

## **MCSP Reporting Requirements by Item & Facility Type for Cases Diagnosed in 2015 or Earlier Only (NAACCR Format 15.0)**

*Note: These instructions apply to reportable cases diagnosed on December 31, 2015 or earlier only. See separate instructions for cases diagnosed January 1, 2016 and forward.*

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. Alias Name.) 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.

### **Special Site Specific Factor Field Requirements:**

The site specific factor field requirements are modeled after the requirements set forth by the American College of Surgeons. Refer to file “CoC and SEER Combined Site Specific Factors List” located at <http://seer.cancer.gov/tools/ssf/> for a complete listing of the SSF fields.

MCSP has created a color coded chart that indicates which SSF fields are required. This document is named “MCSP SSF Requirements by Primary Site” and can be downloaded from the MCSP website [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_5221-16586--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5221-16586--,00.html). Collaborative Staging version 02.05 requires values for Site Specific Factor (SSF) fields marked with an X in the chart. All facilities must report values for those fields as documented in the medical record for cases diagnosed in 2015 or earlier. If applicable value is not found within the medical record, then facilities are to report the appropriate default value for the field.

### **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:

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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 hospital or physician's office.

**LIST OF REQUIRED ITEMS BY ITEM AND FACILITY TYPE**

<i>Item Number</i>	<i>MCSP Item Name</i>	<i>NAACCR Item</i>	<i>Hospital w/ Registry</i>	<i>Hosp w/o Registry</i>	<i>Independent Laboratory</i>
1a	Last Name of Patient	2230	REQ	REQ	REQ
1b	First Name of Patient	2240	REQ	REQ	REQ
1c	Middle Name of Patient	2250	REQ	REQ	REQ
2	Maiden Name	2390	REP	REP	N/R
3	Alias Name	2280	REP	REP	N/R
4	Social Security Number	2320	REQ	REQ	REQ
5a	Patient Address at Time of Diagnosis (Number & Street)	2330	REQ	REQ	REQ
5b	City/Town at Diagnosis	70	REQ	REQ	REQ
5c	Supplemental Address at Diagnosis	2335	REQ	REQ	REQ
5d	State at Diagnosis	80	REQ	REQ	REQ
5e	Zip Code at Diagnosis	100	REQ	REQ	REQ
5f	County at Diagnosis	90	REQ	REQ	REQ
5g	Country at Diagnosis	102	REQ	REQ	REQ
6	Current Address	1810-1830, 1832, 2350, 2355	REQ	REQ	REQ
7	Date of Birth	240	REQ	REQ	REQ
8a	Birthplace - State	252	REP	REP	N/R
8b	Birthplace - Country	254	REP	REP	N/R
9	Sex	220	REQ	REQ	REQ
10	Spanish/Hispanic Origin	190	REQ	REQ	REP
11	Race (1-5)	160-164	REQ	REQ	REQ
12	Marital Status at Diagnosis	150	REP	REP	REP

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13	Primary Payer at Diagnosis	630	REQ	REQ	REP
14a	Comorbidities/Complications (1-10)	3110-3164	REQ	REQ	N/R
14b	Secondary Diagnoses (1-10)	3780-3798	REQ	REQ	N/R
15a	Usual Occupation Prior to Retirement	310	REP	REP	N/R
15b	Usual Industry Prior to Retirement	320	REP	REP	N/R
16a-c	Family History of Cancer	9520 State specific item #	REP	REP	N/R
17	Alcohol Use	9521 State specific item #	REP	REP	N/R
18	Tobacco Use	9522 State specific item #	REP	REP	N/R
19	Medical Record Number	2300	REQ	REQ	N/R
20	Laboratory Report Number	9507	REP	REP	REQ
21	Accession Number and Sequence Number	550/560	REQ	N/R	N/R
22	Type of Reporting Source	500	REQ	REQ	REQ
23	Case Finding Source	501	REQ	REQ	REQ
24	Reporting Facility and City	540	REQ	REQ	REQ
25	Michigan Facility Number	9508	REQ	REQ	REQ
26	Class of Case	610	REQ	REQ	REQ
27a	Date of Inpatient Admission	590	REQ	REQ	N/R
27b	Date of Inpatient Admission Flag	591	REQ	REQ	N/R
28a	Date of Inpatient Discharge	600	REQ	REQ	N/R
28b	Date of Inpatient Discharge Flag	601	REQ	REQ	N/R
29	Date of First Contact	580	REQ	REQ	N/R
30	Date of (Initial) Diagnosis	390	REQ	REQ	REQ
31	Primary Site (Code/Text)	400/2580	REQ	REQ	REQ
32	Laterality (Paired Organ)	410	REQ	REQ	REQ
33a	Histology (Code/Text)	2570/522/2590	REQ	REQ	REQ
33b	Behavior Code	523	REQ	REQ	REQ
34	Grade/Differentiation	440	REQ	REQ	REQ

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35	Lymph Vascular Invasion (LVI)	1182	REQ	REQ	REP
36	Diagnostic Confirmation	490	REQ	REQ	REQ
37	SEER Summary Staging 2000 * Directly coded value – not derived value	759	REQ	REQ	REQ
38	AJCC Stage: Clinical T * Directly coded value – not derived value	940	REQ	REP	N/R
38 cont'd	AJCC Stage: Clinical N * Directly coded value – not derived value	950	REQ	REP	N/R
38 cont'd	AJCC Stage: Clinical M * Directly coded value – not derived value	960	REQ	REP	N/R
38 cont'd	AJCC Clinical TNM Stage Group * Directly coded value – not derived value	970	REQ	REP	N/R
38 cont'd	AJCC Clinical TNM Descriptor * Directly coded value – not derived value	980	REQ	REP	N/R
38 cont'd	AJCC Stage: Pathological T * Directly coded value – not derived value	880	REQ	REP	N/R
38 cont'd	AJCC Stage: Pathological N * Directly coded value – not derived value	890	REQ	REP	N/R
38 cont'd	AJCC Stage: Pathological M * Directly coded value – not derived value	900	REQ	REP	N/R
38 cont'd	AJCC Pathological TNM Stage Group * Directly coded value – not derived value	910	REQ	REP	N/R
38 cont'd	AJCC Pathological TNM Descriptor * Directly coded value – not derived value	920	REQ	REP	N/R
39	CS Tumor Size	2800	REQ	REQ	REP
40	CS Extension	2810	REQ	REQ	N/R
41	CS Tumor Size/Ext Eval	2820	REQ	REQ	N/R
42	CS Lymph Nodes	2830	REQ	REQ	N/R
43	CS Lymph Nodes Eval	2840	REQ	REQ	N/R
44	Regional Lymph Nodes Positive	820	REQ	REQ	N/R
45	Regional Lymph Nodes Examined	830	REQ	REQ	N/R
46	CS Metastasis at Diagnosis	2850	REQ	REQ	N/R
47	CS Mets at DX - Bone	2851	REQ	REQ	N/R
48	CS Mets at DX - Brain	2852	REQ	REQ	N/R
49	CS Mets at DX - Liver	2853	REQ	REQ	N/R
50	CS Mets at DX - Lung	2854	REQ	REQ	N/R
51	CS Mets Eval	2860	REQ	REQ	N/R
52	Site-Specific Factor (SSF) 1	2880	REP	REP	N/R

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53	SSF2	2890	REP	REP	N/R
54	SSF3	2900	REP	REP	N/R
55	SSF4	2910	REP	REP	N/R
56	SSF5	2920	REP	REP	N/R
57	SSF6	2930	REP	REP	N/R
58	SSF7	2861	REP	REP	N/R
59	SSF8	2862	REP	REP	N/R
60	SSF9	2863	REP	REP	N/R
61	SSF10	2864	REP	REP	N/R
62	SSF11	2865	REP	REP	N/R
63	SSF12	2866	REP	REP	N/R
64	SSF13	2867	REP	REP	N/R
65	SSF14	2868	REP	REP	N/R
66	SSF15	2869	REP	REP	N/R
67	SSF16	2870	REP	REP	N/R
68	SSF17	2871	REP	REP	N/R
69	SSF18	2872	REP	REP	N/R
70	SSF19	2873	REP	REP	N/R
71	SSF20	2874	REP	REP	N/R
72	SSF21	2875	REP	REP	N/R
73	SSF22	2876	REP	REP	N/R
74	SSF23	2877	REP	REP	N/R
75	SSF24	2878	REP	REP	N/R
76	SSF25	2879	REP	REP	N/R
77	RX Summ – RX Status	1285	REQ	REQ	N/R
78a	Date First Course of Treatment	1270	REQ	REQ	N/R
78b	Date First Course of Treatment Flag	1271	REQ	REQ	N/R

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79	Systemic/Surgery Sequence	1639	REQ	REQ	N/R
80	Reason for No Surgery of Primary Site	1340	REQ	REQ	N/R
81a	Date First Surgical Procedure	1200	REQ	REQ	N/R
81b	Date First Surgical Procedure Flag	1201	REQ	REQ	N/R
81c	Date Most Definitive Surg Procedure	3170	REQ	REQ	N/R
81d	Date Most Definitive Surg Proc Flag	3171	REQ	REQ	N/R
82	Most Definitive Surgical Procedure of Primary Site (Code/Text)	1290/2560/2610	REQ	REQ	N/R
83	Surgical Procedure/Other Site	1294	REQ	REQ	N/R
84	Scope of Regional Lymph Node Surgery	1292	REQ	REQ	N/R
85	Radiation/Surgery Sequence	1380	REQ	REQ	N/R
86a	Date Radiation Started	1210	REQ	REQ	N/R
86b	Date Radiation Started Flag	1211	REQ	REQ	N/R
87	Reason For No Radiation	1430	REQ	REQ	N/R
88	Radiation Treatment Modality	1570	REQ	REQ	N/R
89a	Date Chemotherapy Started	1220	REQ	REQ	N/R
89b	Date Chemotherapy Flag	1221	REQ	REQ	N/R
90	Chemotherapy	1390	REQ	REQ	N/R
91	Hematologic Transplant and Endocrine Procedures	3250	REQ	REQ	N/R
92a	Date Hormone Therapy Started	1230	REQ	REQ	N/R
92b	Date Hormone Started Flag	1231	REQ	REQ	N/R
93	Hormone Therapy	1400	REQ	REQ	N/R
94a	Date Immunotherapy Started	1240	REQ	REQ	N/R
94b	Date Immunotherapy Started Flag	1241	REQ	REQ	N/R
95	Immunotherapy	1410	REQ	REQ	N/R
96a	Date Other Therapy Started	1250	REQ	REQ	N/R
96b	Date Other Therapy Started Flag	1251	REQ	REQ	N/R
97	Other Treatment	1420	REQ	REQ	N/R

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98a	Date of Last Contact	1750	REQ	REQ	N/R
98b	Date of Last Contact Flag	1751	REQ	REQ	N/R
99	Text Physical Exam/Signs & Symptoms/Labs	2520/2550	REQ	REQ	REQ
100	Text X-rays/Scans	2530	REQ	REQ	N/R
101	Text Biopsy/Scopes/Staging/Path	2540/2570/2600	REQ	REQ	REQ
102	Text Chemo/Hormone/Immunotherapy/Other	2640/2650/2660/ 2670	REQ	REQ	N/R
103	Text Radiation Therapy/Miscellaneous	2620/2630/2680	REQ	REQ	REQ
104	Abstractor Name and Contact Number	570/---	REQ	REQ	REQ
105	Vital Status	1760	REQ	REQ	REQ
106	Date of Death	1750	REQ	REP	N/R
107	Cause of Death	1910	REQ	REP	N/R
108a	Place of Death - State	1942	REQ	REP	N/R
108b	Place of Death - Country	1944	REQ	REP	N/R
109	Date Abstracted	2090	REQ	REQ	REQ

\* Directly coded TNM Stage *is Required* by the Michigan Cancer Surveillance Program *beginning with cases diagnosed January 1, 2015 and forward for Hospitals with a Registry*. Directly coded TNM Stage *is Reportable* to the Michigan Cancer Surveillance Program *beginning with cases diagnosed January 1, 2015 and forward for Hospitals without a Registry*. Directly coded SEER Summary Stage *is Required for all facilities regardless of type*.

*NOTE:* If your registry is Wayne, Oakland, or Macomb county, and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Witlock at 313.578.4219 or [whitlock@med.wayne.edu](mailto:whitlock@med.wayne.edu).