APPENDIX K:
REQUIRED DATA SET
FOR REPORTING FACILITIES

Required Data Set for Reporting Facilities
Effective 01/01/2012

VCR Required Data Item	Field Length	NAACCR Item #
Patient Identification		
Accession Number	9	550
Sequence Number	2	560
Patient ID Number	8	20
Medical Record Number	11	2300
Social Security Number	9	2320
Last Name	40	2230
First Name	40	2240
Middle Name (Middle Initial)	40	2250
Name – Alias	40	2280
Name – Maiden	40	2390
Patient Address (# and Street) at Diagnosis	60	2330
Patient Address at Diagnosis – Supplemental	60	2335
City/Town at Diagnosis (City or Town	50	70
State at Diagnosis (State)	2	80
Postal Code at Diagnosis (Zip Code)	9	100
County at Diagnosis	3	90
Place of Birth	3	250
Date of Birth	8	240
Date of Birth Flag	2	241
Age at Diagnosis	3	230
Race 1	2	160
Race 2	2	161
Race 3	2	162
Race 4	2	163
Race 5	2	164
Spanish Origin – All Sources (Spanish/Hispanic Origin)	1	190
Sex	1	220
Age at Diagnosis	3	230
Text – Usual Occupation	100	310
Text – Usual Industry	100	320
Primary Payer at Diagnosis	2	630
Class of Case	2	610
Cancer Identification		
Date of Initial Diagnosis	8	390
Date of Initial Diagnosis Flag	2	391
Diagnostic Confirmation	1	490
Type of Reporting Source	1	500
Casefinding Source	2	501
Primary Site	4	400
Text – Primary Site Title	40	2580
Laterality	1	410
Histologic Type ICD-O-3	4	522
Text – Histology Title	40	2590
Behavior Code	1	523

Required Data Set for Reporting Facilities
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VCR Required Data Item	Field Length	NAACCR Item #
Grade/Differentiation	1	440
Grade Path Value	1	441
Grade Path System	1	449
Histologic Confirmation	1	490
Stage of Disease at Diagnosis/Prognostic Factors		
Regional Lymph Nodes Examined	2	830
Regional Lymph Nodes Positive	2	820
Lymph vascular Invasion	1	1182
Collaborative Stage:		
CS Tumor Size	3	2800
CS Extension	3	2810
CS Tumor Size/Ext Eval	1	2820
CS Lymph Nodes	3	2830
CS Reg Nodes Eval	1	2840
CS Mets at DX	2	2850
CS Mets Eval	2	2860
CS Site Specific Factor 1	3	2880
CS Site Specific Factor 2	3	2890
CS Site Specific Factor 3	3	2900
CS Site Specific Factor 4	3	2910
CS Site Specific Factor 5	3	2920
CS Site Specific Factor 6	3	2930
CS Site Specific Factor 7	3	2861
CS Site Specific Factor 8	3	2862
CS Site Specific Factor 9	3	2863
CS Site Specific Factor 10	3	2864
CS Site Specific Factor 11	3	2865
CS Site Specific Factor 12	3	2866
CS Site Specific Factor 13	3	2867
CS Site Specific Factor 14	3	2868
CS Site Specific Factor 15	3	2869
CS Site Specific Factor 16	3	2870
CS Site Specific Factor 17	3	2871
CS Site Specific Factor 18	3	2872
CS Site Specific Factor 19	3	2873
CS Site Specific Factor 20	3	2874
CS Site Specific Factor 21	3	2875
CS Site Specific Factor 22	3	2876
CS Site Specific Factor 23	3	2877
CS Site Specific Factor 24	3	2878
CS Site Specific Factor 25	3	2879
Derived AJCC-7 T	2	2940
Derived AJCC -7 T Descriptor	1	2950
Derived AJCC -7 N	2	2960
Derived AJCC -7 N Descriptor	1	2970
Derived AJCC-7 M	2	2980
Derived AJCC-7 M Descriptor	1	2990
Derived AJCC-7 Stage Group	2	3000

Required Data Set for Reporting Facilities
continued

VCR Required Data Item	Field Length	NAACCR Item #
Derived SS2000	1	3020
Derived SS2000 – Flag	1	3050
First Course of Treatment		
Date of First Course of Treatment	8	1270
Date of First Course of Treatment Flag	2	1271
First Course Calc Method	1	1500
Rx Date - Surgery	8	1200
Rx Date - Surgery Flag	2	1201
Rx Date – Radiation	8	1210
Rx Date – Radiation Flag	2	1211
Rx Date - Chemo	8	1220
Rx Date – Chemo Flag	2	1221
Rx Date – Hormone	8	1230
Rx Date – Hormone Flag	2	1231
Rx Date – BRM	8	1240
Rx Date – BRM Flag	2	1241
Rx Date – Other	8	1250
Rx Date – Other Flag	2	1251
Scope of Regional Lymph Node Surgery	1	1292
Surgical Procedure Oth Reg/Dis Site	1	1294
Rx Summ – Treatment Status	1	1285
Rx Summ – Surg Primary Site	2	1290
Rx Summ – Scope Reg LN Surg	1	1294
Reason for No Surgery of Primary Site	1	1340
Rx Summ – Radiation	1	1360
Rad – Regional Rx Modality	2	3200
Rx Summ – Rad/Surg Sequence	1	1380
Rx Summ – Transplant/Endocrine	2	3250
Rx Summ – Chemo	2	1390
Rx Summ – Hormone	2	1400
Rx Summ – BRM	2	1410
Rx Summ – Other	1	1420
Rx Summ – Systemic/Surg Seq	1	1639
Reason for No Radiation	1	1430
Text-Diagnostic:		
Dx Procedures – Lab Tests	1000	2550
Dx Procedures – Op Procedures	1000	2560
Dx Procedures – Pathology	1000	2570
Dx Procedures – PE	1000	2520
Dx Procedures – X-Rays/Scans	1000	2530
Dx Procedures – Remarks	1000	2680
Text - Treatment:		
Surgery	1000	2610
Radiation – Beam	1000	2620
Radiation – Other	1000	2630
Chemotherapy	1000	2640
Hormone	1000	2650
BRM	1000	2660

Required Data Set for Reporting Facilities
continued

VCR Required Data Item	Field Length	NAACCR Item #
Other	1000	2670
Outcomes		
Date of Last Contact/Death	8	1750
Date of Last Contact/Death Flag	2	1751
Vital Status	1	1760
Cause of Death	4	1910
ICD Revision Number	1	1920
Place of Death	3	1940
Follow up Source	1	1790
Case Administration		
Abstracted By	3	570
Facility Identification Number (FIN)	10	540
Record Type	1	10
CoC Coding System – Current	2	2140
CoC Coding System – Original	2	2150
Over-ride ACSN/CLASS/SEQ	1	1985
Over-ride HOSPSEQ/DXCONF	1	1986
Over-ride COC – SITE/TYPE	1	1987
Over-ride HOSPSEQ/SITE	1	1988
Over-ride SITE/TNM-STAGE GROUP	1	1989
Over-ride AGE/SITE/MORPH	1	1990
Over-ride SEQNO/DXCONF	1	2000
Over-ride SURG/DXCONF	1	2020
Over-ride SITE/TYPE	1	2030
Over-ride HISTOLOGY	1	2040
Over-ride REPORT SOURCE	1	2050
Over-ride ILL DEFINED SITE	1	2560
Over-ride LEUK,LYMPHOMA	1	2070
Over-ride SITE/BEHAVIOR	1	2071
Over-ride SITE/LAT/MORPH	1	2074
Over-ride CS 1	1	3750
Over-ride CS 2	1	3751
Over-ride CS 3	1	3752
Over-ride CS 4	1	3753
Over-ride CS 5	1	3754
Over-ride CS 6	1	3755
Over-ride CS 7	1	3756
Over-ride CS 8	1	3757
Over-ride CS 9	1	3758
Over-ride CS 10	1	3759
Over-ride CS 11	1	3760
Over-ride CS 12	1	3761
Over-ride CS 13	1	3762
Over-ride CS 14	1	3763
Over-ride CS 15	1	3764
Over-ride CS 16	1	3765
Over-ride CS 17	1	3766

Required Data Set for Reporting Facilities
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VCR Required Data Item	Field Length	NAACCR Item #
Over-ride CS 18	1	3767
Over-ride CS 19	1	3768
Over-ride CS 20	1	3769
Site Coding System – Current	1	450
Morphology Coding System – Current	1	470
ICD-O-3 Conversion Flag	1	2116
RX Coding System – Current	2	1460
Derived SS2000 – Flag	1	3050
CS Version Input Original	6	2935
CS Version Derived	6	2936
CS Version Input Current	6	2937
NAACCR Record Version	1	50
Date Case Completed	8	2090
Date Case Report Exported	8	2110
Virginia State Specific		
Dioxin Exposure	1	2220
Vietnam Veteran	1	2220
Tobacco History	1	2220
Number of Years Smoked	3	2220
Alcohol History	1	2220
Family History	1	2220