

Data Items
Effective with cases diagnosed 1/1/2010

IX.

Data Items

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Ambiguous Terminology

Item Length: 1
NAACCR Item #: 442
NAACCR Name: Ambiguous Terminology

This data item identifies all cases, including DCO and autopsy-only cases that are accessioned based only on ambiguous terminology (see the list of “ambiguous terms” below). Registrars are required to collect cases with ambiguous terminology and it is advantageous to be able to identify those cases in the database.

Code	Label	Definition	Time Frame	Examples
0	Conclusive term	A conclusive diagnosis was made within 60 days of the original diagnosis. Case was accessioned based on conclusive terminology. Includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc.	Within 60 days of the date of initial diagnosis.	<ol style="list-style-type: none"> 1. Adenocarcinoma in TURP chips. 2. Mammogram suspicious for DCIS. Excisional biopsy 1 week later positive for DCIS.
1	Ambiguous term only	<p>The case was accessioned based only on ambiguous terminology. No conclusive terminology was documented during the 60 days following the initial diagnosis. Includes all diagnostic methods except cytology.</p> <p><i>Note:</i> Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.</p>	N/A	<ol style="list-style-type: none"> 1. Chest MRI shows a malignant-appearing lesion in the right upper lobe. Patient refused further workup or treatment. 2. Pt with elevated PSA admitted for TRUS. Pathology final diagnosis: consistent with adenocarcinoma. No further information is available
2	Ambiguous term followed by conclusive term	The case was originally assigned a code 1 (was accessioned based only on ambiguous terminology). More than 60 days after the initial diagnosis, a conclusive diagnosis was made by any diagnostic method including clinical diagnosis, cytology, pathology, autopsy, etc.	Sixty (60) days or more after the date of diagnosis	Biopsy of the thyroid reads: most likely thyroid cancer. Coded 1 in Ambiguous Terminology (Ambiguous term only). Three months later a biopsy is positive for papillary follicular cancer. Change the code to 2, (Ambiguous term followed by conclusive term).

(Table continues)

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Code	Label	Definition	Time Frame	Examples
9	Unknown term	There is no information about ambiguous terminology.	N/A	Code 9 should seldom be used because the registrar knows why the case was accessioned <ul style="list-style-type: none"> • There was a conclusive diagnosis of malignancy (assign code 0 or 2) OR <ul style="list-style-type: none"> • The reportable histology was described by one of the ambiguous terms, such as probable or most likely (assign code 1)

Definitions

Phrase	Definition	Examples
Ambiguous terminology	Terms mandated as reportable when used in a diagnosis. See the reportable list below for a complete listing of those terms. See reportability section of this manual, the 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual , or the FORDS Manual for detailed instructions on how to use the list.	<p>Clinical: physician's statement that patient most likely has lung cancer.</p> <p>Laboratory tests: CBC suspicious for leukemia.</p> <p>Pathology: prostate biopsy compatible with adenocarcinoma</p>
Conclusive terminology	A clear and definite statement of cancer. The statement may be from a physician (clinical diagnosis); or may be from a laboratory test, autopsy, cytologic findings, and/or pathology	<p>Clinical: physician's statement that the patient has lung cancer.</p> <p>Laboratory tests: CBC diagnostic of acute leukemia.</p> <p>Cytologic findings: FNA (fine needle aspiration) with findings of infiltrating duct carcinoma of the breast.</p> <p>Pathology: colon biopsy showing adenocarcinoma</p>

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Ambiguous terms that are reportable

Apparent(ly)
Appears
Comparable with
Compatible with
Consistent with
Favor(s)
Malignant appearing
Most likely
Presumed
Probable
Suspect(ed)
Suspicious (for)
Typical (of)

Coding Instructions

1. Use **Code 0** when a case is accessioned based on conclusive terminology. The diagnosis is based on clear and definite terminology describing the malignancy within 60 days of the original diagnosis.

Note: Usually the patient undergoes a diagnostic work-up because of a suspicion of cancer (ambiguous terminology). For example, a mammogram may show calcifications suspicious for intraductal carcinoma; the date of the mammogram is the date of initial diagnosis. When there is a clear and definite diagnosis within 60 days of that mammogram (date of initial diagnosis) such as the pathology from an excisional biopsy showing intraductal carcinoma, assign code 0.

2. Use **Code 1** when a case is accessioned based on ambiguous terminology and no definitive terminology is used to describe the malignancy within 60 days of the date of initial diagnosis. The diagnosis may be from a pathology report, a radiology report, an imaging report, or on the medical record.
3. Use **Code 2** when a case is accessioned based on ambiguous terminology followed by definitive terminology more than 60 days after the initial diagnosis.

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- a. Follow-back to a physician or subsequent readmission (following the initial 60 day period) may eventually confirm cancer. Assign **Code 2**

Example: Prostate biopsy with diagnosis of probable adenocarcinoma. Two years later, another biopsy is performed with diagnosis of prostate adenocarcinoma. Assign code 2 (Ambiguous term followed by conclusive term).

4. Leave this data item blank for cases diagnosed prior to 01/01/2007.

Note: Cases accessioned based on ambiguous terminology (**Code 1**) should be excluded from case selection in research studies. Direct patient contact is not recommended.

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Date of Conclusive Terminology

Item Length: 8
NAACCR Item #: 443
NAACCR Name: Date of Conclusive DX

For those cases originally accessioned based on ambiguous terminology only, this data item documents the date of a definite statement of malignancy. The abstractor will change the code for the data item “Ambiguous Terminology” from a 1 to a 2 and enter the date that the malignancy was described definitively in Date of Conclusive Terminology.

Date of Conclusive Terminology must be transmitted in the YYYYMMDD format. Date of Conclusive Terminology may be recorded in the transmission format, or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date fields in the year, month, day format (YYYYMMDD). Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD Complete date is known
YYYYMM Year and month are known/estimated; day is unknown
YYYY Year is known/estimated; month and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date fields in the year, month, day format (YYYYMMDD).
2. Leave the year, month and/or day blank when they cannot be estimated or are unknown.
3. Most SEER registries collect the month, day, and year of conclusive terminology. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be deleted when the data are received by SEER.

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Codes for Year

Code the four-digit year of conclusive terminology

Codes for Month

Code	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

Codes for Day

Code
01
02
03
..
..
31

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Coding Instructions

1. Leave this field blank for cases diagnosed prior to 01/01/2007

Estimating Dates

Estimating the month

1. Code “spring of” to April
2. Code “summer” or “middle of the year” to July
3. Code “fall” or “autumn” as October
4. For “winter of,” try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month.
5. Code “early in year” to January
6. Code “late in year” to December
7. Use whatever information is available to calculate the month
8. Code the month of admission when there is no basis for estimation
9. Leave month blank if there is no basis for approximation

Estimating the year

1. Code “a couple of years” to two years earlier
2. Code “a few years” to three years earlier
3. Use whatever information is available to calculate the year
4. Code the year of admission when there is no basis for estimation

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Date of Conclusive Diagnosis Flag

Item Length: 2
NAACCR Item #: 448
NAACCR Name: Date Conclusive DX Flag

Date flag fields were added beginning with diagnoses on or after 1/1/2010 as part of an initiative to standardize date fields. Date flags replace nondate information that had previously been transmitted in date fields. Coding 9's to indicate "unknown" for year, month or day is an example of nondate information that was previously transmitted in date fields.

Code	Label	Definition
	Blank	A valid date value is provided in Date of Conclusive Diagnosis
10	No information	No information whatsoever can be inferred
11	Not applicable	No proper value is applicable in this context
12	Unknown	A proper value is applicable but not known
15	Temporarily unavailable	Accessioned based on ambiguous terminology only

Coding Instructions

1. Leave this item blank if Date of Conclusive Diagnosis has a full or partial date recorded
2. Assign code 10 when it is unknown whether the diagnosis was based on ambiguous terminology (Ambiguous Terminology coded 9 and Date of Conclusive Diagnosis is blank)
3. Assign code 11 when the case was diagnosed originally, or within 60 days of initial diagnosis, using **un**ambiguous terminology (Ambiguous Terminology coded 0)
4. Assign code 12 when the date of conclusive diagnosis cannot be determined. The case was originally diagnosed using ambiguous terminology, was conclusively diagnosed more than 60 days later, and the date of conclusive diagnosis is unknown (Ambiguous Terminology coded 2 and Date of Conclusive Diagnosis is blank).
5. Assign code 15 when the case was diagnosed using ambiguous terminology and no conclusive (unambiguous) diagnosis followed (Ambiguous Terminology coded 1)

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Multiplicity Counter

Item Length: 2
NAACCR Item #: 446
NAACCR Name: Multiplicity Counter

This data item is used to count the number of tumors (multiplicity) reported as a single primary. Do not count metastatic tumors. Use the [Multiple Primary and Histology Coding Rules](#) manual multiple primary rules for the specific site to determine whether the tumors are a single primary or multiple primaries.

Code Description

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
99	Unknown if multiple tumors; not documented

Coding Instructions

1. Code the number of tumors being abstracted as a single primary.
2. Use any part of the medical record to obtain information on the number of tumors; source of information is **not** limited to the pathology report final diagnosis.
3. Do not count tumors documented as metastases
4. Include foci in the multiplicity counter when there is a tumor or tumors with separate **measured** single or multiple foci
 - a. Ignore/do not count **unmeasured** foci
 - b. Record the number of foci that are measured when the tumor is multifocal or multicentric
 - c. Assign code 99 when the tumor is multifocal or multicentric and the foci of tumor are not measured

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5. Include measured satellite lesions in the multiplicity counter
 - a. Ignore/do not count **un**measured satellite lesions
6. Use code 01 when
 - a. There is a single tumor in the primary site
 - b. There is a single tumor with separate **un**measured foci of tumor

Example: Pathology from colon resection shows a 3 cm adenocarcinoma in the ascending colon. Biopsy of liver shows a solitary metastatic lesion compatible with the colon primary. Record 01 in Multiplicity Counter (do not count the metastatic lesion).

7. Use code 02 when
 - a. The tumor is multifocal or multicentric and there are **two** measured foci
 - b. There is a **single tumor** with separate multiple foci and **one** focus is measured

Example 1: The patient has a 2 cm infiltrating duct carcinoma in the LIQ and a 1 cm infiltrating duct carcinoma in the UIQ of the left breast. Accession as a single primary in accordance with the multiple primary rules, and code 02 in Multiplicity Counter.

Example 2: A single breast primary composed of both in situ and invasive disease. Measurements are provided for both the invasive and in situ components. Code the multiplicity counter 02 because there are individual measurements for each of these tumors.

Example 3: Pathology report for debulking: Cystadenocarcinoma, right and left ovaries. Biopsy of peritoneal implants positive for metastatic cystadenocarcinoma. Code 02 (Two tumors present; bilateral ovaries involved with cystadenocarcinoma). Do not include tumors stated to be metastases in the multiplicity counter.

8. Use codes 00-87 and code 99 for solid tumors including the following sites and histologies
 - a. Ill-defined sites (C760-C768)
 - b. Plasmacytoma, NOS (9731/3)(solitary myeloma)

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- c. Plasmacytoma, extramedullary (9734/3) (not occurring in bone)
- d. Mast cell sarcoma (9740)
- e. Malignant histiocytosis (9750)
- f. Langerhans cell histiocytosis (9751/3)
- g. Histiocytic sarcoma (9755)
- h. Langerhans cell sarcoma (9756)
- i. Dendritic cell sarcoma (9757, 9758)
- j. Myeloid sarcoma (9930)

9. Use code 88 for

- a. Leukemia (9800-9920, 9931-9948, 9963, 9964)
- b. Lymphoma (9590-9729, 9735-9738)
- c. Immunoproliferative disease and certain other hematopoietic neoplasms (9732, 9733, 9741, 9742, 9759, 9760, 9761, 9762, 9764, 9950, 9960, 9961, 9962, 9965, 9966, 9967, 9971, 9975, 9980, 9982, 9983, 9984, 9985, 9986, 9987, 9989, 9991, 9992)
- d. Unknown primary (C809)

10. Use code 99 when

- a. The original pathology report is not available and the documentation does not specify whether there was a single or multiple tumors in the primary site
- b. The tumor is described only as diffuse or disseminated
- c. The tumor is described as multifocal or multicentric and the number of tumors is unknown.
- d. The operative or pathology report describes multiple tumors but does not give an exact number.
- e. It is unknown if there is a single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor.
- f. The number of tumors is not specified for prostate primaries, including those with positive biopsy results in different lobes of the prostate

Example: Prostate, positive biopsy of both lobes. No statement to indicate whether there is one or more nodules. Code the multiplicity counter 99.

- g. The only information available for clinically inapparent prostate cancer is positive needle biopsy(ies)

11. Leave this field blank for cases diagnosed prior to 01/01/2007

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Death Certificate Only (DCO) Cases

See the [NAACCR Death Clearance Manual](#) for coding instructions

Coding Examples

Example 1: Patient has an excisional biopsy of the soft palate. The pathology shows clear margins. Record 01 in the Multiplicity Counter. Within six months another lesion is excised from the soft palate. Use the head and neck multiple primary rules to determine this tumor is not accessioned as a second primary. Change the Multiplicity Counter to code 02 to reflect the fact that there were two separate tumors abstracted as a single primary.

Example 2: CT of chest shows two lesions in the left lung and a single lesion in the right lung. Biopsy of the right lung lesion shows adenocarcinoma. No other workup is done. Review the multiple primary rules for lung. For lung ONLY, the tumors in the contralateral lung are assumed to be additional primary tumors. The case is abstracted as a single primary. Enter the number 03 in the data item Multiplicity Counter.

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Date of Multiple Tumors

Item Length: 8
NAACCR Item #: 445
NAACCR Name: Date of Multiple Tumors

This data item is used to identify the month, day and year the patient is diagnosed with multiple tumors **reported as a single primary**. Use the multiple primary rules for that specific site to determine whether the tumors are a single primary or multiple primaries.

Date of Multiple Tumors must be transmitted in the YYYYMMDD format. Date of Multiple Tumors may be recorded in the transmission format, or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date fields in the year, month, day format (YYYYMMDD). Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD Complete date is known
YYYYMM Year and month are known/estimated; day is unknown
YYYY Year is known/estimated; month and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date fields in the year, month, day format (YYYYMMDD).
2. Leave the year, month and/or day blank when they cannot be estimated or are unknown.
3. Most SEER registries collect the month, day, and year. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be deleted when the data are received by SEER.

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Codes for Year

Code the four-digit year

Codes for Month

Code	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

Codes for Day

Code
01
02
03
..
..
31

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Coding Instructions

1. Record the date of diagnosis when multiple tumors are present at diagnosis.

Example 1: The patient has multiple tumors: a 2 cm infiltrating duct in the lower inner quadrant and a 1 cm infiltrating duct carcinoma in the upper inner quadrant of the left breast. According to the breast multiple primary rules, these tumors are accessioned as a single primary. Enter the date of diagnosis in Date of Multiple Tumors.

Example 2: Operative report for TURB (transurethral resection of bladder) mentions multiple bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall. According to the Bladder, Renal Pelvis, and Ureter multiple primary rules these tumors are accessioned as a single primary. Enter the date of diagnosis in Date of Multiple Tumors.

2. Record the date of diagnosis when
 - a. The number of tumors is unknown (code 99 in Multiplicity Counter)
 - b. It is unknown whether there is a single tumor or there are multiple tumors (code 99 in Multiplicity Counter)

Example: Prostate biopsy performed 10/20/10, both lobes involved with tumor, unknown how many tumors. Enter the date of diagnosis (the date of the biopsy in this case) in Date of Multiple Tumors.

3. Record the earliest date that multiple tumors were diagnosed when subsequent tumor(s) are counted as the same primary.

Example 1: Patient has an excisional biopsy of a single tumor in the soft palate on January 2, 2010. The pathology shows clear margins. Record 01 in Multiplicity Counter. On July 10, 2010 another tumor is excised from the soft palate. The multiple primary rules for head and neck state that this tumor is the same primary. Change the 01 in Multiplicity Counter to 02 and enter the date the second tumor was diagnosed (July 10, 2010) in Date of Multiple Tumors.

Example 2: A single primary composed of multiple tumors of the breast is diagnosed on 02/23/10. Additional breast tumors diagnosed on 08/15/10 are determined to be the same primary. Date of multiple tumors is February 23, 2010. Do not update using the later date since multiple tumors were present initially.

4. Leave this field blank for cases diagnosed prior to 01/01/2007.

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Death Certificate Only (DCO) Cases

See the [NAACCR Death Clearance Manual](#) for coding instructions

Estimating Dates

Estimating the **month**

1. Code “spring of” to April
2. Code “summer” or “middle of the year” to July
3. Code “fall” or “autumn” as October
4. For “winter of,” try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month.
5. Code “early in year” to January
6. Code “late in year” to December
7. Use whatever information is available to calculate the month
8. Code the month of admission when there is no basis for estimation
9. Leave month blank if there is no basis for approximation

Estimating the **year**

1. Code “a couple of years” to two years earlier
2. Code “a few years” to three years earlier
3. Use whatever information is available to calculate the year
4. Code the year of admission when there is no basis for estimation

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Date of Multiple Tumors Flag

Item Length: 2
NAACCR Item #: 439
NAACCR Name: Date of Mult Tumors Flag

Date flag fields were added beginning with diagnoses on or after 1/1/2010 as part of an initiative to standardize date fields. Date flags replace nondate information that had previously been transmitted in date fields. Coding 99999999 to indicate “unknown” is an example of nondate information that was previously transmitted in date fields.

Code	Label	Definition
	Blank	A valid date value is provided in Date of Multiple Tumors
11	Not applicable	No proper value is applicable in this context
12	Unknown	A proper value is applicable but not known
15	Temporarily unavailable	Information is not available at this time, but it is expected that it will be available later

Coding Instructions

1. Leave this item blank when Date of Multiple Tumors has a full or partial date recorded
2. Assign code 11 when Multiplicity Counter is coded 88
3. Assign code 12 when the date of multiple tumors cannot be determined, and it is known that there are multiple tumors for this primary
4. Assign code 15 when Multiplicity Counter is coded 01
5. Change code 15 to blank or another code **the first time** the patient is diagnosed with multiple tumors that are determined to be the same primary; i.e. when Multiplicity Counter code is changed from 01 to 02-87 or 89.

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Type of Multiple Tumors Reported as One Primary

Item Length: 2
NAACCR Item #: 444
NAACCR Name: Mult Tum Rpt as One Prim

This data item is used to identify the type of multiple tumors that are abstracted as a single primary. Ignore metastatic tumors for this data item.

Code	Label	Description	Example(s) / Notes
00	Single tumor	All single tumors . Includes single tumors with both in situ and invasive components	Code 01 in the Multiplicity Counter
10	Multiple benign	At least two benign tumors in same organ/primary site	Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases.
11	Multiple borderline	At least two borderline tumors in the same organ/primary site	Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases.
12	Benign and borderline	At least one benign AND at least one borderline tumor in the same organ/ primary site	Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases.
20	Multiple in situ	At least two in situ tumors in the same organ/primary site	Cystoscopy report documents multiple (or multicentric / multifocal) bladder tumors. Pathology: Flat transitional cell carcinoma of bladder.
30	In situ and invasive	One or more in situ tumor(s) AND one or more invasive tumors in the same organ/primary site	1. A single breast primary composed of in situ tumor(s) and invasive tumor(s) 2. Multiple polyps, some with non-invasive adenocarcinoma and some with invasive adenocarcinoma, all in the same segment of the colon

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Code	Label	Description	Example(s) / Notes
31	Polyp and adenocarcinoma	One or more polyps with either <ul style="list-style-type: none"> • In situ carcinoma or • invasive carcinoma AND one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum	
32	FAP with carcinoma	Diagnosis of familial polyposis (FAP) AND carcinoma (in situ or invasive) is present in at least one of the polyps	
40	Multiple invasive	At least two invasive tumors in the same organ	1. Lung primary with multiple nodules identified on scans. Only one nodule is biopsied. For <i>lung only</i> , it is assumed that all of the tumors are the same histology and that all are invasive. 2. Bladder tumors described as multicentric or multifocal. Pathology from TURB is invasive urothelial carcinoma.
80	Unk in situ or invasive	Multiple tumors present in the same organ/primary site, unknown if in situ or invasive	
88	NA	Information on multiple tumors not collected/not applicable for this site	Code 88 in Multiplicity Counter
99	Unk	Unknown	Code 99 in Multiplicity counter "Disseminated" or "Diffuse" with no further information

Death Certificate Only (DCO) Cases

See the [NAACCR Death Clearance Manual](#) for coding instructions

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