North American Association of Central Cancer Registries, Inc. (NAACCR)

2025 Implementation Guidelines and Recommendations

For NAACCR Standards for Cancer Registries Data Standards and Data
Dictionary, Version 25
(effective with cases diagnosed on or after January 1, 2025)

Version 1.1

July 2024
Revised August 2024

Table of Contents

2025 Implementation Guidelines Task Force

Peggy Adamo, BS, AAS, RHIT, ODS
NCI SEER
Email: adamom@mail.nih.gov

Melissa Alvarado, MPH, ODS
CDC NPCR
Email: ouq6@cdc.gov

David Angelaszek
Information Management Services, Inc.
Email: angelaszekd@imsweb.com

Claudia Byrd
ACoS CoC
Email: cbyrd@facs.org

Ghenadie Ciornii
California Cancer Registry
Email: gciornii@ucdavis.edu

Kathy Conklin, MSCS, MSEd
AJCC
Email: kconklin@facs.org

Angela Costantini, VA, ODS-C
NCRA Representative
Cincinnati Children's Hospital
Email: angela.costantini@cchmc.org

Sandra Gamber, ODS, CCS-P
Elekta
Email: sandra.gamber@elekta.com

Cathy Geiger
New Hampshire State Cancer Registry
Email: cathy.geiger@dartmouth.edu

Donna Gress, RHIT, ODS
AJCC
Email: dgress@facs.org

Monica Guistwite
ERS
Email: mguistwite@mycrstar.com

Lori Havener, ODS
NAACCR
Email: lhavener@naaccr.org

Raelene Hobson, CHIM, ODS
Saskatchewan Cancer Agency
Email: Raelene.hobson@saskcancer.ca

Samantha Holland, BHSC, CHIM
Statistics Canada
Email: samantha.holland@statcan.gc.ca

Annette Hurlbut, RHIT, ODS
Elekta
Email: annette.hurlbut@elekta.com

Jenna Mazreku, ODS
California Cancer Registry
Email: jenna.mazreku@cdph.ca.gov

Meaghan O'Malley
C/NET Solutions
Email: meaghano@askcnet.org

Sandra Reay, ODS
Utah Cancer Registry
Email: Sandra.reay@hsc.utah.edu

Nicki Schussler
Information Management Services, Inc.
Email: schusslern@imsweb.com

Andrea Sipin-Baliwas
Los Angeles Cancer Surveillance Program
Email: asipin@usc.edu

Moses Villa
C/NET Solutions
Email: mosesv@askcnet.org

Aleisha Williams, MBA, ODS
AJCC
Email: aleishawilliams@facs.org

Reda Wilson, MPH, ODS
CDC NPCR
Email: dfo8@cdc.gov

Carla Woodward, MSW, ODS
C/NET Solutions
Email: carlaw@askcnet.org

1   Introduction

The North American Association of Central Cancer Registries, Inc. (NAACCR), works with the American College of Surgeons (ACoS) Commission on Cancer (CoC), American Joint Committee on Cancer (AJCC), National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program, Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), Canadian Council of Cancer Registries (CCCR), National Cancer Registrars Association (NCRA), central cancer registries, and cancer registry software vendors to develop an implementation plan for NAACCR Standards for Cancer Registries Data Standards and Data Dictionary, Version 25 (referred to as Data Standards and Data Dictionary, v25). The 2025 data standards are developed in response to requested revisions from a broad set of constituents.

This Implementation Guidelines document (IG) provides an overview regarding changes in cancer surveillance reporting standards which the various stakeholders need to consider for 2025 diagnoses. There are links to source documents that are referenced throughout this IG, each being maintained by either the relevant standard setter or NAACCR. The NAACCR website continues to be an essential destination for the latest version of this Implementation Guide and for standards documents, including the Data Standards and Data Dictionary, v25, and its log of changes.

This document is a collaborative effort, in the true NAACCR spirit, to inform the many stakeholders of the changes that are expected to be incorporated in training materials, software, and databases so that cancer data will continue to be defined, collected, and transmitted in a standardized manner. The standardized data collection facilitates the amazing sharing of data that has characterized cancer surveillance in North America since the inception of the American Association of Central Cancer Registries in 1987.

2   New Data Items

See Appendix A for the new data items table including the XML specifics. All new site-specific data item (SSDI) information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.2. New data items for the Pediatric Data Collection System are in section 3.

2.1   PD-L1

PD-L1 [1174] is added as an SSDI to Lung V9 (09360) as it is recommended by treatment guidelines for lung cancer to determine if the patient may benefit from checkpoint inhibitor drugs (immunotherapy). It is to be collected for cases diagnosed on January 1, 2025, and later.

2.2   PTLD

PTLD [1172] or Post Transplant Lymphoproliferative Disorder, when identified in conjunction with the schemas below, is added as an SSDI. The presence of PTLD, either polymorphic or monomorphic, has clinical significance and prognostic value, especially in the Pediatric and Adolescent and Young Adult (AYA) populations. It is to be collected for cases diagnosed on January 1, 2025, and later. This SSDI has been added to the following schemas:

- Lymphoma (00790)
- Lymphoma-CLL/SLL (00795)
- Plasma Cell Disorders (00822)
- Plasma Cell Myeloma (00821)
- Primary Cutaneous Lymphoma (00812)

Note: PTLD identified not in conjunction with these schemas would be abstracted as a separate primary, refer to Hematopoietic Manual for additional information.

3   Pediatric Data Collection System (PDCS)

The Pediatric Data Collection System (PDCS) has been developed to collect Pediatric staging and site-specific data item (SSDI) information. The staging elements collected are based on the *Toronto Childhood Cancer Staging Guidelines, Version 2,* along with additional data items for surveillance purposes. The pediatric data collection system also allows for expansion to develop further staging information that is not covered in the Toronto Guidelines.

This new data collection system is patterned after SEER's Extent of Disease data collection system, which has been in use since the 1970s and had a major update in 2018, and the SSDI manual, which was developed in 2018. This data collection system will allow the following:

- Permitting staging of the most comprehensive set of patients
- Reporting and monitoring trends in cancer incidence and outcomes
- Supporting and promoting research for pediatric cancers
- Enabling and ensuring ongoing continuity of staging trends over time reflecting the combination of clinical and pathologic information

The PDCS is contained within the SEER Staging API and is maintained in API form as well as Java and C# libraries. It can be viewed on SEER*RSA (https://staging.seer.cancer.gov/) and links to the APIs and libraries can be found there (https://staging.seer.cancer.gov/pediatric/).

Schemas are defined by Year of Diagnosis [390], Primary Site [400], Histology ICD-O-3 [522], Behavior ICD-O-3 [523], and Age at Diagnosis [230]. Some schemas also use Tumor Size Summary [756], Regional Nodes Positive [820], Derived Summary Grade 2018 [1975], RX Summ—Surg Prim Site 2023 [1291], and RX Summ—Surgical Margins [1320]. Finally, some schemas use SSDIs that are already part of the NAACCR definition, including Chromosome 1q Status [3801], B Symptoms [3812], BRAF Mutational Analysis [3940], S Category Clinical [3923], and S Category Pathological [3924]. Where SSDIs overlap with the adult definitions, the validation tables and notes are the same and the information can be pulled from either the standard SSDI source or from PDCS.

The following table includes the 25 new fields defined for PDCS:

Pediatric Data Collection System (PDCS) New Data Items		
Tumor Classification fields		
Item Name	**Item #**	**Brief Description**
Pediatric Primary Tumor	1136	Primary Tumor extension for a Pediatric cancer
Pediatric Regional Nodes	1137	Regional Nodes involvement for a Pediatric cancer
Pediatric Mets	1138	Metastatic spread for a Pediatric cancer
SSDIs		
Item Name	**Item #**	**Brief Description**
Chromosome 16q Status	1189	Chromosome 16q: Loss of Heterozygosity (LOH) refers to the loss of genetic material normally found on the long arm of one of the patient's two copies of chromosome 16.
Chromosome 1q Status	1190	Chromosome 1q: Gain of Heterozygosity (GOH) refers to the gain of genetic material normally found on the long arm of one of the patient's two copies of chromosome 1.
EWSR1-FLI1 Fusion	1191	EWS-FLI1 fusion occurs in about 90% of Ewing Sarcomas and functions as both a pioneering transcription factor and potent oncogene.
FOXO1 Gene Rearrangements	1193	The presence of FOXO1 gene rearrangement fusions indicates a poor prognosis. Identifying these fusions provides new therapeutic opportunities for the treatment of fusion positive rhabdomyosarcomas (FP-RMS).
Intl Neuroblastoma Path Prog Class (INPC)	1187	The International Neuroblastoma Pathology Prognostic Classification (INPC) categorizes neuroblastomas as favorable or unfavorable histologies based on the following factors: age, neuroblastic maturation, Schwannian stromal content, Mitosis-karyorrhexis index (MKI), and degree of differentiation (grade).
Intl Neuroblastoma Risk Grp Stag Sys (INRGSS)	1185	International Neuroblastoma Risk Group Staging System (INRGSS) for Neuroblastoma is defined based on clinical work up and image-defined risk factors.
IRSS Stage for Eye-2	1188	Bilateral retinoblastoma is abstracted as a single primary regardless of timing, abstractors should use this field to enter

Item Name	Item #	Brief Description
		the individual stage for second eye in cases of bilateral retinoblastoma at the time of diagnosis.
n-MYC Amplification	1186	n-MYC Amplification is a gene that normally regulates cell growth. Studies have shown that n-MYC amplification is an indicator of poor prognosis and increased risk of unfavorable outcomes in patients with neuroblastoma.
Pretext Clinical Staging	1192	PRETEXT (PRE-Treatment Extent of tumor) describes the extent of involvement within the four lobes of the liver at time of a pediatric liver tumor diagnosis.
White Blood Cell Count	1184	White Blood Cell Count (WBC) will record the actual lab value prior to treatment.

Derived or Calculated fields

Item Name	Item #	Brief Description
Pediatric ID	1132	The Pediatric Schema ID (NNzN where the first digit and last 3 characters are optional; 5, 2a, 1a1 and 10c1 are all valid)
Pediatric ID Version Current	1133	The version of the API/library for PDCS that is in use in the registry (NN.NN where the first and last digit are optional; 1.1, 10.1 and 10.10 are all be valid)
Pediatric ID Version Original	1134	The version of the API/library for PDCS that was in use when the data was collected (NN.NN where the first and last digit are optional; 1.1, 10.1 and 10.10 are all be valid) For NAACCR 25, the version will be 1.2
Derived Pediatric T	1142	Where defined, the T component of TNM staging
Derived Pediatric N	1143	Where defined, the N component of TNM staging
Derived Pediatric M	1144	Where defined, the M component of TNM staging
Derived Pediatric Stage Group	1145	Where defined, the Pediatric stage group. This may be based on Derived Pediatric T, N, and M; but may also be based on other fields.
Toronto T	1146	When defined, the T component that is comparable to international pediatric staging
Toronto N	1147	When defined, the N component that is comparable to international pediatric staging

Toronto M	1148	When defined, the M component that is comparable to international pediatric staging
Toronto Stage Group	1149	When defined, the stage group that is comparable to international pediatric staging
Toronto Version Number	1135	The version of the Toronto Staging system the PDCS is based on (N)

4 Revised Data Items

4.1 Census Occ Code and Census Ind Code

The name, description, rationale, and requirements for the following Census Occupation Code and Census Industry Code data items are updated.

- Census Occ Code 1970-2000 [270] is retired. See Section 5 Retired Data Items.
- Census Ind Code 1970-2000 [280] is retired. See Section 5 Retired Data Items.
- Census Ind Code CDC [272]
- Census Occ Code CDC [282]

Refer to the NAACCR Data Standards and Data Dictionary v25 for updated descriptions and rationales.

4.1.1 Census Ind Code CDC [272]

The data item was renamed from Census Ind Code 2010 CDC and revised to remain current with industry coding standards maintained by CDC's National Institute of Occupational Safety and Health (NIOSH) through the NIOSH Industry and Occupation Computerized Coding System (NIOCCS). This change avoids the need to create new industry code data items, update valid value tables, and update applicable edits as all updates are maintained in the NIOCCS. NIOCCS is to be used to code this data item.

There is not a conversion; however, if there is information in Census Ind Code 1970-2000 [280] and Census Ind Code CDC [272] is blank, the information from 280 should be copied to 272, see section 15.7.

4.1.2 Census Occ Code CDC [282]

The data item was renamed from Census Occ Code 2010 CDC and revised to remain current with occupation coding standards maintained by NIOSH through NIOCCS. This change avoids the need to create new occupation code data items, update valid value tables, and update applicable edits as all updates are maintained in the NIOCCS. NIOCCS is to be used to code this data item.

There is not a conversion; however, if there is information in Census Occ Code 1970-2000 [270] and Census Occ Code CDC [282] is blank, the information from 270 should be copied to 282, see section 15.7.

4.2 Path Date Spec Collect 1-5

Pathology transmissions have rapidly expanded in volume within the last few years. Therefore, to ensure tracking accuracy, we are changing the format of the following five pathology variables from the date data type to the dateTime datatype.

Path Date Spec Collect 1 [7320]
Path Date Spec Collect 2 [7321]
Path Date Spec Collect 3 [7322]
Path Date Spec Collect 4 [7323]
Path Date Spec Collect 5 [7324]

Following ISO 8601, the dateTime format implemented here follows the HL7 FHIR specifications though stops short of including microseconds (https://hl7.org/fhir/datatypes.html) with a maximum length of 25-digits in the following recommended format structure. The minimum length of dateTime values is 4 (for a single year) while the maximum length is 25 (for a full date and time with a UTC offset).

YYYY-MM-DDTHH:MM:SS±ZZ:ZZ

Where:
- YYYY for year
- MM for month
- DD for day-of-the-month
- T to separate date from time if time is provided
- HH for hour (in 24-hour format)
- MM for minute
- SS for second
- ±ZZ:ZZ for the time zone offset in hours and minutes (e.g. +05:00 for 5 hours ahead of UTC, or -05:00 for 5 hours behind UTC)

For example, dateTime "May 17, 2024 at 1:45:30 PM EST" is formatted as "2024-05-17T13:45:30-05:00". Note that hyphen and colon notation are essential components of the 25-digit format structure. For more details, especially for vendors, please visit https://github.com/imsweb/naaccr-xml/wiki/8:-New-dateTime-datatype.

4.3 Tumor Record Number

Tumor Record Number [60] is becoming an increasingly important data item for data linkages and the Virtual Pooled Registry (VPR). To prepare for implementation by software vendors the Description and Rationale are both updated to provide clarification of the data item.

4.4 BRAF Mutational Analysis

For BRAF Mutational Analysis [3940] within the Colon and Rectum schema, code 3 was added to capture abnormal (mutated)/detected, *KIAA1549: BRAF* gene fusion.

4.5 Coding System Data Items

- NAACCR Record Version [50]: Code 250 is added for 2025 version 25.
- Morph Coding Sys--Current [470] and Morph Coding Sys—Original [480]: There are no ICD-O-3 changes for 2025; no new codes have been added to the Morph Coding Sys fields.

- Schema ID Version Current [2117] and Schema ID Version Original [2118]: Code 3.2 is added. Schema ID Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to include the new EOD 2018 version. Schema ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2025 diagnosis year, if a 2018-2024 case is collected after the system is updated, the schema ID Version Original should be set to 3.2.
- AJCC Cancer Surveillance DLL Version Current [2158] and AJCC Cancer Surveillance DLL Version Original [2159]: Code 09.03.00.0001 is added. AJCC Cancer Surveillance DLL Version Current [2158] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR V25. AJCC Cancer Surveillance DLL Version Original [2159] should be set to the version in use when the case is collected. While this version is required for the 2025 diagnosis year, if a 2018-2024 case is collected after the system is updated, the AJCC Cancer Surveillance DLL Version Original [2159] should be set to 09.03.00.0001.
- AJCC API Version Current [2156] and AJCC API Version Original [2157]: Code 09.03.00 is added. AJCC API Version Current [2156] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR V25. AJCC API Version Original [2157] should be set to the version in use when the case is collected. While this version is required for the 2025 diagnosis year, if a 2018-2024 case is collected after the system is updated, the AJCC API Version Original [2157] should be set to 09.03.00.

Note: The versioning of the AJCC API and DLL might be updated after the release of the 2025 Implementation Guidelines. See Cancer Staging System Products for the latest version number(s).

5 Retired Data Items

A data item that is retired remains in the NAACCR Data Dictionary as a retired data item and the data item number is not reused. Retired means that the data item is not maintained by a standard setting agency and is no longer in the data transmission layout; however, it does not impact the data previously collected and stored in a registry database. Registries that would like to continue collecting data of a retired data item can add the data item to their user-defined dictionary (For more information on custom user dictionaries go to https://www.naaccr.org/xml-user-dictionary/). The retired data items for v25 are listed in the table below.

V25 Retired Data Items		
Item #	**Item Name**	**Source of Standard**
170	Race Coding Sys--Current	NAACCR
180	Race Coding Sys--Original	NAACCR
270	Census Occ Code 1970-2000	Census/NPCR
280	Census Ind Code 1970-2000	Census/NPCR
330	Census Occ/Ind Sys 70-00	NPCR
605	Inpatient Status	NAACCR
1510	Rad--Regional Dose: cGy	CoC
1520	Rad--No of Treatment Vol	CoC
1540	Rad--Treatment Volume	CoC
1741	Subsq RX--Reconstruct Del	CoC
1780	Quality of Survival	CoC
2155	RQRS NCDB Submission Flag	CoC
2200	Diagnostic Proc 73-87	SEER
2310	Military Record No Suffix	CoC
3200	Rad--Boost RX Modality	CoC
3210	Rad--Boost Dose cGy	CoC
3440	Derived PreRx-7 T	AJCC
3442	Derived PreRx-7 T Descrip	AJCC
3450	Derived PreRx-7 N	AJCC
3452	Derived PreRx-7 N Descrip	AJCC
3460	Derived PreRx-7 M	AJCC
3462	Derived PreRx-7 M Descrip	AJCC
3470	Derived PreRx-7 Stage Grp	AJCC
3480	Derived PostRx-7 T	AJCC
3482	Derived PostRx-7 N	AJCC
3490	Derived PostRx-7 M	AJCC
3492	Derived PostRx-7 Stg Grp	AJCC
3600	Derived Neoadjuv Rx Flag	AJCC
3650	NPCR Derived Clin Stg Grp	NPCR
3655	NPCR Derived Path Stg Grp	NPCR

6 Other Changes

There are no ICD-O-3 changes for 2025.

6.1 Site/Histology Validation List

The SEER Site/Histology Validation List was updated through 2023 and is used to check validity of site and morphology code combinations for cases diagnosed 2023 and earlier. For cases diagnosed in 2024, this list was replaced by the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (2024 CPC SMVL). For cases diagnosed 2025 and forward, the applicable 2025 standards are in the 2025 CPC SMVL.

Both the 2024 and 2025 CPC SMVL files can be found at [Cancer PathCHART ICD-O-3 Site Morphology Validation List](#).

6.2 Solid Tumor Rules

The Solid Tumor Rules are a comprehensive revision to the 2007 site specific Multiple Primary and Histology Rules (MP/H), which were developed to promote consistent and standardized coding for cancer surveillance. In 2018, eight site groups were revised: Malignant and Non-malignant CNS, Breast, Colon, Head & Neck, Kidney, Lung, and Urinary. Since their implementation in 2018, these site groups continue to be updated to reflect changes in histology coding. In 2021, Cutaneous Melanoma MP/H site rules were revised as Solid Tumor Rules and became effective for cases diagnosed January 1, 2021, and forward. Beginning January 1, 2022, the 2018 Solid Tumor Rules are now called "Solid Tumor Rules" and no longer include year. The General Instructions and each site-specific module include instructions on which rules to use depending on diagnosis date. The content of the *Solid Tumor Rules* will be made consistent with the Cancer PathCHART tumor site and morphology standards annually.

General: The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2025.

New site-specific modules are not planned for 2025 at this time, pending the publication of the remaining *5th Edition WHO Classification of Tumours* books.

6.3 Reportability

Reportability for cases diagnosed in 2025 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website.

As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3. Refer to the [Hematopoietic Manual](#) for additional information.

6.4 AJCC Version 9 Protocols

AJCC Cancer Staging System will release four Version 9 Protocols to go into effect with cases diagnosed January 1, 2025, and forward:

- Thymus Version 9, AJCC ID 9013
- Lung Version 9, AJCC ID 9014
- Diffuse Pleural Mesothelioma Version 9, AJCC ID 9015
- Nasopharynx Version 9, AJCC ID 9016

These Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.

6.5 AJCC Histology Changes

There are no Histology ICD-O-3 [522] code changes for the AJCC ID [995] for 2025.

6.6 Extent of Disease (EOD)

For cases diagnosed January 1, 2025, and forward, new schemas are added to align with changes in AJCC version 9 (V9):

- Thymus [V9: 2025+] (09350)
- Lung [V9: 2025+] (09360)
- Pleural Mesothelioma [V9: 2025+] (09370)

- Nasopharynx [V9: 2025+] (09090)

The existing related schemas have "[8th: 2018-2024]" appended to the name (for example, Lung [8th: 2018-2024]) and their schema IDs remain unchanged. The schemas based on the 8th edition continue to be used for cases diagnosed from January 1, 2018, through December 31, 2024.

Some histologies are added to the new schemas based on version 9. These histologies continue to be included in the original schemas for cases diagnosed from January 1, 2018, through December 31, 2024, so no conversions are necessary. The changes for the January 1, 2025, and later cases are as follows:

- Soft Tissue Abdomen and Thoracic (00421) – 8982 with C34_ moves to Lung V9
- Soft Tissue Abdomen and Thoracic (00421) – 8980 with C379 moves to Thymus V9

To align with the V9 definitions:
- Significant changes were made to Lung V9 EOD Regional Nodes [774] and EOD Mets [776] definitions
- More details were added to Nasopharynx V9 EOD Regional Nodes [774] definitions
- Significant changes were made to Nasopharynx V9 EOD Mets [776] definitions
- Significant changes were made to Pleural Mesothelioma V9 EOD Primary Tumor definitions
- Modifications to Thymus V9 EOD Primary Tumor [772] definitions

For Appendix 8th: 2018-2022 (00190) and Appendix V9 2023+ (09190), the EOD Primary Tumor [772] was revised to remove code 600. See section 15.2 for conversion.

For NET Appendix 8th: 2018-2023 (00320) and NET Appendix V9 2024+ (09320), the Derived EOD 2018 T for code 200 was changed to T3. **If Derived EOD 2018 Stage Group is collected, it will need to be recalculated for cancers diagnosed January 1, 2018, and later**. See section 15.3 for conversion.

The EOD Regional Nodes [774] values for several schemas were modified to add codes for Clinical Assessment only. Notes describing when to use such codes were also added. The affected schemas are:

- Appendix 8th: 2018-2022 (00190) and Appendix V9: 2023+ (09190): codes 450-700 added
- Bile Duct Distal, Bile Duct Perihilar: codes 725, 775 added
- Cystic Duct Gallbladder: codes 725, 775 added
- Colon and Rectum: codes 350-700 added
- Esophagus, Esophagus Squamous: codes 725, 750, 775 added
- Pancreas: codes 725, 775 added
- Small Intestine: codes 600, 700 added
- Stomach: codes 450-700 added

The notes for the Schema and for EOD Primary Tumor [772], EOD Regional Nodes [774] and EOD Mets [776] were restructured to add titles. This modification should improve readability and help end users find relevant notes more quickly.

Neoadjuvant Therapy [1632], Neoadjuvant Therapy-Clinical Response [1633], and Neoadjuvant Therapy-Treatment Effect [1634] have been added to all EOD schemas. The appropriate values are in the validation table for Neoadjuvant Therapy-Treatment Effect.

Validation tables were added to Derived Summary Stage 2018 [762] and Derived Summary Grade 2018 [1975]. These tables are based on the directly coded tables for the schema, but no notes are included, as these fields are calculated.

Some Extent of Disease fields changed to improve clarity or to address questions that were raised in the various forums. These changes are applicable to cases diagnosed January 1, 2018, and forward, but registrars are not required to update previously coded information. The new information is incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://seer.cancer.gov/tools/staging/eod/.

Finally, there are several quality control type adjustments that do not affect the API but do affect the data in the central registries. The following changes would apply to cancers diagnosed on January 1, 2018, or later.

- For several years, registrars have been instructed in the NAACCR Death Clearance Manual, the SEER manual and in responses to questions received via Ask SEER Registrar and SINQ that they can code stage information (if available) for DCOs. This has resulted in a mixture of DCOs with some stage information and DCOs with only the unknown defaults. Recently, it was decided by SEER and NPCR that DCOs would be set to the unknown code for **all** cases. This change is only required in central registries, as hospital registries typically do not deal with DCOs. It is based on Type of Reporting Source [500] and affects EOD Primary Tumor [772], EOD Regional Nodes [774], EOD Mets [776], Summary Stage 2018 [764], and SSDIs other than Schema Discriminators [3926, 3927]. See section 15.4 for conversion.
- Per EOD 2018 rules, EOD Mets should only be coded to 99 for DCOs. This is based on the AJCC rule that if metastatic cancer cannot be determined, one should default to None. Upon review, it was discovered that EOD Mets was set to 99 for non-DCO cases. These will be converted to 00. This change is based on Type of Reporting Source [500] and affects EOD Mets [776]. See section 15.5 for conversion.
- For Benign and Borderline tumors, there are specific values for EOD Primary Tumor [772], EOD Regional Nodes [774], EOD Mets [776], Summary Stage 2018 [764], and the several SSDIs. Upon review, it was discovered that these were not being consistently used. These will be converted to the appropriate codes. This change is based on Schema ID [3800] and Behavior ICD-O-3 [523] and affects EOD Primary Tumor, EOD Regional Nodes, EOD Mets, Summary Stage 2018, and the relevant SSDIs. See section 15.6 for conversion.

6.7   Summary Stage 2018
The notes for Summary Stage 2018 [764] were restructured to add titles. This modification should improve readability and help end users find relevant notes more quickly.

Some Summary Stage 2018 [764] notes were updated similarly to the EOD fields to improve clarity or address questions raised in various forums. Registrars are not required to update previously coded information. This information is incorporated in the SEER Staging REST API/library and will be available once the staging API has been updated.

6.8   Hematopoietic and Lymphoid Neoplasms Manual and Database
Post Transplant Lymphoproliferative Disorder (PTLD) was previously reportable as 9971/3 for 2010-2020 when it was the only diagnosis. In 2021, based on the 4th edition of WHO Hematopoietic Blue Book,

PTLD became 9971/1, where it was only reportable if it occurred in the brain. Starting in 2025, PTLD as the only diagnosis will become a /3 (malignant) again and will be reportable for all cases.

In addition, a new SSDI has been added to several schemas (Lymphoma, Lymphoma-CLL/SLL, Primary Cutaneous Lymphoma (excluding MF/SS), Plasma Cell Disorders, Plasma Cell Myeloma) for when a PTLD is diagnosed WITH a lymphoma, plasmacytoma, or multiple myeloma. (See the Hematopoietic Manual, Rules M14, PH1).

7 Cancer PathCHART

The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations, including the following tumor and histology cancer data standard setters:

- World Health Organization/International Agency for Research on Cancer
- College of American Pathologists
- National Cancer Institute, Surveillance Research Program
- Center for Disease Control and Prevention, National Program of Cancer Registries
- Statistics Canada
- American College of Surgeons, Commission on Cancer
- American Joint Committee on Cancer
- International Association of Cancer Registries
- International Collaboration on Cancer Reporting
- National Cancer Registrars Association
- North American Association of Central Cancer Registries

Cancer PathCHART aims to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology.

This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters. The Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVL) are comprehensive tables that replace the ICD-O-3 SEER Site/Histology Validation List (the basis of the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25) (edit tag: N1254) edit) as well as the list of impossible site and morphology code combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) (edit tag: N0446) edit. Applicable for diagnosis years 2024 and 2025, respectively, the 2024 and 2025 Cancer PathCHART ICD-O-3 Site Morphology Validation Lists are freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML, JSON), along with associated release notes from the Cancer PathCHART website (Cancer PathCHART Product Downloads and Timelines).

- Updated cancer site and morphology code combination validity standards will be implemented in a stepwise fashion by diagnosis years as follow. For cases diagnosed in 2023 and earlier

- o The 2023 ICD-O-3 SEER Site/Histology Validation List (the basis for the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF38) (edit tag: N0446) edit) will be used to check site and morphology code combinations.
- For cases diagnosed on January 1, 2024, and later:
  - o The CPC SMVLs will serve as the basis for the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit, which checks for valid, unlikely, and impossible site, histology, and behavior code combinations based on diagnosis year.
  - o For any sites/organ systems yet to be reviewed by CPC, the 2023 standards will continue to be applied.

Each calendar year, additional sites/organ systems will be reviewed and aligned with newly released 5th and 6th edition *World Health Organization Classification of Tumours* books (see implementation timeline figure below).

Implementation Timeline
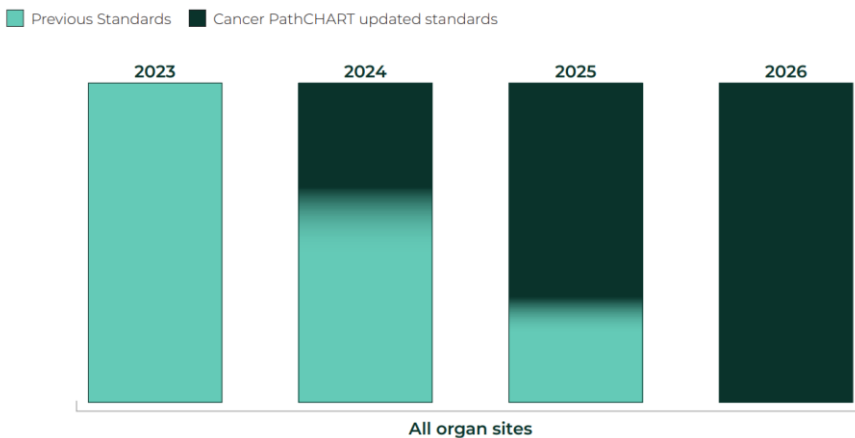
8 XML

The NAACCR XML Data Exchange Work Group continues to develop the *NAACCR Data Exchange Standard, XML Specifications for Cancer Registry Records*. The latest standard base dictionary, sample data, and software tools are available to registries and software vendors. The XML website provides links to these documents, changes been versions, and products.

8.1 Date Fields

In the original NAACCR fixed-width file format, column position and field length for each data item was explicitly defined to ensure that information from one item did not encroach into another. To maintain this structure, a strict set of rules were established with empty spaces used as placeholders to ensure correct positioning within a fixed-width record. The migration to eXtensible Markup Language (XML) removes the necessity for these strict column requirements. Instead, the XML format only restricts the maximum length of a variable.

NAACCR XML data items are populated with non-space characters from left to right, up to, but not exceeding the maximum length. NAACCR XML formatted variables are organized into left-to-right storage of data, without spaces, except those involving free-form text or in rare cases where standard-setter requirements impose alternative rules to conform with edits.

As example, the structure for all date fields in NAACCR XML is:

1. a maximum of eight (8) numeric characters/digits
2. left justified
3. formatted from left to right as YYYYMMDD

This format is defined for transmission of cancer registry data using the NAACCR XML data exchange standard, it is not meant to inform how data should be stored in a registry database or viewed on a screen. The order of components - year, then month, then day - follows a left-to-right transmission priority which ensures that the minimum allowable information is listed first and to the left. With this structure, only valid portions of the date are transmitted while missing/unknown portions of dates are not transmitted. Below are transmission examples for dates when only certain components are known:

- YYYYMMDD – when a date is complete, known, and valid, then all eight (8) numeric characters are transmitted from left-to-right as a 4-digit year, then 2-digit month, then 2-digit day.
- YYYYMM – when the year and month are known and valid, but the day is unknown, then the first 6 digits are transmitted.
- YYYY – when the year is known and valid, but the month and day are unknown, then the first 4 digits are transmitted.
- If the date is fully unknown, then the date field should not be filled with anything – this includes the space character (i.e., any whitespace such as the space bar entry). Such date fields are not included in a transmitted NAACCR XML file.

8.2   Updated Data Exchange Standard

The NAACCR Data Exchange Standard specification is updated to version 1.8. In this version, a dateTime data type was introduced. The usage of dateTime is described in section 4.2 above. The date data type did not change.

8.3   XML Software Utilities

This section highlights several XML software tools. Software vendors should use a standard software tool or NAACCR XML library to validate XML files.

Registry Plus Exchange Plus software by NPCR is an aid for central registries that want to collect their own data items. It produces a valid user dictionary that can be distributed to cancer registry software vendors. Exchange Plus can be used for: 1) dictionary maintenance; 2) convert flag and NAACCR XML files; 3) produce flat and delimited files; 4) run EDITS, producing edit reports similar to GenEDITS Plus; 5) import, view, update, export NAACCR data; and 6) record validation.

File*Pro by SEER provides a variety of useful functions for central registries. It can be used to view, edit, and manage data in text files. The NAACCR XML Dictionary Editor creates and validates XML dictionaries.

8.4   Other Considerations

Software that still requires some form of fixed-width format for software vendor needs or application tools should conform to the format described in the XML Specification v1.8 using the NAACCR XML ID as

headers as explained in the *Guidelines for Creating a Delimited Data File from a NAACCR XML File*. Users are strongly encouraged to migrate away from flat file considerations as these will not be supported indefinitely, though no end date is yet established.

Contact the NAACCR XML Data Exchange WG with any questions. Valerie Yoder (valerie.yoder@hsc.utah.edu) and Isaac Hands (isaac.hands@uky.edu) are the work group co-chairs.

9   EDITS

9.1   V25 NAACCR Edits Metafile

 The initial release of the v25 metafile is scheduled to be made available online by August 30, 2024 at https://www.naaccr.org/standard-data-edits/

Changes to edits for cases diagnosed 2018 through 2024 address fixes to edit logic as well as updates to accommodate changes to existing data items for 2025. The NAACCR v25 Change Spreadsheet includes:

- "Corrections" page that lists corrected edits
- "Updates" page that lists modifications to existing edits
- "Updates-2025" page that list modifications to existing edits for 2025 changes
- "New Edits" page that lists all new edits for both existing and new data items
- "Categories" page that groups new and changed edits by the types of changes that were made
- "Pediatric" page that lists all new and existing edits for Pediatric Staging implemented by SEER

Corrections to edits include changes to edit names, edit descriptions, and edit logic. Changes were prompted by problem reports from users as well as review of edits when considering required updates for 2025. Updates to existing edits were made in response to user requests, to enhance edit logic, or to improve edit performance.

a) The Inter-Registry Data Exchange edit sets were updated, primarily to reflect changes in SSDI data items.
b) The SEER Transmit edit set was updated to remove edits on SSDI data items not required by SEER, as well as edits on ICD-O-2 histology coding. SEER edits on older versions of EOD coding were also updated to use ICD-O-3 rather than ICD-O-2 histology codes.
c) Concatenated columns (combination of values across multiple single field columns into single column) were added to a number of tables, and appropriate edits modified to use these columns, significantly improving processing performance for some of these edits. Unused columns were also removed from a few very large tables, reducing the overall size of the metafile and potentially creating more options for distribution.

The "Updates-2025" to edits respond to the following changes in data standards:

a)   Retired data items, especially pre-Phase radiation items
b)   New AJCC Version 9 protocols: Nasopharynx (9016), Thymus (9013), Lung (9014), Diffuse Pleural Mesothelioma (9015)

The "New" page lists all new fields, tables, and edits for this metafile. Most new edits begin with "N71". The "New Edits" respond to the following changes in data standards:

a)   New SSDI data items: PTLD, PD-L1

b) New clinical EOD Regional Nodes codes for digestive and biliary schemas
c) Clarification of coding rules for brain/CNS, especially with Behavior Codes 0 and 1
d) New QC-checks for expected treatment recommendations based on stage of disease
e) New QC-checks for coding with acceptable less than total compliance

The "Categories" page groups both new and existing edits according to their purpose or reason for modification or updating.

The "Pediatric" page lists all new data items and edits developed to support Pediatric Staging based on the Toronto Childhood Cancer Staging Guidelines. Pediatric Staging will be collected on a volunteer basis starting with 2024 diagnoses.

The v25 edits metafile was developed in EditWriter v6 (EW6) and will only be available in a .smf format.

Contact Jim Hofferkamp at jhofferkamp@naaccr.org with any questions or concerns about the NAACCR edits metafile. For NPCR EDITS technical support via email contact cancerinformatics@cdc.gov.

9.2 Running Edits on XML Files

Edits can be run directly on XML files using GenEDITS Plus and Exchange Plus. The Edit Engine 5.1 no longer requires the flat buffer with data items in fixed column positions for processing the v25 metafile. The NAACCR edit metafile will be published without the layout object that has been required for versions of the Edit Engine before 5.1.

Registries with defined local data items are instructed to add the local items to the user-defined data dictionary. To run edits on local data items, these same registry-specific data items must also be added to the Fields object when creating a customized edit metafile in EditWriter. It is very important that the same NAACCR item numbers are assigned in the user-defined dictionary and in a customized edit metafile. With the change to the Edit Engine 5.1 that no longer requires a layout, NAACCR item numbers are used to locate the data items instead of data item column positions.

10 Standard Setters Reporting Requirements for 2025

Each standard setting agency provided their respective information for this section.

10.1 CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2025, and forward, all CoC accredited programs should follow the rules and instructions in STORE 2025. A summary of the STORE 2025 changes is included in the STORE Manual chapter "Summary of Changes".

Palliative Care [3270] and Palliative Care at this Facility [3280] wording was updated to demonstrate hospice care is included under these data items. Appendix A guidance on contralateral breast procedures has been updated to align with SEER guidance and will no longer be coded to the data item Surgical Procedure/Other Site [1294]. CoC Accredited programs will collect the following SSDI effective with cases diagnosed January 1, 2025, and forward.

- PTLD [1172] – Post transplant lymphoproliferative disorder
- PD-L1 [1174] - Lung

The STORE Manual 2025 is posted to the NCDB Call for Data website under the registry manual section. Questions related to STORE can be submitted to NCDB@FACS.org.

10.2 CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2025, and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, v25. Refer to the CDC-NPCR requirements listed in the Data Standards and Data Dictionary, v25, Required Status Table. Share these requirements with your software vendors and key stakeholders.

CDC-NPCR will require site-specific data items Post Transplant Lymphoproliferative Disorder-PTLD [1172] and PD-L1 [1174] as information is available for the identified sites.

CDC continues to follow the NAACCR Guidelines for 2024 ICD-O-3.2 Histology Code and Behavior Update (published for 2024).

10.2.1 Staging Requirements for 2025 Diagnosis

CDC-NPCR continues to require directly assigned Summary Stage 2018 [764] (most current version). NPCR requirements for Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM and/or SEER EOD stage data items, rules and requirements provided by those sources should be followed.

NPCR will not require the Pediatric Data System; however, if NPCR-funded central cancer registries elect to capture these data items, rules and requirements provided by those sources should be followed. **NOTE:** Registry Plus will make these data items available in software applications; however, the content of the data items including definitions may not be available. NPCR is unable to provide IT support for PDS data items.

Central registries will inform state reporters of their individual state requirements.

Questions related to CDC-NPCR Stage requirements can be submitted to**: cancerstaging@cdc.gov**

10.3 NCI SEER Reporting Requirements

Beginning with cases diagnosed January 1, 2025, SEER registries will follow the instructions in the 2025 SEER Manual and the most recent Solid Tumor Rules, Hematopoietic Manual, Grade Manual, SSDI Manual, SEER*RSA, EOD, Summary Stage, and ICD-O-3.2 updates.

See the Required Status Table in NAACCR Data Standards and Data Dictionary, v25 for more information.

Submit questions about SEER requirements to Ask A SEER Registrar.

10.4 CCCR Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2025, the Canadian Council of Cancer Registries (CCCR) will implement the data collection and submission requirements as published in the NAACCR Data Standards and Data Dictionary, v25, Required Status Table.

For cases diagnosed January 1, 2025, and forward, Canada will continue to collect TNM stage data using the AJCC Cancer Staging Manual 8th Edition and Version 9. For 2025, stage data will be collected using AJCC V9 for the following schemas: Thymus, Lung, Diffuse Pleural Mesothelioma, and Nasopharynx.

Information regarding new and updated SSDIs is available in the NAACCR SSDI Manual. Refer to the Canadian SSDI spreadsheet and the 2025 Canadian Cancer Registry Variable Specifications for specific requirements.

Canada will follow the NAACCR ICD-O-3 Implementation Guidelines to adopt updates to ICD-O-3.2 for cases diagnosed January 1, 2025, onward. Refer to the 2025 Canadian Cancer Registry Reference Tables for more information. Canada will follow any updates to the NAACCR Grade Manual and the Solid Tumor Rules for cases diagnosed January 1, 2025, onward.

Cases will be submitted to the Canadian Cancer Registry during Statistics Canada's Call for Data. Provincial/Territorial cancer registries can reference the 2025 Canadian Cancer Registry Record Layout and supporting data provider documentation for a more comprehensive listing.

11 Summary for Central Cancer Registries

Each central cancer registry should review this entire document to determine which revisions will affect their operations. Central registries must consider the revisions that will be necessary to meet the different requirements of national standard setters. These determinations should be communicated to reporting facilities and registry software vendors as soon as possible.

11.1 Central Registry XML User Dictionary

NAACCR established the User Dictionary Clearinghouse website to share examples of XML User Dictionaries from central registries. Central registries with state-specific data items are encouraged to upload their XML User Dictionary along with the MS Excel data items workbook describing their user dictionary by the October 1st deadline. Software vendors can acquire the documents, and all registries benefit from learning from each other's state-specific data field requirements.

With each new NAACCR version, central registries should review their XML User Dictionary and MS Excel data items workbook, or their decision not to create one, and update their entry accordingly on the Clearinghouse. XML User Dictionaries may include a NAACCR version attribute that must be updated with each new NAACCR version. In addition, making note of new or changed data items via communication with software vendors or clear notations within the MS Excel workbook is recommended. When developing a new user dictionary, or updating an existing one to a new version, use of XML Software utilities as described in section 8 is recommended.

11.2 Central Registry Edits

Central registries should carefully review section 9 for information regarding the NAACCR v25 edits metafile. Also, the updated SEER*Edits will be released after the NAACCR v25 edits metafile. It is expected that all SEER registries will run all the SEER edits. If central registries wish to write their own edits, create new edit sets, or develop customized metafiles, EditWriter 6 should be utilized. It is important to remember that state-specific data items need to be defined in an XML User Dictionary so that edits can be incorporated in metafiles.

With each major metafile release, NAACCR hosts Edit Metafile Workshops for central registries. In these virtual sessions, changes to the metafile are discussed and instructions for creating new and updating

existing custom metafiles are provided. At a minimum, Metafile administrators and central registry staff managing the central registry metafile are encouraged to attend. In addition to these Workshops, changelogs and instructional documents are provided for all minor releases. Recordings of past workshops, along with metafile documentation and how-to guides can be found on the NAACCR Edits Webpage.

Central registries should review the new NAACCR edits metafile, associated documentation, and the data items required by their standard setters in the Required Status Table of the Data Standards and Data Dictionary when developing edit sets for incoming abstracts and consolidated records in their metafile. Edits in the metafile may need to be revised to accommodate central registry-specific or state-specific reporting requirements, and custom edits may need to be developed for any non-standard or custom data items. Implementation, testing, and distribution of metafiles to reporting facilities and registry software vendors should be considered as central registries develop their requirements for reporting.

Metafiles and associated documentation, including instructions for use and changelogs, should be uploaded to the NAACCR Edits Clearinghouse by the September 15th deadline. The Clearinghouse allows central registries to easily share their metafiles with other registries, software vendors, and users of their metafile. Any MyNAACCR user may download metafiles, but only designated central registry users are authorized to upload. Central registries that choose not to upload or utilize standard edit sets and have no custom edits or edit sets, are still encouraged to upload an instructional document which makes note of that fact.

Central registries should evaluate the time required to correct errors in previous years' data that appear retrospectively when applying new standard edits, particularly when there are no guidelines that limit diagnosis years to which the new edits are applied. This can be done by running the new edit metafile on the central registry database and reviewing edit summary reports, and subsequently reviewing detailed edit errors for edits with a high number of error records. When reviewing edit errors, the relative importance of the affected data items and the amount of time required to fix the error records should be considered. Keep in mind that the backdating of edits is largely avoided by the NAACCR Edits Work Group and standard setters. When an older edit is added to the central registry edit set specifications are often included to accommodate newer cases, such as date ranges or edit override functionality. For large edit impacts, global data fixes can be developed to automatically correct data as applicable and decrease manual work efforts. Global fixes may be provided by standard setting organizations, central registry software vendors, or developed in-house. It is recommended that central registries communicate and work in conjunction with their standard setters and/or software vendor prior to implementing a fix.

Keep in mind that not all reporting facilities are able to implement the newest NAACCR metafile at the same time as the central registry throughout the year. Cases received from reporting facilities using the previous NAACCR metafile may fail edits upon receipt at the central registry. Central registry staff processing submissions should be made aware of this fact and given information about any new and changed edits so that they may better determine when a file is failing edits simply because the reporting facility is using a prior version. Registries should proactively communicate metafile expectations for facilities as new versions are released.

11.3 Software Implementation Plan

Central registries that receive submissions from facilities using commercial vendor software to generate their files should pay close attention to the new releases of these products and coordinate their own v25 implementation plan accordingly. Every new vendor software version should be reviewed to ensure compliance with the NAACCR XML data transmission format and with registry requirements. This review should be completed before files are added to the central registry's database. Various methods can be used to test a submission for compliance with standards, such as running edits and performing visual reviews of abstracts. The use of a test environment into which submissions can be loaded and reviewed is recommended.

When implementing a new version of the NAACCR base dictionary or user dictionary, some central registries may require a "test file" from each software vendor and/or reporting facility. Regardless of whether a registry requires an initial test file, a reporting facility's first transmission file following the change should be tested as thoroughly as possible to identify format or code problems before additional records are accepted from that facility.

The central registry should be alert to directives from their software vendor about any conversion logs. Only minimal manual review is anticipated to be needed, see Appendix B.

11.4 Communication with Reporting Facilities and Software Vendors

Central registries will need to distribute their implementation plan and timeline to reporting facilities and software vendors as early as possible, including metafile and data transmission expectations.

Communication is especially critical when it comes to transmission of cases in the new NAACCR format. There may be times when the central registry is unable to process the newest NAACCR format but facilities using vendor software are ready to upgrade or vice versa. The central registry must use discretion when deciding when they will begin accepting cases in the newest NAACCR version, particularly if they are unable to process or run appropriate edits on received files. Once the timeline or criteria for transmission has been established, it should be communicated to reporting facilities and software vendors. Note that each central registry, software vendor, and reporting facility may have different implementation timelines. Being clear and concise about when the central registry will begin accepting cases in the new format, and what edit metafile and edit set must be run, is imperative.

Central registries should send out communications on a regular basis and be sure to provide materials and information relating to the 2025 implementation as it relates to their current timeline. Note that the way these items are provided may change based on the intended audience. Separate communications which are specific to software vendors and reporting facilities may be beneficial for communication purposes, but software vendors should typically be copied on any communications involving the above information sent to reporting facilities. Reporting facilities that are not CoC-accredited may be less aware of upcoming changes and may need more transition time. Facilities that do not use a commercial vendor for their reporting software or utilize local, non-cloud environments will need extra attention.

The following information should be provided, and any updates should be promptly communicated to both reporting facilities and software vendors:

- Updated list of reportable tumors, particularly if they are specific for the state/province/territory.

- Updated list of required data items with explicit instructions for state/province/territory-specific data items.
- Updated Reporting Manual which may include coding instructions, list of reportable tumors, resources, and other materials.
- Estimate of when the central registry anticipates accepting files v25 format, and subsequent announcement when the v25 format is being accepted.
- The EDITS Metafile and Edit Set must be run on v25 files prior to transmission, along with information on where it can be retrieved, such as on the EDITS Clearinghouse.
- Specifications for File Naming conventions for submission files, including any special requirements for modified records.
- Note on whether test files are required prior to acceptance of v25 records, or other rules based on the central registry implementation plan.

Central registries relying on vendor software for their own systems or for their reporting facilities should be aware that delays in the communication of this information or customizations to software vendors may result in a delay receiving and processing cases in the new format.

Central registries must continue to support the reporting and processing of v24 records for diagnosis years 2024 and earlier until all reporting facilities are converted to v25.

11.5 Education and Training

Central registries will need to facilitate training to their reporting facilities on changes identified in this document. Training should focus on new required data items and new or revised coding manuals.

It is anticipated that education and training opportunities will be offered by AJCC, NCRA, and all national standard setters, which should be utilized by central registries as appropriate. Information on education and training resources will be available on the v25 Reference Page under the Central Registry Standards tab on the NAACCR website. Organizations may also be open to suggestions for training and education needs.

12 Summary for Software Developers and Vendors

Until a state registry is fully converted to Data Standards and Data Dictionary v25 software vendors will need to provide continued support for reporting and processing of records for 2024 and earlier diagnoses except where a facility's database has been converted to version 25 software structure.

Regarding 2025 data changes, software vendors will be responsible for identifying required software changes; accommodating new and changed data items; providing support for the implementation of revised staging systems; performing data conversions; and providing access to updated supplementary coding resources such as updated and new manuals. Vendors will also need to address testing and implementation issues, as well as technical support and training. Instructions to development staff should address the additions/updates needed to registry software.

12.1 Identify Software Changes

Each vendor will need to review published documentation of changes and generate appropriate specifications for their software, based on their user base (hospital or central registries; U.S. or Canadian

registries), their software capabilities, and standard-setter requirements. Specifically, vendors will need to accommodate the following changes and additions documented in this guide:

Section #	Section Contents
2	**New data items with lookups provided via DLL API for SSDI:** • PTLD [1172] • PD-L1 [1174]
3	**New data items for Pediatric Data Collection system (25 new data items) (Toronto Staging) (ordered by NAACCR #) with lookups provided via DLL API** **Tumor Classification Fields:** • Pediatric Primary Tumor [1136] • Pediatric Regional Nodes [1137] • Pediatric Mets [1138] **SSDI Fields:** • White Blood Cell Count [1184] • Intl Neuroblastoma Risk Grp Stag Sys (INRGSS) [1185] • n-MYC Amplification [1186] • Intl Neuroblastoma Path Prog Class (INPC) [1187] • IRSS Stage for Eye-2 [1188] • Chromosome 16q Status [1189] • Chromosome 1q Status [1190] • EWSR1-FLI1 Fusion [1191] • Pretext Clinical Staging [1192] • FOXO1 Gene Rearrangements [1193] • Chromosome 1p Status [3801] **Derived or Calculated Fields:** • Pediatric ID [1132] • Pediatric ID Version Current [1133] • Pediatric ID Version Original [1134] • Toronto Version Number [1135] • Derived Pediatric T [1142] • Derived Pediatric N [1143] • Derived Pediatric M [1144] • Derived Pediatric Stage Group [1145] • Toronto T [1146] • Toronto N [1147] • Toronto M [1148] • Toronto Stage Group [1149]
4	**Revised items: (ordered by NAACCR ID #)** • Tumor Record Number [60] – description and rationale • Census Ind Code 2010 CDC [272] – name change • Census Occ Code 2010 CDC [282] – name change

Section #	Section Contents

	o Note: NPCR Plans: Data from items 270 and 280 will be items copied to 272 and 282 where 270 and 280 are blank.
	• Coding System Data Items new version # assignment
	    o Schema ID Version Current [2117] and Original [2118]
	    o AJCC API Version Current [2156] and Original [2157]
	    o AJCC Cancer Surveillance DLL Version Current [2158] and Original [2159]
	• BRAF Mutational Analysis [3940] (code 3 added)
	• Path Date Spec Collect 1-5 [7320, 7321, 7322, 7323 and 7324] – change to dateTime format New dateTime data type · imsweb/naaccr-xml Wiki · GitHub Following ISO 8601, the dateTime format implemented here follows the HL7 FHIR specifications (hl7.org/fhir/datatypes.html) with a maximum length of 25-digits

5	**Thirty data items are being retired: (ordered by NAACCR ID #)** • Race Coding Sys--Current [170] • Race Coding Sys—Original [180] • Census Occ Code 1970-2000 [270] • Census Ind Code 1970-2000 [280] • Census Occ/Ind Sys 70-00 [330] • Inpatient Status [605] • Rad--Regional Dose: cGy [1510] • Rad--No of Treatment Vol [1520] • Rad--Treatment Volume [1540] • Subsq RX--Reconstruct Del [1741] • Quality of Survival [1780] • RQRS NCDB Submission Flag [2155] • Diagnostic Proc 73-87 [2200] • Military Record No Suffix [2310] • Rad--Boost RX Modality [3200] • Rad--Boost Dose cGy [3210] • Derived PreRx-7 T [3440] • Derived PreRx-7 T Descrip [3442] • Derived PreRx-7 N [3450] • Derived PreRx-7 N Descrip [3452] • Derived PreRx-7 M [3460] • Derived PreRx-7 M Descrip [3462] • Derived PreRx-7 Stage Grp [3470] • Derived PostRx-7 T [3480] • Derived PostRx-7 N [3482] • Derived PostRx-7 M [3490] • Derived PostRx-7 Stge Grp [3492] • Derived Neoadjuv Rx Flag [3600] • NPCR Derived Clin Stg Grp [3650]* • NPCR Derived Path Stg Grp [3655]* * indicates fields that are collected at CCR level.
6.1	Site/Histology Validation List

Section #	Section Contents
6.2	Solid Tumor Rules
6.3	Reportability change PTLD (Post Transplant Lymphoproliferative Disorder) behavior code from /1 to/3
6.4	AJCC Protocols
6.6	EOD 2018 changes
6.7	Summary Stage 2018 changes
6.8	Hematopoietic and Lymphoid Neoplasms Manual and Database
7	Cancer PathCHART
8	XML Standard 1.8
9	EDITS
10	Standard Setters Reporting Requirements • CoC • NPCR • SEER • CCCR
14	Appendix A New Data Items
15	Appendix B Conversions, Recalculations and Manual Review Logs
16	Appendix C Source References

12.2 Tracking Versions

Vendor software should store the Original and Current versions for any included components such as APIs or DLLs as system-generated fields (vendor-specific).

The SEER Staging APIs TNM and EOD versions are listed on the SEER*RSA website and can be acquired from the API. The AJCC Cancer Surveillance Staging DLL includes version fields for the DLL as well as for TNM and EOD. The AJCC API has a version field to designate whether the disease site is using 8th or V9. All three Original staging API/DLL version fields should be set when the case is initially collected and **not changed thereafter**. All three Current staging API version fields should be set to the current version of the **API/DLL in use**.

NAACCR Record Version [50] will have a new value of '250' meaning '2025 Version 25'.

12.3 Data Conversion

The CDC will provide a NorthCon 250 Registry Plus Utility Program conversion utility for the conversions provided in Appendix B and for the changes going from v24 to v25. Conversion will include Date of Initial Diagnosis 2018 and later. **Manual review log is not required but being suggested only for 15.6 Benign and Borderline staging values conversion**. Manual review log might include Facility identifier, Accession, Sequence, original field value and messaging to assist the user to know what is found to be reviewed. Sorting suggestion might be on Facility identifier + Accession + Sequence order.

- DCO stage and SSDI (to be done by central registries only) No manual review log required.
- EOD Mets conversion from 99 to 00 for non-DCOs
- Benign brain conversion of SS, EOD and some SSDIs

12.4 XML Repository and Edits Clearinghouse

Refer to section 8 for XML updates. The NAACCR User Dictionary Clearinghouse allows central registries to upload their XML User Dictionary along with the MS Excel data items workbook describing their dictionary, or their decision not to create one.

Refer to section 9 for general EDITS information. The NAACCR Standards for Cancer Registries, Standard Data Edits, Volume IV (naaccr.org) Clearinghouse will be maintained to allow central registries to post their registry specific metafile and supporting documentation. Individuals will be able to register to get notifications from specific registries each time a new file is posted.

12.5 Staging

CoC (section 10.1), NPCR (section 10.2), and SEER (section 10.3) specified that hospital facilities are not required to submit derived stage groups. CoC requires physician AJCC staging.

12.6 Programming, Testing, and Implementation

Clear communication with standard setters, central cancer registries, and reporting facility customers is critical to avoid delays in delivering software that can meet the requirements for 2025 cases. Software vendors should provide programming instructions to their developers to support the necessary changes for the Data Standards and Data Dictionary, v25, as well as testing (if time allows beta site testing) and implementing the items listed elsewhere in this document. Software vendors, to the best of their ability, need to revise/develop, test, distribute, and install software prior to implementation dates set by standard setting organizations and central cancer registries.

Central cancer registries may require software vendors to submit test files prior to reporting in the Version 25 format. Testing should determine that appropriate values are validated within the software. Testing should also accommodate verification of revisions for data import and export, revisions to the software interface, addition of lookups for new and changed data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, data item conversion where applicable, and standard as well as ad hoc report writing. Any changes to the implementation timeline should be immediately reported to all involved parties. If there are delays to the standards or errata that have not yet been identified, the software vendor programs will be at risk of delay. States must communicate individual changes to state-specific data items, as well as correction record triggering fields, early in the coding and implementation period to accommodate the software release. State-specific edit metafiles which address the state-specific data items must be provided in a timely manner.

12.7 Help Files

Changes to any software's online help system (if available) will need to be made in conjunction with Data Standards and Data Dictionary, v25-related changes made to the software.

12.8 Technical Support and Training

Software vendors are expected to support the data changes in the Data Standards and Data Dictionary, v25 in the software and provide their clients with training and documentation appropriate to use the updated software. For reporting-facility-level applications, this will include instruction regarding export of records for transmission to their respective central registries in the correct format with correctly coded and error-free data, as well as import from their previously supported casefinding interface.

Documentation to support the updated software may include information presented via the software's online help system and/or training or tutorial guides. Training and support on new coding rules should be referred to the appropriate standard setting organization.

13 Summary for Hospital Cancer Registrars and Reporting Facilities

13.1 Case Abstracting Considerations

Registrars should pay particular attention to the requirements of national standard setters, the state central registry to which they submit cases, and the Commission on Cancer (if applicable) for cases diagnosed January 1, 2025, and forward. Often these requirements will be similar, but occasionally data fields may be required by only one entity. Registrars should consult their reporting manuals and state central registry for instructions and updates on reportable and reportable-by-agreement cases. Hospital registries should also be aware of any completeness and timeliness guidelines established by their state central registry. Finally, registrars should be aware of the special interests of the hospitals for which they abstract cases. Hospitals can require their own reportable-by-agreement cases for data capture and internal reporting. If children, adolescents, and young adults are diagnosed and/or treated at those hospitals, registrars may also want to work with their administration and software vendors to ensure timely collection of the new Pediatric Data Collection System (PDCS) fields.

13.2 Communication with Central Cancer Registries and Software Vendors

Several new developments for 2025 will affect cancer reporting software requirements. New edits have been developed and updates to existing edits were necessitated by changes to data item names, changes in code structure in existing data items, and changes to coding instructions for the v25 NAACCR Edits Metafile. Use the v25 Edits Detail Report and the Changes Spreadsheet located on the NAACCR Volume IV (Standard Data Edits) webpage as a resource to resolve edits.

Registrars should maintain open communications with their software vendor and state central registry to ensure their registry software is up to date with current edit files and guidelines. Dates and timelines should be communicated to all parties. Registrars should include their IT departments in communications if needed.

13.3 Education and Training

Continuing education is necessary to maintain a high level of knowledge and skills in cancer registry practice. New data field requirements for 2025 and the implementation of these new fields will likely enhance the education and training opportunities for registrars. Registrars should register for standard setter ListServs including NAACCR, CoC, and NCI SEER. In addition to state and regional professional organizations, NAACCR, CoC, AJCC and NCRA, regularly post educational opportunities on their websites and notify members of upcoming events. Consider following these organizations on social media to be aware of current training opportunities. Registrars should also check with their state central registry for additional opportunities or make suggestions for needed subjects. Many organizations offer a great deal of online training.

14 Appendix A New Data Items

			New Data Items for 2025		
Length	**Item #**	**Item Name**	**XML NAACCR ID**	**PARENT XML ELEMENT**	**Section**
5	1132	Pediatric ID	pediatricId	Tumor	Stage/Prognostic Factors
5	1133	Pediatric ID Version Current	pediatricIdVersionCurrent	Tumor	Stage/Prognostic Factors
5	1134	Pediatric ID Version Original	pediatricIdVersionOriginal	Tumor	Stage/Prognostic Factors
1	1135	Toronto Version Number	torontoVersionNumber	Tumor	Stage/Prognostic Factors
3	1136	Pediatric Primary Tumor	pediatricPrimaryTumor	Tumor	Stage/Prognostic Factors
3	1137	Pediatric Regional Nodes	pediatricRegionalNodes	Tumor	Stage/Prognostic Factors
2	1138	Pediatric Mets	pediatricMets	Tumor	Stage/Prognostic Factors
3	1142	Derived Pediatric T	derivedPediatricT	Tumor	Stage/Prognostic Factors
3	1143	Derived Pediatric N	derivedPediatricN	Tumor	Stage/Prognostic Factors
3	1144	Derived Pediatric M	derivedPediatricM	Tumor	Stage/Prognostic Factors
3	1145	Derived Pediatric Stage Group	derivedPediatricStageGroup	Tumor	Stage/Prognostic Factors
3	1146	Toronto T	torontoT	Tumor	Stage/Prognostic Factors
3	1147	Toronto N	torontoN	Tumor	Stage/Prognostic Factors
3	1148	Toronto M	torontoM	Tumor	Stage/Prognostic Factors
3	1149	Toronto Stage Group	torontoStageGroup	Tumor	Stage/Prognostic Factors
1	1172	Post Transplant Lymphoproliferative Disorder-PTLD	ptld	Tumor	Stage/Prognostic Factors
1	1174	PD-L1	pdl1	Tumor	Stage/Prognostic Factors
7	1184	White Blood Cell Count	whiteBloodCellCount	Tumor	Stage/Prognostic Factors
1	1185	Intl Neuroblastoma Risk Grp Stage Sys (INRGSS)	inrgss	Tumor	Stage/Prognostic Factors
1	1186	n-MYC Amplification	nMycAmplification	Tumor	Stage/Prognostic Factors
1	1187	Intl Neuroblastoma Path Prog Class (INPC)	inpc	Tumor	Stage/Prognostic Factors
1	1188	IRSS Stage for Eye-2	irssStageForEye2	Tumor	Stage/Prognostic Factors
1	1189	Chromosome 16q: Loss of Heterozygosity	chromosome16qLossHeterozygosity	Tumor	Stage/Prognostic Factors
1	1190	Chromosome 1q Status	chromosome1qStatus	Tumor	Stage/Prognostic Factors
1	1191	EWSR1-FLI1 fusion	ewsr1Fli1Fusion	Tumor	Stage/Prognostic Factors
1	1192	Pretext Clinical Staging	pretextClinicalStaging	Tumor	Stage/Prognostic Factors
1	1193	FOXO1 Gene Rearrangements	foxo1GeneRearrangements	Tumor	Stage/Prognostic Factors

15 Appendix B Conversions, Recalculations and Manual Review Logs

15.1 Staging API/DLL Version Current fields

The Version Current for the staging API/DLLs in use must be updated to the latest version as part of the NAACCR 24 updates. No manual review is necessary.

For Date of Diagnosis on or after January 1, 2018:
- If Schema ID Version Current [2117] is not blank, set to v3.2
- If AJCC API Version Current [2156] is not blank, set to 09.03.00
- If AJCC Cancer Surveillance DLL Version Current [2158] is not blank, set to 09.03.00.0001

15.2 Appendix EOD Primary Tumor [772] Code 600 removal

In Appendix 8th: 2018-2022 (00190) and Appendix V9: 2023+ (09190), EOD Primary Tumor [772] was revised to remove code 600. The conversion affects EOD Primary Tumor [772] and EOD Mets [776].

If Date of Diagnosis is on or after January 1, 2018:

- If Schema ID [3800] = 00190 (Appendix 8th) or 09190 (Appendix V9) and EOD Primary Tumor [772] = 600
  - Set EOD Primary Tumor [772] = 500
  - If EOD Mets [776] = 00, 10, Set EOD Mets [776] = 30

No other changes are necessary. No manual review is necessary.

15.3 NET Appendix Derived EOD 2018 T [785]

In NET Appendix 8th: 2018-2023 (00320) and NET Appendix V9: 2024+ (09320), the Derived EOD 2018 T value associated with code 200 is no longer tied to Tumor size. The calculation tables for the Derived EOD 2018 fields in these schemas was updated accordingly. Logic is provided for those who **cannot** recalculate across their database.

For Date of Diagnosis on or after January 1, 2018:

- If Schema ID [3800] = 00320 (NET Appendix 8th) or 09320 (NET Appendix V9) and EOD Primary Tumor [772] = 200
  - Set Derived EOD 2018 T [785] = T3
  - If Derived EOD 2018 M [795] = M0
    - If Derived EOD 2018 N [815] = NX, set Derived EOD 2018 Stage Group [818] = 99
    - If Derived EOD 2018 N [815] = N0, set Derived EOD 2018 Stage Group [818] = 2

No other changes are necessary. No manual review is necessary.

15.4 Death Certificate Only (DCO) Staging Values

For DCO cases, the standard setters now agree that EOD Primary Tumor [772] should be 999, EOD Regional Nodes [774] should be 999, EOD Mets [776] should be 99, Summary Stage 2018 [764] should be 9, and other than the Schema Discriminators [3926, 3927], SSDIs should be blank.
This is true even for situations where specific values are defined for non-DCO cases.

For Date of Diagnosis on or after January 1, 2018, and Type of Reporting Source [500] = 7:

- If EOD Primary Tumor [772] is not blank, 888, 999, set EOD Primary Tumor = 999
- If EOD Prostate Pathologic Extension [3919] is not blank, 999, set EOD Prostate Pathologic Extension = 999
- If EOD Regional Nodes [774] is not blank, 888, 987, 999, set EOD Regional Nodes = 999
- If EOD Mets [776] is not blank, 88, 99, set EOD Mets = 99
- If Summary Stage 2018 [764] is not blank, 9, set Summary Stage 2018 = 9
- **SSDIs**: If NAACCR Item Number = 3801 – 3842, 3846 – 3918, 3920 – 3925, 3929 – 3942, 3956 – 3964
    - If SSDI is not blank, set SSDI to blank

No other changes are necessary. No manual review is necessary.

15.5 EOD Mets [776] without proof of metastatic cancer

Unless the case is a DCO, EOD Mets [776] should not be set to 99, as the rules state that in the absence of proof of metastatic cancer, one should assume None and set EOD Mets to 00.

Note: if EOD Mets is not defined for the schema, it will be set to 88 as that is the only valid value. This conversion will have no effect on cases assigned to these schemas.

For Date of Diagnosis on or after January 1, 2018, and Type of Reporting Source [500] is NOT 7:

- If EOD Mets [776] = 99, set EOD Mets = 00

No other changes are necessary. No manual review is necessary.

15.6 Benign and Borderline staging values

Unless the case is a DCO, there are specific values for cancers that are Benign or Borderline behavior for EOD Primary Tumor [772], EOD Regional Nodes [774], EOD Mets [776], Summary Stage 2018 [764], and the relevant SSDIs.

For Date of Diagnosis on or after January 1, 2018, and Type of Reporting Source [500] is NOT 7:

- If Schema ID [3800] = 00721 (Brain 8th), 09721 (Brain V9), 00722 (CNS Other 8th), 09722 (CNS Other V9), 00723 (Intracranial Gland 8th), 09723 (Intracranial Gland V9), 09724 (Medulloblastoma V9) AND Behavior ICD-O-3 [523] = 0, 1
    - If EOD Primary Tumor [772] is not blank, set EOD Primary Tumor = 050
    - If EOD Regional Nodes [774] is not blank, set EOD Regional Nodes = 888
        - *EOD Regional Nodes is not defined in these schemas*
    - If EOD Mets [776] is not blank, set EOD Mets = 00
    - Set Summary Stage 2018 [764] = 8
    - If Schema ID = 09721, 09722 or 09724 AND NOT (Histology ICD-O-3 [522] = 9421)
        - If Brain Molecular Marker [3816] is not blank, set Brain Molecular Marker = 86
    - If Schema ID = 00721 or 00722
        - If Brain Molecular Marker [3816] is not blank, set Brain Molecular Marker = 86
    - If Schema ID = 00721, 00722, 09721, 09722
        - If Chromosome 1p Status [3801] is not blank, set Chromosome 1p Status = 6

- If Chromosome 19q Status [3802] is not blank, set Chromosome 19q Status = 6
- If MGMT [3889] is not blank, set MGMT = 6

No other changes are necessary. No manual review is necessary.

15.7 Census Ind Code CDC [272] and Census Occ Code CDC [282]

These data items were revised to remain current with industry coding standards maintained by CDC's National Institute of Occupational Safety and Health (NIOSH) through the NIOSH Industry and Occupation Computerized Coding System (NIOCCS). This change avoids the need to create new industry code data items, update valid value tables, and update applicable edits as all updates are maintained in the NIOCCS. NIOCCS is to be used to code these data items.

Note: Census Occ Code 1970-2000 [270] and Census Ind Code 1970-2000 [280] are being retired for v25.

15.7.1 Census Ind Code CDC [272]

If there is information in Census Ind Code 1970-2000 [280] and Census Ind Code CDC [272] is blank, the information from 280 should be copied to 272.

- If Census Ind Code CDC [272] = blank, and Census Ind Code 1970-2000 [280] is not blank, copy information from Census Ind Code 1970-2000 [280] to Census Ind Code CDC [272].
  Note: Census Ind Code 2010 CDC [272] has a field length of 4, and Census Ind Code 1970-2000 [280] has a field length of 3. If data is copied, it should be left justified, zero filled (trailing zero added to the end of the value if less than 4 digits).
- After copying the data, a conversion is needed for the following industry codes since the codes changed from 2002 – 2010.
  - if Census Ind Code CDC [272] = 3090 then set Census Ind Code CDC [272] = 3095;
  - if Census Ind Code CDC [272] = 3360 then set Census Ind Code CDC [272] = 3365;
  - if Census Ind Code CDC [272] = 3870 then set Census Ind Code CDC [272] = 3875;
  - if Census Ind Code CDC [272] = 3890 then set Census Ind Code CDC [272] = 3895;
  - if Census Ind Code CDC [272] = 4190 then set Census Ind Code CDC [272] = 4195;
  - if Census Ind Code CDC [272] = 4260 then set Census Ind Code CDC [272] = 4265;
  - if Census Ind Code CDC [272] = 4790 then set Census Ind Code CDC [272] = 4795;
  - if Census Ind Code CDC [272] = 5270 then set Census Ind Code CDC [272] = 5275;
  - if Census Ind Code CDC [272] = 5290 then set Census Ind Code CDC [272] = 5295;

15.7.2 Census Occ Code CDC [282]

There is not a conversion; however, if there is information in Census Occ Code 1970-2000 [270] and Census Occ Code CDC [282] is blank, the information from 270 should be copied to 282.

- If Census Occ Code CDC [282] = blank, and Census Occ Code 1970-2000 [270] is not blank, copy information from Census Occ Code 1970-2000 [270] to Census Occ Code CDC [282].
  Note: Census Occ Code 2010 CDC [282] has a field length of 4, and Census Occ Code 1970-2000 [270] has a field length of 3. If data is copied, it should be left justified, zero filled (trailing zero added to the end of the value if less than 4 digits).

No other changes are necessary. No manual review necessary.

16 Appendix C Source References

AJCC 8ᵗʰ Edition and Version 9 Updates and Histologies: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/

> Questions regarding AJCC Cancer Staging should be directed to the CAnswer Forum at: http://cancerbulletin.facs.org/forums/

AJCC API: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/application-programming-interface-api/

AJCC Cancer Staging Form Supplement: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-form-supplement/

Cancer PathCHART ICD-O-3 Site Morphology Validation List: Cancer PathCHART ICD-O-3 Site Morphology Validation List.

Cancer Surveillance DLL: AJCC licensees can request the licensed version of the library from Martin Madera, mmadera@facs.org. The version for unlicensed users will be available from the AJCC website, please contact Martin Madera (mmadera@facs.org) for access.

CAnswer Forum: http://cancerbulletin.facs.org/forums/help

Commission on Cancer STORE Manual: https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals

Data Exchange Standard, XML Specifications for Cancer Registry Records: https://www.naaccr.org/xml-data-exchange-standard/

Data Standards and Data Dictionary: https://apps.naaccr.org/data-dictionary/

EDITS: https://www.naaccr.org/standard-data-edits/

> Questions regarding the NAACCR edits metafile should be directed to Jim Hofferkamp at jhofferkamp@naaccr.org.

EOD 2018: https://seer.cancer.gov/tools/staging/rsa.html

> Questions regarding EOD 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Grade Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

> Questions regarding the Grade Manual should be directed to the Canswer Forum at: http://cancerbulletin.facs.org/forums/

Hematopoietic and Lymphoid Neoplasm Database: https://seer.cancer.gov/tools/heme/

Questions regarding the SEER Hematopoietic and Lymphoid Neoplasm Database should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

ICD-O-3.2: http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545

Questions regarding ICD-O-3 Histology changes should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

NPCR Northcon Registry Plus Utility Program:

https://www.cdc.gov/national-program-cancer-registries/registry-plus/utility-programs.html?CDC_AAref_Val=https://www.cdc.gov/cancer/npcr/tools/registryplus/up.htm

NPCR Registry Plus Software: https://www.cdc.gov/national-program-cancer-registries/registry-plus/?CDC_AAref_Val=https://www.cdc.gov/cancer/npcr/tools/registryplus/index.htm

SEER API: https://api.seer.cancer.gov/

SEER Program Manual: https://seer.cancer.gov/tools/codingmanuals/

Questions regarding the SEER Program Coding and Staging Manual should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

SEER Registrar Staging Assistant (SEER*RSA): https://seer.cancer.gov/tools/staging/rsa.html

Questions regarding SEER*RSA should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

SEER*Rx: https://seer.cancer.gov/tools/seerrx/

Questions regarding SEER*Rx should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Site-Specific Data Items Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

Questions regarding SSDIs should be directed to the Canswer Forum at: http://cancerbulletin.facs.org/forums/

Solid Tumor Rules: https://seer.cancer.gov/tools/solidtumor/

Questions regarding the Solid Tumor Rules should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Summary Stage 2018: https://seer.cancer.gov/tools/ssm/

Questions regarding Summary Stage 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

17 Appendix D Revision Control

	2025 Implementation Guidelines Revision Control		
Version Number	**Revision Date**	**Section**	**Revision Notes**
1.1	8/2024	6.6	The EOD Regional Nodes [774] values for several schemas were modified… two bullets were modified Colon and Rectum codes: 450 changed to 350; and, Esophagus changed to Esophagus, Esophagus Squamous.