

MCSP Reporting Requirements by Item & Facility Type for Cases Diagnosed 2016 (NAACCR Format 16.0)

Note: These instructions apply to reportable cases diagnosed in 2016.

Specific reporting requirements for hospitals with a registry, hospitals without a registry, and independent laboratories are summarized in the table below. The need to report an item has been assigned to the levels of required, reportable, and not required. These requirements are patterned after the American College of Surgeons (ACoS) levels for inclusion of information within a hospital registry. The practical definitions of these levels of reportability are best termed as levels of effort associated with collecting and providing the information.

If there is no information available, and inquiries have been made, do not leave the item blank (unless specifically noted in the individualized data item instructions, e.g. Name--Alias.) Instead, record the appropriate NOS or default code.

[REQ]
Required The facility **MUST** collect and report the information with data collection efforts including review of the patient’s hospital charts, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information.

NOTE: For instructions on how to code missing information, refer to the applicable coding manual for that data item.

[REP]
Reportable The facility **MUST** report the information if it can be located within the patient’s chart, outpatient records or other available records, but need not make inquiries of other facilities or physician’s offices. For example, if AJCC Stage is documented in the medical record, it must be reported.

[N/R]
Not Required/
Not Reportable Item considered generally not available to the facility and/or not considered as reliably available. Information may be reported if available to the facility. While many items are considered non-reportable, this does not mean that the field may be left blank. An appropriate default value must be reported for all non-reportable items.

CS Site Specific Factor Field Requirements

Field values for all applicable fields are reportable by all facilities if information is available in the medical record for cases diagnosed in 2016. If applicable value is not found within the medical record, then facilities are to report the appropriate default value for the field. Fields cannot be left blank.

Facility Type

When two facilities with different reporting requirement levels coordinate reporting responsibilities, the requirements for reporting are determined by the facility with the highest reporting level. For example, should a laboratory and a hospital with a registry agree to share reporting responsibilities, the reporting requirement to meet would be of a ‘hospital with a registry.’

Once you have determined your facility type, use the table on the following pages to determine the level of reporting requirement for each data item. The definitions for the three facility types are as follows:

1. Hospital with a Registry - an entity that has an approved cancer program by the American College of Surgeons (ACoS) or *working* towards ACoS approval *or* a regional registry that houses data for surrounding facilities.
2. Hospital without a Registry - geared towards smaller entities that do not have an approved cancer program or have limited resources to diagnosis and treat cancer patients.
3. Independent Laboratories - a separate laboratory from a hospital that reads specimens for either a

**MCSP Reporting Requirements by Item & Facility Type for
Cases Diagnosed 2016 (NAACCR Format 16.0)**

hospital or physician's office.

Note: Regardless of facility type, all data item fields must contain values when data is reported through proprietary cancer reporting software or Registry Plus Suite Software (Abstract Plus, Web Plus) unless it is stated in the MCSP Cancer Program Manual that a particular field can be left blank. If value is required, but it does not exist or cannot be found, then the appropriate default value must be entered. Fields cannot be left blank unless specifically allowed.

LIST OF REQUIRED ITEMS BY ITEM AND FACILITY TYPE

<i>NAACCR Item Name</i>	<i>NAACCR Item</i>	<i>Hospital with Registry</i>	<i>Hospital without Registry</i>	<i>Independent Laboratory</i>	<i>MCSP 2016 Report Form Item</i>
Abstracted By	570	REQ	REQ	REQ	100
Accession Number--Hosp	550	REQ	N/R	N/R	21
Addr at DX--City	70	REQ	REQ	REQ	5b
Addr at DX--Country	102	REQ	REQ	REQ	5g
Addr at DX--No & Street	2330	REQ	REQ	REQ	5a
Addr at DX--Postal Code	100	REQ	REQ	REQ	5e
Addr at DX--State	80	REQ	REQ	REQ	5d
Addr at DX--Supplementl	2335	REQ	REQ	REQ	5c
Addr Current--City	1810	REQ	REQ	REQ	6
Addr Current--Country	1832	REQ	REQ	REQ	6
Addr Current--No & Street	2350	REQ	REQ	REQ	6
Addr Current--Postal Code	1830	REQ	REQ	REQ	6
Addr Current--State	1820	REQ	REQ	REQ	6
Addr Current--Supplemental	2355	REQ	REQ	REQ	6
Alcohol Use (State-specific item 9521)		REP	REP	N/R	17
Behavior Code ICD-O-3	523	REQ	REQ	REQ	33b
Birthplace--Country	254	REP	REP	REP	8b
Birthplace--State	252	REP	REP	REP	8a
Casefinding Source	501	REQ	REQ	REQ	23
Cause of Death	1910	REQ	REP	N/R	103
Class of Case	610	REP	REP	REP	26
Comorbid/Complication (1-10)	3110-3164	REQ	REQ	N/R	14a
County at DX	90	REQ	REQ	REQ	5f
County--Current	1840	REQ	REQ	REQ	6
CS Site-Specific Factor 1	2880	REP	REP	REP	48
CS Site-Specific Factor 2	2890	REP	REP	REP	49
CS Site-Specific Factor 3	2900	REP	REP	REP	50
CS Site-Specific Factor 4	2910	REP	REP	REP	51
CS Site-Specific Factor 5	2920	REP	REP	REP	52
CS Site-Specific Factor 6	2930	REP	REP	REP	53
CS Site-Specific Factor 7	2861	REP	REP	REP	54
CS Site-Specific Factor 8	2862	REP	REP	REP	55

**MCSP Reporting Requirements by Item & Facility Type for
Cases Diagnosed 2016 (NAACCR Format 16.0)**

<i>NAACCR Item Name</i>	<i>NAACCR Item</i>	<i>Hospital with Registry</i>	<i>Hospital without Registry</i>	<i>Independent Laboratory</i>	<i>MCSP 2016 Report Form Item</i>
CS Site-Specific Factor 9	2863	REP	REP	REP	56
CS Site-Specific Factor 10	2864	REP	REP	REP	57
CS Site-Specific Factor 11	2865	REP	REP	REP	58
CS Site-Specific Factor 12	2866	REP	REP	REP	59
CS Site-Specific Factor 13	2867	REP	REP	REP	60
CS Site-Specific Factor 14	2868	REP	REP	REP	61
CS Site-Specific Factor 15	2869	REP	REP	REP	62
CS Site-Specific Factor 16	2870	REP	REP	REP	63
CS Site-Specific Factor 17	2871	REP	REP	REP	64
CS Site-Specific Factor 18	2872	REP	REP	REP	65
CS Site-Specific Factor 19	2873	REP	REP	REP	66
CS Site-Specific Factor 20	2874	REP	REP	REP	67
CS Site-Specific Factor 21	2875	REP	REP	REP	68
CS Site-Specific Factor 22	2876	REP	REP	REP	69
CS Site-Specific Factor 23	2877	REP	REP	REP	70
CS Site-Specific Factor 24	2878	REP	REP	REP	71
CS Site-Specific Factor 25	2879	REP	REP	REP	72
Date 1st Crs RX CoC	1270	REQ	REQ	REP	74a
Date 1st Crs RX CoC Flag	1271	REQ	REQ	REP	74b
Date Case Completed	2090	REQ	REQ	REQ	105
Date of 1st Contact	580	REQ	REQ	N/R	29
Date of 1st Contact Flag	581	REQ	REQ	N/R	N/A
Date of Birth	240	REQ	REQ	REQ	7
Date of Death (Reportable on paper report form only)	1750	N/R	REP	REP	102
Date of Diagnosis	390	REQ	REQ	REQ	30
Date of Last Contact	1750	REQ	REQ	REP	94a
Date of Last Contact Flag	1751	REQ	REQ	REP	94b
Diagnostic Confirmation	490	REQ	REQ	REQ	36
Family History of Cancer (State-specific item 9520)		REP	REP	N/R	16a-c
Grade	440	REQ	REQ	REQ	34
Histologic Type ICD-O-3	522	REQ	REQ	REQ	33a
Laboratory Report Number (State-specific item 9507)		REP	REP	REQ	20
Laterality	410	REQ	REQ	REQ	32
Lymph-vascular Invasion	1182	REQ	REQ	REP	35
Marital Status at DX	150	REP	REP	REP	12
Medical Record Number	2300	REQ	REQ	N/R	19
Mets at DX-Bone	1112	REQ	REQ	N/R	42
Mets at DX-Brain	1113	REQ	REQ	N/R	43

**MCSP Reporting Requirements by Item & Facility Type for
Cases Diagnosed 2016 (NAACCR Format 16.0)**

<i>NAACCR Item Name</i>	<i>NAACCR Item</i>	<i>Hospital with Registry</i>	<i>Hospital without Registry</i>	<i>Independent Laboratory</i>	<i>MCSP 2016 Report Form Item</i>
Mets at DX-Distant LN	1114	REQ	REQ	N/R	44
Mets at DX-Liver	1115	REQ	REQ	N/R	45
Mets at DX-Lung	1116	REQ	REQ	N/R	46
Mets at DX-Other	1117	REQ	REQ	N/R	47
Michigan Facility Number (State-specific item 9508)		REQ	REQ	REQ	25
Name--Alias	2280	REP	REP	REP	3
Name--First	2240	REQ	REQ	REQ	1b
Name--Last	2230	REQ	REQ	REQ	1a
Name--Maiden	2390	REP	REP	N/R	2
Name--Middle	2250	REQ	REQ	REQ	1c
Place of Death--Country	1944	REP	REP	N/R	104b
Place of Death--State	1942	REP	REP	N/R	104a
Primary Payer at DX	630	REQ	REQ	REP	13
Primary Site	400	REQ	REQ	REQ	31
Race (1-5)	160-164	REQ	REQ	REQ	11
Rad--Regional RX Modality	1570	REQ	REQ	N/R	84
Reason for No Radiation	1430	REQ	REQ	N/R	83
Reason for No Surgery	1340	REQ	REQ	N/R	76
Regional Nodes Examined	830	REQ	REQ	N/R	41
Regional Nodes Positive	820	REQ	REQ	N/R	40
Reporting Facility	540	REQ	REQ	REQ	24a
RX Date BRM	1240	REQ	REQ	N/R	90a
RX Date BRM Flag	1241	REQ	REQ	N/R	90b
RX Date Chemo	1220	REQ	REQ	N/R	85a
RX Date Chemo Flag	1221	REQ	REQ	N/R	85b
RX Date Hormone	1230	REQ	REQ	N/R	88a
RX Date Hormone Flag	1231	REQ	REQ	N/R	88b
RX Date Mst Defn Srg	3170	REQ	REQ	N/R	77c
RX Date Mst Defn Srg Flag	3171	REQ	REQ	N/R	77d
RX Date Other	1250	REQ	REQ	N/R	92a
RX Date Other Flag	1251	REQ	REQ	N/R	92b
RX Date Radiation	1210	REQ	REQ	N/R	82a
RX Date Radiation Flag	1211	REQ	REQ	N/R	82b
RX Date Surgery	1200	REQ	REQ	REP	77a
RX Date Surgery Flag	1201	REQ	REQ	REP	77b
RX Summ--BRM	1410	REQ	REQ	N/R	91
RX Summ--Chemo	1390	REQ	REQ	N/R	86
RX Summ--Hormone	1400	REQ	REQ	N/R	89
RX Summ--Other	1420	REQ	REQ	N/R	93
RX Summ--Scope Reg NL Sur	1292	REQ	REQ	N/R	80

**MCSP Reporting Requirements by Item & Facility Type for
Cases Diagnosed 2016 (NAACCR Format 16.0)**

<i>NAACCR Item Name</i>	<i>NAACCR Item</i>	<i>Hospital with Registry</i>	<i>Hospital without Registry</i>	<i>Independent Laboratory</i>	<i>MCSP 2016 Report Form Item</i>
RX Summ--Surg Oth Reg/Dis	1294	REQ	REQ	N/R	79
RX Summ--Surg Prim Site (Code the most definitive surgical procedure of primary site)	1290	REQ	REQ	REP	78
RX Summ--Surg/Rad Seq	1380	REQ	REQ	N/R	81
RX Summ--Systemic/Sur Seq	1639	REQ	REQ	N/R	75
RX Summ--Transplnt/Endocr	3250	REQ	REQ	N/R	87
RX Summ--Treatment Status	1285	REQ	REQ	N/R	73
RX Text--BRM	2660	REQ	REQ	N/R	98
RX Text--Chemo	2640	REQ	REQ	N/R	98
RX Text--Hormone	2650	REQ	REQ	N/R	98
RX Text--Other	2670	REQ	REQ	N/R	98
RX Text--Radiation (Beam)	2620	REQ	REQ	REQ	99
RX Text--Radiation Other	2630	REQ	REQ	REQ	99
RX Text--Surgery	2610	REQ	REQ	REP	78
Secondary Diagnosis (1-10)	3780-3798	REQ	REQ	N/R	14b
SEER Summary Staging 2000* (Directly coded)	759	REQ	REQ	REQ	37
Sequence Number--Hospital	560	REQ	REQ	REQ	21
Sex	220	REQ	REQ	REQ	9
Social Security Number	2320	REQ	REQ	REQ	4
Spanish/Hispanic Origin	190	REP	REP	REP	10
Text--DX Proc--Lab Tests	2550	REP	REP	REP	95
Text--DX Proc--OP	2560	REP	REP	REP	78
Text--DX Proc--Path	2570	REP	REP	REP	33a
Text--DX Proc--PE	2520	REP	REP	REP	95
Text--DX Proc--Scopes	2540	REP	REP	REP	97
Text--DX Proc--X-ray/Scan	2530	REP	REP	REP	96
Text--Histology Title	2590	REP	REP	REP	33a
Text--Place of Diagnosis	2690	REP	REP	REP	24b
Text--Primary Site Title	2580	REP	REP	REP	31
Text--Remarks	2680	REP	REP	REP	99
Text--Staging	2600	REP	REP	REP	97
Text--Usual Industry	320	REP	REP	REP	15b
Text--Usual Occupation	310	REP	REP	REP	15a
TNM Clin Descriptor (Directly assigned)*	980	REQ	REQ	N/R	38
TNM Clin M (Directly assigned)*	960	REQ	REQ	N/R	38
TNM Clin N (Directly assigned)*	950	REQ	REQ	N/R	38
TNM Clin Stage Group (Directly assigned)*	970	REQ	REQ	N/R	38
TNM Clin T (Directly assigned)*	940	REQ	REQ	N/R	38
TNM Edition Number*	1060	REQ	REQ	N/R	N/A
TNM Path Descriptor (Directly assigned)*	920	REQ	REQ	N/R	38

**MCSP Reporting Requirements by Item & Facility Type for
Cases Diagnosed 2016 (NAACCR Format 16.0)**

<i>NAACCR Item Name</i>	<i>NAACCR Item</i>	<i>Hospital with Registry</i>	<i>Hospital without Registry</i>	<i>Independent Laboratory</i>	<i>MCSP 2016 Report Form Item</i>
TNM Path M (Directly assigned)*	900	REQ	REQ	N/R	38
TNM Path N (Directly assigned)*	890	REQ	REQ	N/R	38
TNM Path Stage Group (Directly assigned)*	910	REQ	REQ	N/R	38
TNM Path T (Directly assigned)*	880	REQ	REQ	N/R	38
Tobacco Use (State-specific item)	9522	REP	REP	REP	18
Tumor Size Clinical (Required from SEER facilities/programs only)	752	REQ	REQ	N/R	39
Tumor Size Pathologic\ (Required from SEER facilities/programs only)	754	REP	REP	REP	39
Tumor Size Summary	756	REQ	REQ	REP	N/A
Type of Reporting Source	500	REQ	REQ	REQ	22
Vital Status	1760	REQ	REQ	REQ	101

* Both directly assigned TNM Stage *and* directly coded SEER Summary Stage values are ***required*** by the Michigan Cancer Surveillance Program for Hospitals with a Registry *and* for Hospitals without a Registry for all cases ***diagnosed in 2016 and forward.***

NOTE: If your registry is located within Wayne, Oakland, or Macomb counties and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313-578-4219 or whitlock@med.wayne.edu.