologic [Std# 754]
CS Site-Specific Factor 6 [Std# 2930]
Primary Site [Std# 400]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]
Behavior Code ICD-O-3 [Std# 523]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[6042] %F1 (%V1), %F2 (%V2) and %F3 (%V3) conflict
Tumor Size Pathologic ("value of Tumor Size Pathologic"), CS Site-Specific Factor 6 ("value of CS Site-Specific Factor 6") and Primary Site ("value of Primary Site") conflict

Description

Purpose: This edit checks for Primary Site of Breast that Tumor Size Pathologic is consistent with CS SSF 6 (Size of Tumor-Invasive Component).

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 032, Breast.
5. Tumor Size Pathologic is blank
6. CS Site-Specific Factor 6 is blank or 988

For Breast:

If CS SSF 6 = 060 (Invasive and in situ components present, unknown size of tumor),
then Tumor Size Pathologic must be coded 999 or blank

Administrative Notes

New edit for v16 metafile, EC.

SEER IF598

Tumor Size Pathologic, TNM Path T (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

TNM Path T [Std# 880]
Tumor Size Pathologic [Std# 754]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1
"value of Tumor Size Pathologic" is not a valid Tumor Size Pathologic for a TNM Path T of "value of TNM Path T"

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.TNM Path T is blank or 88
- 5.Tumor Size Pathologic is blank.

If Tumor Size Pathologic is coded 000, TNM Path T must be coded p0.
If TNM Path T is coded p0, Tumor Size Pathologic must be coded 000.

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF556

Tumor Size Summary (NPCR)

Agency: NPCR

Last changed: 06/05/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Size Summary [Std# 756]

Default Error Message

[1023] %F1 is not valid
Tumor Size Summary is not valid

Description

Must be a valid three-digit number (000-990, 998, 999) or blank.

Administrative Notes

New Edit for NAACCR v16

Tumor Size Summary, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 06/15/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Tumor Size Summary [Std# 756]
Date of Diagnosis [Std# 390]

Default Error Message

[1300] If year of %F2 > 2015, then %F1 cannot be blank
If year of Date of Diagnosis > 2015, then Tumor Size Summary cannot be blank

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Summary cannot be blank.

Administrative Notes

Added to the v16 metafile

Tumor Size Summary, Primary Site (COC)

Agency: COC

Last changed: 05/10/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Primary Site [Std# 400]
Tumor Size Summary [Std# 756]
Date of Diagnosis [Std# 390]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1
"value of Tumor Size Summary" is not a valid Tumor Size Summary for a Primary Site of "value of Primary Site"

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016 or empty (unknown).
- 2.Tumor Size Summary is empty.

If Tumor Size Summary is coded 998, primary site must be coded C199, C209, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16, EC

Tumor Size Summary, TNM Clin/Path T (COC)

Agency: COC

Last changed: 05/10/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

TNM Clin T [Std# 940]
TNM Path T [Std# 880]
Tumor Size Summary [Std# 756]
Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[6008] %V3 is not a valid %F3 for %F1 of %V1 and %F2 of %V2
"value of Tumor Size Summary" is not a valid Tumor Size Summary for TNM Clin T of "value of TNM Clin T" and TNM Path T of "value of TNM Path T"

Description

This edit is skipped if any of the following conditions are true:

- 1.Diagnosis date < 2016, blank (unknown), or invalid.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.Both TNM Clin T and TNM Path T are blank or 88
- 5.Tumor Size Summary is blank.

If Tumor Size Summary is coded 000, both TNM Clin T and TNM Path T must be coded 0, or one of them must be coded 0 and the other must be empty.

If both TNM Clin T and TNM Path T are coded 0, Tumor Size Summary must be coded 000.

Administrative Notes

New edit for v16, EC

Type of Rep Srce(DC),Seq Num--Cent,ICDO3(SEER IF04)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Over-ride Report Source [Std# 2050]
Type of Reporting Source [Std# 500]
Sequence Number--Central [Std# 380]
Histologic Type ICD-O-3 [Std# 522]

Default Error Message

[507] Rept_src & Seq_num conflict - ICDO3
Rept_src & Seq_num conflict - ICDO3

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If the case has been previously reviewed and accepted as coded (Over-ride Report Source = 1), no further editing is done.

If the Type of Reporting Source specifies a death certificate only case (7) and the histology is not a lymphoma, leukemia, immunoproliferative or myeloproliferative disease (Histologic Type ICD-O-3 is < 9590), then the Sequence Number--Central must specify one primary only (00 or 60).

Additional Information:

Cancer diagnoses on death certificates are notoriously inaccurate. Secondary sites are sometimes listed as primary sites, such as "Liver cancer" when there are metastases to the liver. Depending on who the informant or certifier of death is, the diagnosis and intervals can be incorrect. The registry may well have more accurate information about the course of the patient's disease than the death certificate. This edit forces review of multiple primary cancers when one of the primaries is coded as a death-certificate-only case (DCO) (except for DCO cases of leukemia, lymphoma, and related diseases with morphology codes > 9590).

Scrutinize the entire death certificate and all patient abstracts (and the original medical records if necessary) for any evidence that the cancer mentioned on the death certificate is a manifestation of a cancer diagnosed before death. Review the clinical history, treatment, follow-up, and any autopsy results that are available. If the patient died in a hospital, it may be necessary to review the medical record of the final admission. It may also be helpful to contact the patient's clinician or a nursing home to clarify the number of primary cancers. If the DCO case cannot be ruled out, and the number of primaries is correct, set the Over-ride Report Source flag to 1 so that the case will not appear in future edits as an error. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the DCO case should be considered a manifestation of one of the patient's other cancers, delete the DCO case, resequence remaining cases, and correct the coding on the remaining case(s) as necessary. It may also turn out that the cancer reported on the death certificate is a separate independent primary that was diagnosed before death. In that case, changing the Type of Reporting Source from DCO to another code will eliminate the error.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF04_3

Modifications:

NACR111

10/5/2006

The edit has been updated to include Sequence Number--Central of 60 (as well as 00) when verifying that there is only one primary for a DCO case.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Type of Report Srce (AO), Date of Dx (SEER IF02)

Agency: SEER

Last changed: 02/12/2014

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Date of Last Contact [Std# 1750]
Type of Reporting Source [Std# 500]

Default Error Message

[332] Autopsy only: CCYMM of %F1 (%V1) should = CCYMM of %F2 (%V2)
Autopsy only: CCYMM of Date of Diagnosis ("value of Date of Diagnosis") should = CCYMM of Date of Last Contact ("value of Date of Last Contact")

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")
ERROR_TEXT("Date of Last Contact: %DC")

Description

This edit is skipped if either Date of Diagnosis or Date of Last Contact is blank,
If the Type of Reporting Source specifies an autopsy only case (Type of Reporting Source = 6), the month and year of Date of Last Contact must equal the month and year of Date of Diagnosis.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF02

Modifications:

NAACCR v11.2
7/2007

Edit was modified to compare Date of Last Contact to Date of Diagnosis using month and year instead of entire date.

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12

- Edit name changed from "Type of Report Srce(DC/AO), Date of Dx (SEER IF02)" to "Type of Report Srce (AO), Date of Dx (SEER IF02)".
- Deleted logic that requires the month and year of Date of Last Contact to equal the month and year of Date of Diagnosis for death certificate only case.
- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

- The edit will be skipped either date is blank.

NAACCR v14A

- Error message updated to read "CCYMM" instead of "CCYY"

Type of Report Srce (DC/AO), SEER Fup (SEER IF10)

Agency: SEER

Last changed: 01/09/2009

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]

SEER Type of Follow-Up [Std# 2180]

Default Error Message

[340] Rept_src & Type_fu conflict

Rept_src & Type_fu conflict

Description

If the Type of Reporting Source specifies an autopsy only or a death certificate only (6 or 7), then the SEER Type of Follow-up must be coded as '1' (not in active follow-up).

If the SEER Type of Follow-up is coded as '1' (not in active follow-up), then the Type of Reporting Source must specify autopsy only or death certificate only (6 or 7).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF10

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

Type of Report Srce(DC), EOD Coding Sys(SEER IF11)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]

Date of Diagnosis [Std# 390]

Coding System for EOD [Std# 870]

Registry ID [Std# 40]

Default Error Message

[341] Rept_src & EOD_code conflict

Rept_src & EOD_code conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If Registry ID = 0000001544 (New Jersey), this edit is skipped.

If Type of Reporting Source indicates a death certificate only case (7) and the case was diagnosed before 1983, the Coding System for Extent of Disease must be '0' (SEER Nonspecific).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF11

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Modified to skip if Registry ID is New Jersey.

Type of Report Srce(DC/AO), COD (SEER IF09)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]
Cause of Death [Std# 1910]

Default Error Message

[339] Rept_src & Cod conflict
Rept_src & Cod conflict

Description

For autopsy only and death certificate only cases (Type of Reporting Source = 6 or 7), Underlying Cause of Death must not = 0000 (alive).

For death certificate only cases (Type of Reporting Source = 7), Underlying Cause of Death must not = 7777 (death certificate not available).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF09

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Type of Report Srce(DC/AO), Diag Conf (SEER IF05)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
SEER: Vs 16 Transmit Edits

Fields

Diagnostic Confirmation [Std# 490]
Type of Reporting Source [Std# 500]

Default Error Message

[335] Rept_src & Dx_conf conflict
Rept_src & Dx_conf conflict

Description

1. If the Type of Reporting Source specifies an autopsy only case (6), the Diagnostic Confirmation must be positive histology (1) or direct visualization without microscopic confirmation (6).

2. If the Type of Reporting Source specifies a death certificate only case (7), the Diagnostic Confirmation must be unknown whether or not microscopically confirmed (9).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF05

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Type of Report Srce(DC/AO), Vit Stat (COC)

Agency: COC

Last changed: 07/24/1999

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Type of Reporting Source [Std# 500]

Vital Status [Std# 1760]

Default Error Message

[1004] %V1 is not a valid %F1 for a %F2 of %V2

"value of Type of Reporting Source" is not a valid Type of Reporting Source for a Vital Status of "value of Vital Status"

Additional Messages

ERROR_TEXT("If Type of Reporting Source = 6 or 7, Vital Status must = 0")

Description

This edit is skipped if any of the single field edits for Type of Reporting Source or Vital Status have failed.

If the Type of Reporting Source specifies a death certificate only case (7) or an autopsy only case (6), the Vital Status of the patient must specify dead (0).

Type of Report Srce(DC/AO), Vital Stat (SEER IF08)

Agency: SEER

Last changed: 01/09/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]
Vital Status [Std# 1760]

Default Error Message

[338] Rept_src & Fup_stat conflict
Rept_src & Fup_stat conflict

Description

If the Type of Reporting Source specifies a death certificate only case (7) or an autopsy only case (6), the Vital Status of the patient must specify dead (4) or (0).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF08

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

Type of Report Srce, Diagnostic Proc (SEER IF20)

Agency: SEER

Last changed: 01/21/2010

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Diagnostic Proc 73-87 [Std# 2200]
Date of Diagnosis [Std# 390]
Coding System for EOD [Std# 870]
Primary Site [Std# 400]
Histology (92-00) ICD-O-2 [Std# 420]
Registry ID [Std# 40]
Type of Reporting Source [Std# 500]

Default Error Message

[350] Dx_proc, Site, Date_dx conflict
Dx_proc, Site, Date_dx conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped if Registry = New Jersey (0000001544) and Date of Diagnosis is less than 2000.

1. For any year of diagnosis, cases having a Type of Reporting Source of death certificate only or autopsy only (6 or 7), then Diagnostic Proc 73-87 must be blank.
2. For cases diagnosed before 1983:
 - a. For cases using the expanded 13-digit extent of disease (Coding System for Extent of Disease = 2), Diagnostic Proc 73-87 must not be blank.

See Appendix D of the SEER Program Code Manual-1992 for specific codes valid for the Primary Site/Morphology combinations requiring diagnostic proc 73-87.
 - b. For all other cases the field must be blank.
3. For cases diagnosed 1983-87 see Appendix D of the SEER Program Code Manual-1992 for the specific codes valid for the Primary Site/Morphology combinations requiring diagnostic proc 73-87. For Primary Site/Morphology combinations not listed in this Appendix, Diagnostic Proc 73-87 must be blank.
4. For cases diagnosed in 1988 and later, Diagnostic Proc 73-87 should be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF20

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v11.3A:

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Type of Reporting Source (SEER RPRTSRC)

Agency: SEER

Last changed: 09/16/2014

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Type of Reporting Source [Std# 500]

Default Error Message

[254] Type of Reporting Source not valid
Type of Reporting Source not valid

Description

Must be a valid Type of Reporting Source code (1-8).

Codes

- 1 Hospital inpatient; Managed health plans with comprehensive, unified medical records
- 2 Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
- 3 Laboratory only (hospital-affiliated or independent)
- 4 Physician's office/private medical practitioner (LMD)
- 5 Nursing/convalescent home/hospice
- 6 Autopsy only
- 7 Death certificate only
- 8 Other hospital outpatient units/surgery centers

Administrative Notes

Modifications:

NAACCR v15

- Added code definitions to edit description

Type of Reporting Source, Date of DX (SEER IF152)

Agency: SEER

Last changed: 12/29/2009

Edit Sets

Canadian Council of Cancer Registries - Edits
SEER: Vs 16 Transmit Edits

Fields

Date of Diagnosis [Std# 390]
Type of Reporting Source [Std# 500]

Default Error Message

[1016] %F1 and %F2 conflict
Date of Diagnosis and Type of Reporting Source conflict

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if Type of Reporting Source or Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2005, then the allowable codes for Type of Reporting Source are 1-8.

For all diagnosis years the following codes are allowed:
1, 3-7.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF152

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. The edit will be skipped if Date of Diagnosis is blank.

Unknown Site, Hist ICD03, Summ Stg 1977 (NAACCR)

Agency: NAACCR

Last changed: 11/29/2005

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits

Fields

Primary Site [Std# 400]

Histologic Type ICD-O-3 [Std# 522]

SEER Summary Stage 1977 [Std# 760]

Default Error Message

[1065] Unknown Site, SEER Summary Stage 1977 must = 9

Unknown Site, SEER Summary Stage 1977 must = 9

Description

The purpose of this edit is to accommodate cases that have been converted from ICD-O-2 to ICD-O-3.

This edit is skipped if SEER Summary Stage 1977 is blank.

This edit is skipped for the following histologies (Histologic Type ICD-O-3):

Kaposi sarcoma (9140)

Lymphomas (9590-9699,9702-9729)

Hematopoietic and myeloproliferative neoplasms(9731-9989)

This edit verifies that an unknown Primary Site (C809) has a SEER Summary Stage 1977 of 9.

Unknown Site, Laterality (SEER IF138)

Agency: SEER

Last changed: 06/27/2008

Edit Sets

Canadian Council of Cancer Registries - Edits
Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
SEER: Vs 16 Transmit Edits

Fields

Primary Site [Std# 400]
Laterality [Std# 410]

Default Error Message

[1064] Unknown Site, Laterality must = 0
Unknown Site, Laterality must = 0

Description

This edit verifies that an unknown Primary Site (C809) has a Laterality of 0.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF138

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Unknown Site, Summary Stage 1977, ICDO2 (NAACCR)

Agency: NAACCR

Last changed: 01/21/2010

Fields

Primary Site [Std# 400]
SEER Summary Stage 1977 [Std# 760]
Histology (92-00) ICD-O-2 [Std# 420]
Date of Diagnosis [Std# 390]

Default Error Message

[1065] Unknown Site, SEER Summary Stage 1977 must = 9
Unknown Site, SEER Summary Stage 1977 must = 9

Additional Messages

ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit is skipped if SEER Summary Stage 1977 is blank or year of Date of Diagnosis is greater than 2000 or blank.

This edit is skipped for the following histologies (Histology (92-00) ICD-O-2):
Kaposi sarcoma (9140)
Lymphomas (9590-9698,9702-9717)
Hematopoietic and myeloproliferative neoplasms(9720-9989)

This edit verifies that an unknown Primary Site (C809) has a SEER Summary Stage 1977 of 9.

Administrative Notes

Modifications:

NAACCR v11.3
6/2008

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0:

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Verify ICDO2 to ICDO3 Conversion (NAACCR)

Agency: NAACCR

Last changed: 01/20/2010

Edit Sets

SEER: Vs 16 Transmit Edits
Verify ICDO2 to ICDO3 Conversion

Fields

Date of Diagnosis [Std# 390]
ICD-O-3 Conversion Flag [Std# 2116]
Morph--Type&Behav ICD-O-2 [Std# 419]
Morph--Type&Behav ICD-O-3 [Std# 521]
Primary Site [Std# 400]

Tables

CONV2TO3.DBF

Default Error Message

[1135] %F3 and %F4 conflict
Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 conflict

Additional Messages

[1132] Morph--Type&Behav ICD-O-2 not found in conversion table
[1133] Morph--Type&Behav ICD-O-3 not found in conversion table
[1134] Conflict between ICD-O-2 Behavior and ICD-O-3 Behavior
ERROR_TEXT("Date of Diagnosis: %DC")

Description

This edit verifies that Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 are in sync if all of the following conditions are true:

1. year of Date of Diagnosis is less than 2001 or blank
2. both data items Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 are filled in (not blank)
3. ICD-O-3 Conversion Flag is blank or equal to 0, 1, or 2

If any of the above conditions are not true, the edit is skipped.

Using a conversion table (CONV2TO3.DBF) based on the SEER document ICDO2-3.d06142001, a table lookup is done using the Morph--Type&Behav ICD-O-2 and Primary Site code (when necessary for site-specific conversions).

If the Morph--Type&Behav ICD-O-2 code is found in the table, the Morph--Type&Behav ICD-O-3 code is compared to the ICD-O-3 morphology code found on the table; that is, it is compared to the code it should be converted to. If the codes differ, a warning is generated.

For technical reasons related to the Matrix System, the look-up table used in this edit is not identical to the ICDO2-3 conversion program. Therefore, some

additional checking is done. If the identical Morph--Type&Behav ICD-O-2 code is not found in the look-up table, the ICD-O-2 behavior code is compared to the ICD-O-3 behavior. If the behavior codes differ, a warning is generated. If the behavior codes are the same, a further look up on just the 4-digit ICD-O-2 histologic type code is performed. If the 4-digit ICD-O-2 histologic type is found in the table, the 4-digit ICD-O-3 histologic type code is compared to that in the conversion table. If the codes differ, a warning is generated.

The warning messages are as follows:

```
Morph--Type&Behav ICD-O-2 not found in conversion table
Morph--Type&Behav ICD-O-3 not found in conversion table
ICD-O-2/ICD-O-3 behavior conflict
```

```
**** Edit modified on 11/17/01 to allow conversion of 8510 to either 8510 or 8513
for primary sites of C50_.
****
```

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF178.

Modifications:

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Vital Status (COC)

Agency: COC

Last changed: 04/12/2007

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts
Hosp: Vs16 COC Required - All
Hosp: Vs16 COC Required - All + CS
Hosp: Vs16 COC Required Non-Confidential

Fields

Vital Status [Std# 1760]

Default Error Message

[1008] %V1 is not a valid value for %F1
"value of Vital Status" is not a valid value for Vital Status

Description

Must be a valid Vital Status code (0,1).

Administrative Notes

This edit differs from the SEER edit of the same name in that the Vital Status code used to indicate "dead" = 0. SEER uses a code of 4 in Vital Status to indicate "dead".

Vital Status (SEER FUPSTAT)

Agency: SEER

Last changed: 08/28/1995

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Vital Status [Std# 1760]

Default Error Message

[293] Vital Status not valid
Vital Status not valid

Description

Must be a valid Follow-up Status code (1,4)

Vital Status, Cause of Death (COC)

Agency: NPCR

Last changed: 03/22/2016

Edit Sets

Central: Vs16 NPCR Required - Consol-All Edits
Central: Vs16 State Example - Incoming Abstracts

Fields

Vital Status [Std# 1760]
Cause of Death [Std# 1910]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1
"value of Cause of Death" is not a valid Cause of Death for a Vital Status of "value of Vital Status"

Description

This edit is skipped if either field is blank.

If Vital Status is 1 (alive), then Underlying Cause of Death must = 0000 (alive);
if Vital Status = 0 (dead), then Underlying Cause of Death must not = 0000 (alive).

Administrative Notes

Note: This edit is not supported by the COC as of 1/1/2003.

It also differs from the SEER edit of the same name in that the Vital Status code used to indicate "dead" = 0.
SEER uses a code of 4 in Vital Status to indicate "dead".

Vital Status, Cause of Death (SEER IF36)

Agency: SEER

Last changed: 09/17/2015

Edit Sets

SEER: Vs 16 Transmit Edits

Fields

Vital Status [Std# 1760]

Cause of Death [Std# 1910]

Default Error Message

[1012] %V2 is not a valid %F2 for a %F1 of %V1

"value of Cause of Death" is not a valid Cause of Death for a Vital Status of "value of Vital Status"

Description

If Vital Status is 1 (alive), then Underlying Cause of Death must = 0000 (alive);
if Vital Status = 4 (dead), then Underlying Cause of Death must not = 0000 (alive).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF136

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

Deleted USR4 (check flags) logic because it is no longer needed.

NAACCR v15A

- Replaced MATCH function with INLIST function