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**APPLICATION FOR ACCESS TO CONFIDENTIAL CANCER DATA  
FOR HEALTH RELATED RESEARCH**

New Hampshire Cancer Registry data are available for health related research purposes only by application to, and approval of the New Hampshire Department of Health and Human Services (NH DHHS) for the release of the Cancer Registry data set. The NH DHHS is referred to as the "Approving Authority" in this application.

This *Application for Access to Confidential Cancer Data For Health-Related Research* form provides the information the Approving Authority requires to make a decision about whether or not to grant the request for data. The Approving Authority will consider your request only upon receipt of a completed application. *Any areas of this application left blank without explanation will delay the review of this request, so please take the time to review your completed application carefully. Please provide responses to the questions in the application in this document only.*

***This data release process involves the following steps:***

- (i) *We recommend that you discuss the data with our staff before completing this form to understand the strengths and limitations of registry data and receive help in selecting the best variables for your study. Please email [Bruce.Riddle@dartmouth.edu](mailto:Bruce.Riddle@dartmouth.edu), Registry Manager, New Hampshire State Cancer Registry, who will arrange for one of our staff to contact you.*
- (ii) *Review regulations concerning use of public health datasets in the **Guidelines for the Public Release of Public Health Data**:*  
<http://www.dhhs.nh.gov/dphs/hsdm/documents/publichealthdata.pdf>
- (iii) *Complete, sign and submit this **Application for Access to Confidential Cancer Data For Health-Related Research** form: <http://www.dhhs.nh.gov/dphs/hsdm/cancer/documents/confidential.pdf>*
- (iv) *Submit the approval letter from your Institutional Review Board along with the approved protocol and related materials (e.g. consent forms, questionnaires). If the approval letter is pending, you may submit the other materials and forward the approval letter once obtained.*
- (v) *The approval process generally takes approximately four to eight weeks from the time a completed application is received by the Approving Authority. Prior to receipt of data, applicants will be notified of any fees that may be required in order to receive the requested data.*

*If the Approving Authority ascertains that part or all of a request can be accomplished through receipt of aggregate data, public use data sets, or creation of proxy variables, it reserves the right to deny the request and redirect the applicant to the appropriate agency to obtain the information required.*

*The Approving Authority reserves the right to independently validate anything contained in this application and may at its discretion contact any Institutional Review Board that has purview over the research project for which data is requested.*

- (vi) *On receipt of confirmation of your approval to receive data, submit the **Data Use Agreement (DUA)**, <http://www.dhhs.nh.gov/dphs/hsdm/documents/datauseagreement.pdf>, completed and signed to [Claire.Gendron@dhhs.nh.gov](mailto:Claire.Gendron@dhhs.nh.gov); and email [Bruce.Riddle@dartmouth.edu](mailto:Bruce.Riddle@dartmouth.edu), Registry Manager, New Hampshire State Cancer Registry, to arrange transfer of the data.*
- (vii) *For ongoing use of the data, submit renewal approval letters from your IRB every year or as needed to demonstrate ongoing IRB approval.*
- (viii) *Prior to publication of research articles using NH DHHS data, a copy of the manuscript must be emailed to [Claire.Gendron@dhhs.nh.gov](mailto:Claire.Gendron@dhhs.nh.gov). The article will be reviewed to ensure that the policies outlined in the **DUA** are maintained. You will be notified once approval is granted, generally within one week of submission.*
- (ix) *All published articles should include the following acknowledgement:*  
*“This project was supported in part by the Centers for Disease Control and Prevention's National Program of Cancer Registries, cooperative agreement 5U58DP003930 awarded to the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Office of Health Statistics and Data Management. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or New Hampshire Department of Health and Human Services.”*
- (x) *We would appreciate receiving citations of published work for our records: please email those to [Claire.Gendron@dhhs.nh.gov](mailto:Claire.Gendron@dhhs.nh.gov). This helps in our applications for funding to continue collecting data.*
- (xi) *For termination of the study, submit the **Notice of Termination of Use of Confidential Cancer Data Form**: <http://www.dhhs.nh.gov/dphs/hsdm/cancer/documents/cancer-termination.pdf>*
- (xii) *If you modify your study protocol, submit those changes to us for review/approval prior to initiation of them along with proof of your IRB's approval of those changes.*
- (xiii) *On or before the retention date, destruction of the data must be conducted according to the terms of the DUA, and notarized confirmation provided to NH DHHS.*
- (xiv) *If you need to use the data beyond your specified retention date, submit the **Request for Continued Use of Confidential Cancer Data Form**: <http://www.dhhs.nh.gov/dphs/hsdm/cancer/documents/cancer-continuation.pdf> .*

Please send completed application materials to the following address:

*Claire Gendron  
Executive Secretary  
Division of Public Health Services  
Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504*

For questions, please do not hesitate to contact us at (603) 271-4988 or e-mail to [Claire.Gendron@dhhs.nh.gov](mailto:Claire.Gendron@dhhs.nh.gov).

**Part I: Request for Data with Personal Identification Information**

All information provided in these sections and in the separate data variable forms is required. This information will serve as criteria for the Approving Authority's decision regarding release of confidential data.

**Section A: Individual and Organization Requestor Information**

Contact Person's Name and Title (name of person who will receive the data):
Organization:
Address:
Telephone Number:
Fax Number:
E-mail Address:
Principal Investigator or Overall Responsible Party's Name and Title:
Principal Investigator or Overall Responsible Party's Telephone Number:
Application Date:

**Section B: Summary of Research Study Protocol or Project Activities:**

Please submit a copy of your research/study/project protocol. Use as much space as you need below to answer the questions. If you are not using this electronic document, attach a separate document with numbered answers.

- 1. Title of study or project:**
- 2. Purpose of the study or project.** What is the hypothesis? How will this study benefit New Hampshire residents and/or contribute to general knowledge?
- 3. Requestor and Principal Investigator's qualifications and affiliation** (*briefly describe and attach resumes*)
- 4. Personnel.** Please describe all research and other staff who will have access to the confidential data. These include personnel, subcontractors, and affiliated agencies.
- 5. Source of funds.** Please describe the source(s) and duration of all funding for the study (including in-kind contributions). Identification should include the name, address, and a contact number for the agency directly responsible for the funding, as well as identifying links to any umbrella organization.
- 6. Study background and design.** Please address the following points (you may also attach an existing research protocol as an additional reference, although, please note, an attached protocol shall not serve as a replacement for providing answers to the questions below, or any other information requested in this application):
  - What are the specific aims of your project? Specifically state the goal(s) of the research. This should be as focused and detailed as possible.
  - Based on the study goal(s) and design of the information to be collected, provide a logical outline of the study, intended start and completion dates, and sampling or data collection methodology.
  - Describe the study's case definition (demographics, medical criteria, geographic location, and other appropriate descriptions).
  - Describe the method of data analysis and software programs you anticipate using.
  - If you intend to link data to other databases, resulting in the determination of additional individuals' identification, please describe the process and provide for IRB approval to conduct this research (indicating procedures for gaining consent). Include any copies of informed consent forms.

**7. IRB approval.** If applicable, please include the current documentation of the Institutional Review Board approval for the study. The IRB of record shall be in compliance with the requirements of the U.S. Department of Health and Human Services Code of Federal Regulations for Protection of Human Subjects (45 CFR 46). If not applicable, please state below.

**8. Dataset requested.** Please check the time period you require for your project.

<i>Years Required for Project</i>				
<input type="checkbox"/> 1995	<input type="checkbox"/> 2000	<input type="checkbox"/> 2005	<input type="checkbox"/> 2010	<input type="checkbox"/> 2015
<input type="checkbox"/> 1996	<input type="checkbox"/> 2001	<input type="checkbox"/> 2006	<input type="checkbox"/> 2011	
<input type="checkbox"/> 1997	<input type="checkbox"/> 2002	<input type="checkbox"/> 2007	<input type="checkbox"/> 2012	
<input type="checkbox"/> 1998	<input type="checkbox"/> 2003	<input type="checkbox"/> 2008	<input type="checkbox"/> 2013	
<input type="checkbox"/> 1999	<input type="checkbox"/> 2004	<input type="checkbox"/> 2009	<input type="checkbox"/> 2014	

*Note: If your study anticipates requesting records into the future, please indicate final year that will be needed. Cancer Registry data are not considered complete until 24 months after date of diagnosis, and we do not release incomplete data except in special circumstances (e.g. studies that require early identification of cases). To request years prior to 1995 (1987-1994), or to request early access to data, please contact Bruce Riddle at [Bruce.Riddle@dartmouth.edu](mailto:Bruce.Riddle@dartmouth.edu), Registry Manager, New Hampshire State Cancer Registry, to discuss limitations of these data.*

**9.** Please complete the variable list form (**Part II of this application**) for each dataset requested; the variable list form requires justification for all confidential data variables requested.

**10.** Data will be provided in a password-protected encrypted file. Please indicate how you would like to receive the data (check only one box):

<input checked="" type="checkbox"/> <b>File Format</b>
<input type="checkbox"/> CSV or Pipe Delimited File
<input type="checkbox"/> Fixed Format File
<input type="checkbox"/> SAS Data set

**11. Contact with human subjects.** Will the study or project activities involve contact with any persons identified *within* the requested data records? Please explain the need for and the nature of the expected contact.

**12. Data management and security.** Please describe, in detail, the methods used to store the confidential data and how confidentiality of the data will be maintained.



## Part II: Data Set Variable Selection and Justification of NH State Cancer Registry Data

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- Specify below a justification for variables that could potentially be direct or indirect identifiers. Variables may be denied if your application does not adequately justify your explicit need. Variables requested to verify the content of other variables or to calculate new information may be denied.
  
- Specify any sub-selection or filtering of records. We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in (e.g., if you are specifically interested in stage 1 and 2 of breast cancers, be sure to indicate that here).
  
- Specify any grouping of values for a variable. Where relevant, we will provide data variables pre-grouped. Please indicate any grouping that is needed for your study (e.g., if you only need to know the patient's county of residence, indicate that, and we will supply the county instead of the town of residence. Another common example is grouping the patient's age).

**Part II: Data Set Variable Selection and Justification of NH State Cancer Registry Data****Instructions for using the following checklists:**

- On the following pages, find the variable listings for the selected datasets.
- On the form(s), indicate variables requested by placing a ✓ in the select box.
- Select only those variables needed for your study.
- For Cancer Data Dictionary- Please visit <http://www.dhhs.nh.gov/dphs/hsdm/cancer/documents/cancerdictionary.pdf>

*Note: The table below must be completed even if the information is also described in your protocol.*

PATIENT IDENTIFICATION					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	2230	Name— Last	Patient-Confidential	All	
<input type="checkbox"/>	2240	Name— First	Patient-Confidential	All	
<input type="checkbox"/>	2250	Name--Middle	Patient-Confidential	All	
<input type="checkbox"/>	2260	Name— Prefix	Patient-Confidential	All	
<input type="checkbox"/>	2270	Name— Suffix	Patient-Confidential	All	
<input type="checkbox"/>	2280	Name— Alias	Patient-Confidential	All	
<input type="checkbox"/>	2390	Name--Maiden	Patient-Confidential	All	
<input type="checkbox"/>	2300	Medical Record Number	Patient-Confidential	All	
<input type="checkbox"/>	2320	Social Security Number	Patient-Confidential	All	
<input type="checkbox"/>	2330	Addr at DX--No & Street	Patient-Confidential	All	
<input type="checkbox"/>	2335	Addr at DX--Supplementl	Patient-Confidential	All	
<input type="checkbox"/>	70	Addr at DX--City	Demographics	All	
<input type="checkbox"/>	80	Addr at DX--State	Demographics	All	
<input type="checkbox"/>	90	County at DX	Demographics	All	
<input type="checkbox"/>	100	Addr at DX--Postal Code	Demographics	All	
<input type="checkbox"/>	102	Addr at DX--Country	Demographics	2013+	
<input type="checkbox"/>	110	Census Tract 1970/80/90	Demographics	<1998	
<input type="checkbox"/>	120	Census Cod Sys 1970/80/90	Demographics	<1998	
<input type="checkbox"/>	130	Census Tract 2000	Demographics	1998+	
<input type="checkbox"/>	135	Census Tract 2010	Demographics	2008+	
<input type="checkbox"/>	145	Census Tr Poverty Indictcr	Demographics	2013+	
<input type="checkbox"/>	362	Census Block Group 2000	Demographics	1998+	

PATIENT IDENTIFICATION – continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	364	Census Tr Cert 1970/80/90	Demographics	All	
<input type="checkbox"/>	366	GIS Coordinate Quality	Demographics	All	
<input type="checkbox"/>	367	Census Tr Certainty 2010	Demographics	2011+	
<input type="checkbox"/>	368	CensusBlockGroup 70/80/90	Demographics	All	
<input type="checkbox"/>	2352	Latitude	Patient-Confidential	All	
<input type="checkbox"/>	2354	Longitude	Patient-Confidential	All	
<input type="checkbox"/>	3300	RuralUrban Continuum 1993	Demographics	2003+	
<input type="checkbox"/>	3310	RuralUrban Continuum 2003	Demographics	2003+	
<input type="checkbox"/>	2360	Telephone	Patient-Confidential	All	
<input type="checkbox"/>	150	Marital Status at DX	Demographics	All	
<input type="checkbox"/>	160	Race 1	Demographics	All	
<input type="checkbox"/>	161	Race 2	Demographics	2000+	
<input type="checkbox"/>	162	Race 3	Demographics	2000+	
<input type="checkbox"/>	163	Race 4	Demographics	2000+	
<input type="checkbox"/>	164	Race 5	Demographics	2000+	
<input type="checkbox"/>	170	Race Coding Sys--Current	Demographics	All	
<input type="checkbox"/>	180	Race Coding Sys--Original	Demographics	All	
<input type="checkbox"/>	190	Spanish/Hispanic Origin	Demographics	All	
<input type="checkbox"/>	191	NHIA Derived Hisp Origin	Demographics	All	
<input type="checkbox"/>	192	IHS Link	Demographics	All	
<input type="checkbox"/>	193	Race--NAPIIA(derived API)	Demographics	All	
<input type="checkbox"/>	200	Computed Ethnicity	Demographics	All	
<input type="checkbox"/>	210	Computed Ethnicity Source	Demographics	All	
<input type="checkbox"/>	220	Sex	Demographics	All	
<input type="checkbox"/>	230	Age at Diagnosis	Demographics	All	
<input type="checkbox"/>	240	Date of Birth	Demographics	All	
<input type="checkbox"/>	250	Birthplace	Demographics	All	Collected in items #252 & #254 for cases diagnosed 2013+
<input type="checkbox"/>	252	Birthplace--State	Demographics	2013+	
<input type="checkbox"/>	254	Birthplace--Country	Demographics	2013+	
<input type="checkbox"/>	260	Religion	Demographics	<2010	
<input type="checkbox"/>	310	Text--Usual Occupation	Demographics	All	
<input type="checkbox"/>	320	Text--Usual Industry	Demographics	All	

PATIENT IDENTIFICATION – continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	340	Tobacco History	Demographics	1998-2010	Not consistently collected. Retired as of 1/1/10; Replaced in 2011 by items 9965-9968
<input type="checkbox"/>	350	Alcohol History	Demographics	1998-2010	Not consistently collected. Retired as of 1/1/10
<input type="checkbox"/>	360	Family History of Cancer	Demographics	1998-2010	Not consistently collected. Retired as of 1/1/10
<input type="checkbox"/>	9960	Height	Patient-Confidential	2011+	For Breast, Colorectal, CML cases dx'd 2011+, receiving treatment. All other cancers: when available
<input type="checkbox"/>	9961	Weight	Patient-Confidential	2011+	For Breast, Colorectal, CML cases dx'd 2011+, receiving treatment. All other cancers: when available
<input type="checkbox"/>	9965	Tobacco Use Cigarettes	Patient-Confidential	2011+	
<input type="checkbox"/>	9966	Tobacco Use Other Smoke	Patient-Confidential	2011+	
<input type="checkbox"/>	9967	Tobacco Use Smokeless	Patient-Confidential	2011+	
<input type="checkbox"/>	9968	Tobacco Use NOS	Patient-Confidential	2011+	
<input type="checkbox"/>	TBD	Area Level Education	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Health Insurance Estimate	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Health Professional Availability	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Income	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Poverty	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Poverty Index	Special Use	2011	
<input type="checkbox"/>	TBD	Area Level Urban/Rural	Special Use	2011	

CANCER IDENTIFICATION					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	20	Patient ID Number	Record ID	All	
<input type="checkbox"/>	380	Sequence Number--Central	Cancer Identification	1998+	
<input type="checkbox"/>	500	Type of Reporting Source	Cancer Identification	All	
<input type="checkbox"/>	501	Casefinding Source	Cancer Identification	2006+	
<input type="checkbox"/>	2690	Text--Place of Diagnosis	Text-Miscellaneous	All	
<input type="checkbox"/>	390	Date of Diagnosis	Cancer Identification	All	
<input type="checkbox"/>	400	Primary Site	Cancer Identification	All	
<input type="checkbox"/>	2580	Text--Primary Site Title	Text-Diagnosis	All	
<input type="checkbox"/>	410	Laterality	Cancer Identification	All	
<input type="checkbox"/>	490	Diagnostic Confirmation	Cancer Identification	All	
<input type="checkbox"/>	419	Morph--Type&Behav ICD-O-2	Cancer Identification	1992-2000	
<input type="checkbox"/>	420	Histology (92-00) ICD-O-2	Cancer Identification	1992-2000	Collected in item #522 for cases diagnosed 2001+
<input type="checkbox"/>	522	Histologic Type ICD-O-3	Cancer Identification	2001+	
<input type="checkbox"/>	430	Behavior (92-00) ICD-O-2	Cancer Identification	1992-2000	Collected in item #522 for cases diagnosed 2001+
<input type="checkbox"/>	523	Behavior Code ICD-O-3	Cancer Identification	2001+	
<input type="checkbox"/>	440	Grade	Cancer Identification	All	
<input type="checkbox"/>	441	Grade Path Value	Cancer Identification	2010+	
<input type="checkbox"/>	449	Grade Path System	Cancer Identification	2010+	
<input type="checkbox"/>	2590	Text--Histology Title	Text-Diagnosis	All	
<input type="checkbox"/>	442	Ambiguous Terminology DX	Cancer Identification	2007-2012	
<input type="checkbox"/>	443	Date of Conclusive DX	Cancer Identification	2007-2012	
<input type="checkbox"/>	444	Mult Tum Rpt as One Prim	Cancer Identification	2007-2012	
<input type="checkbox"/>	445	Date of Multiple Tumors	Cancer Identification	2007-2012	
<input type="checkbox"/>	446	Multiplicity Counter	Cancer Identification	2007-2012	
<input type="checkbox"/>	2520	Text--DX Proc--PE	Text-Diagnosis	All	
<input type="checkbox"/>	2530	Text--DX Proc--X-ray/Scan	Text-Diagnosis	All	
<input type="checkbox"/>	2550	Text--DX Proc--Lab Tests	Text-Diagnosis	All	

<b>CANCER IDENTIFICATION – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	2570	Text--DX Proc--Path	Text-Diagnosis	All	
<input type="checkbox"/>	9900	BCR-ABL Cytogenetic	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9901	BCR-ABL Cytogenetic Date	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9902	BCR-ABL Cytogenetic Date Flag	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9903	BCR-ABL FISH	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9904	BCR-ABL FISH Date	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9905	BCR-ABL FISH Date Flag	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9906	BCR-ABL RT-PCR Qualitative	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9907	BCR-ABL RT-PCR Qual Date	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9908	BCR-ABL RT-PCR Qual Date Flag	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9909	BCR-ABL RT-PCR Quantitative	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9910	BCR-ABL RT-PCR Quant Date	Cancer Identification	2011	For CML cases diagnosed 2011
<input type="checkbox"/>	9911	BCR-ABL RT-PCR Quant Date Flag	Cancer Identification	2011	For CML cases diagnosed 2011

<b>STAGE OF DISEASE</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	759	SEER Summary Stage 2000	Stage/Prognostic Factors	2001-2003	For cases diagnosed 2004+, collected in item #3020
<input type="checkbox"/>	3020	Derived SS2000	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3050	Derived SS2000--Flag	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	760	SEER Summary Stage 1977	Stage/Prognostic Factors	<2001	For cases diagnosed 2004+, collected in item #3010
<input type="checkbox"/>	3010	Derived SS1977	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3040	Derived SS1977--Flag	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	880	TNM Path T	Stage/Prognostic Factors	<2004	
<input type="checkbox"/>	890	TNM Path N	Stage/Prognostic Factors	<2004	

STAGE OF DISEASE – continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	900	TNM Path M	Stage/Prognostic Factors	<2004	
<input type="checkbox"/>	910	TNM Path Stage Group	Stage/Prognostic Factors	<2004	
<input type="checkbox"/>	920	TNM Path Descriptor	Stage/Prognostic Factors	1998-2003	
<input type="checkbox"/>	930	TNM Path Staged By	Stage/Prognostic Factors	1998-2003	
<input type="checkbox"/>	940	TNM Clin T	Stage/Prognostic Factors	<2004	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	950	TNM Clin N	Stage/Prognostic Factors	<2004	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	960	TNM Clin M	Stage/Prognostic Factors	<2004	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	970	TNM Clin Stage Group	Stage/Prognostic Factors	<2004	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	980	TNM Clin Descriptor	Stage/Prognostic Factors	1998-2003	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	990	TNM Clin Staged By	Stage/Prognostic Factors	1998-2003	Also collected for Breast & Rectum cases diagnosed 2011
<input type="checkbox"/>	1060	TNM Edition Number	Stage/Prognostic Factors	All	
<input type="checkbox"/>	2940	Derived AJCC-6 T	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2950	Derived AJCC-6 T Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2960	Derived AJCC-6 N	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2970	Derived AJCC-6 N Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2980	Derived AJCC-6 M	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2990	Derived AJCC-6 M Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3000	Derived AJCC-6 Stage Grp	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3400	Derived AJCC-7 T	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3402	Derived AJCC-7 T Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3410	Derived AJCC-7 N	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3412	Derived AJCC-7 N Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3420	Derived AJCC-7 M	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3422	Derived AJCC-7 M Descript	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3430	Derived AJCC-7 Stage Grp	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	3030	Derived AJCC--Flag	Stage/Prognostic Factors	2004+	

STAGE OF DISEASE – continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	2600	Text--Staging	Text-Diagnosis	All	
<input type="checkbox"/>	1150	Tumor Marker 1	Stage/Prognostic Factors	<2004	Collected only for breast & prostate cases dx'd < 2004
<input type="checkbox"/>	1160	Tumor Marker 2	Stage/Prognostic Factors	<2004	Collected only for breast & prostate cases dx'd < 2004
<input type="checkbox"/>	1170	Tumor Marker 3	Stage/Prognostic Factors	1998-2003	Site-specific for cases dx'd <2004
<input type="checkbox"/>	1182	Lymph-vascular Invasion	Stage/Prognostic Factors	2010+	
<input type="checkbox"/>	780	EOD--Tumor Size	Stage/Prognostic Factors	<2004	
<input type="checkbox"/>	2800	CS Tumor Size	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2810	CS Extension	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2820	CS Tumor Size/Ext Eval	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2830	CS Lymph Nodes	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2840	CS Lymph Nodes Eval	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	820	Regional Nodes Positive	Stage/Prognostic Factors	All	Collected in Collaborative Stage as of 1/1/2004
<input type="checkbox"/>	830	Regional Nodes Examined	Stage/Prognostic Factors	All	Collected in Collaborative Stage as of 1/1/2004
<input type="checkbox"/>	1090	Site of Distant Met 1	Stage/Prognostic Factors	<2010	
<input type="checkbox"/>	1100	Site of Distant Met 2	Stage/Prognostic Factors	<2010	
<input type="checkbox"/>	1110	Site of Distant Met 3	Stage/Prognostic Factors	<2010	
<input type="checkbox"/>	2850	CS Mets at DX	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2851	CS Mets at Dx-Bone	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2852	CS Mets at Dx-Brain	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2853	CS Mets at Dx-Liver	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2854	CS Mets at Dx-Lung	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2860	CS Mets Eval	Stage/Prognostic Factors	2004+	
<input type="checkbox"/>	2861	CS Site-Specific Factor 7	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2862	CS Site-Specific Factor 8	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2863	CS Site-Specific Factor 9	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2864	CS Site-Specific Factor10	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2865	CS Site-Specific Factor11	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2866	CS Site-Specific Factor12	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2867	CS Site-Specific Factor13	Stage/Prognostic Factors	2004+	Site-specific

<b>STAGE OF DISEASE – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	2868	CS Site-Specific Factor14	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2869	CS Site-Specific Factor15	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2870	CS Site-Specific Factor16	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2871	CS Site-Specific Factor17	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2872	CS Site-Specific Factor18	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2873	CS Site-Specific Factor19	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2874	CS Site-Specific Factor20	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2875	CS Site-Specific Factor21	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2876	CS Site-Specific Factor22	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2877	CS Site-Specific Factor23	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2878	CS Site-Specific Factor24	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2879	CS Site-Specific Factor25	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2880	CS Site-Specific Factor 1	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2890	CS Site-Specific Factor 2	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2900	CS Site-Specific Factor 3	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2910	CS Site-Specific Factor 4	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2920	CS Site-Specific Factor 5	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	2930	CS Site-Specific Factor 6	Stage/Prognostic Factors	2004+	Site-specific
<input type="checkbox"/>	3110	Comorbid/Complication 1	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3120	Comorbid/Complication 2	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3130	Comorbid/Complication 3	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3140	Comorbid/Complication 4	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3150	Comorbid/Complication 5	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3160	Comorbid/Complication 6	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3161	Comorbid/Complication 7	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3162	Comorbid/Complication 8	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3163	Comorbid/Complication 9	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3164	Comorbid/Complication 10	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	9970	Source Comorbidity	Stage/Prognostic Factors	2011+	
<input type="checkbox"/>	3165	ICD Revision Comorbid	Stage/Prognostic Factors	2011+	

<b>TREATMENT - FIRST COURSE</b>					
<b>Diagnostic &amp; Staging Procedures</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1350	RX Summ--DX/Stg Proc	Treatment-1st Course	All	
<input type="checkbox"/>	740	RX Hosp--DX/Stg Proc	Hospital-Specific	All	
<input type="checkbox"/>	1280	RX Date--DX/Stg Proc	Treatment-1st Course	All	
<input type="checkbox"/>	1642	RX Summ--Screen/BX Proc1	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1643	RX Summ--Screen/BX Proc2	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1644	RX Summ--Screen/BX Proc3	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1645	RX Summ--Screen/BX Proc4	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	742	RX Hosp--Screen/BX Proc1	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	743	RX Hosp--Screen/BX Proc2	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	744	RX Hosp--Screen/BX Proc3	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	745	RX Hosp--Screen/BX Proc4	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1080	Date of 1st Positive BX	Treatment-1st Course	1998-2010	
<input type="checkbox"/>	2560	Text--DX Proc--Op	Text-Diagnosis	All	
<input type="checkbox"/>	2540	Text--DX Proc--Scopes	Text-Diagnosis	All	
<b>Surgery</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1290	RX Summ--Surg Prim Site	Treatment-1st Course	All	
<input type="checkbox"/>	670	RX Hosp--Surg Prim Site	Hospital-Specific	All	
<input type="checkbox"/>	746	RX Hosp--Surg Site 98-02	Hospital-Specific	1998-2002	
<input type="checkbox"/>	1200	RX Date--Surgery	Treatment-1st Course	All	
<input type="checkbox"/>	1292	RX Summ--Scope Reg LN Sur	Treatment-1st Course	1998+	
<input type="checkbox"/>	676	RX Hosp--Reg LN Removed	Hospital-Specific	All	
<input type="checkbox"/>	747	RX Hosp--Scope Reg 98-02	Hospital-Specific	1998-2002	
<input type="checkbox"/>	672	RX Hosp--Scope Reg LN Sur	Hospital-Specific	1998+	
<input type="checkbox"/>	1294	RX Summ--Surg Oth Reg/Dis	Treatment-1st Course	All	
<input type="checkbox"/>	674	RX Hosp--Surg Oth Reg/Dis	Hospital-Specific	All	
<input type="checkbox"/>	748	RX Hosp--Surg Oth 98-02	Hospital-Specific	1998-2002	
<input type="checkbox"/>	1296	RX Summ--Reg LN Examined	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1310	RX Summ--Surgical Approach	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	668	RX Hosp--Surg App 2010	Hospital-Specific	2010+	
<input type="checkbox"/>	1320	RX Summ--Surgical Margins	Treatment-1st Course	All	
<b>TREATMENT - FIRST COURSE</b>					

<b>Surgery – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1330	RX Summ--Reconstruct 1st	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1640	RX Summ--Surgery Type	Treatment-1st Course	<1998	
<input type="checkbox"/>	1646	RX Summ--Surg Site 98-02	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1647	RX Summ--Scope Reg 98-02	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	1648	RX Summ--Surg Oth 98-02	Treatment-1st Course	1998-2002	
<input type="checkbox"/>	3170	RX Date--Most Defin Surg	Treatment-1st Course	2003+	
<input type="checkbox"/>	3180	RX Date--Surgical Disch	Treatment-1st Course	2003+	
<input type="checkbox"/>	1340	Reason for No Surgery	Treatment-1st Course	All	
<input type="checkbox"/>	2610	RX Text--Surgery	Text-Treatment	All	
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1360	RX Summ--Radiation	Treatment-1st Course	All	
<input type="checkbox"/>	1370	RX Summ--Rad to CNS	Treatment-1st Course	<1996	
<input type="checkbox"/>	690	RX Hosp--Radiation	Hospital-Specific	All	
<input type="checkbox"/>	1510	Rad--Regional Dose: cGy	Treatment-1st Course	1998+	
<input type="checkbox"/>	1210	RX Date--Radiation	Treatment-1st Course	All	
<input type="checkbox"/>	3220	RX Date--Radiation Ended	Treatment-1st Course	2003+	
<input type="checkbox"/>	1520	Rad--No of Treatment Vol	Treatment-1st Course	1998+	
<input type="checkbox"/>	1540	Rad--Treatment Volume	Treatment-1st Course	1998+	
<input type="checkbox"/>	1550	Rad--Location of RX	Treatment-1st Course	1998+	
<input type="checkbox"/>	1570	Rad--Regional RX Modality	Treatment-1st Course	1998+	
<input type="checkbox"/>	3200	Rad--Boost RX Modality	Treatment-1st Course	2003+	
<input type="checkbox"/>	3210	Rad--Boost Dose cGy	Treatment-1st Course	2003+	
<input type="checkbox"/>	1430	Reason for No Radiation	Treatment-1st Course	All	
<input type="checkbox"/>	2620	RX Text--Radiation (Beam)	Text-Treatment	All	
<input type="checkbox"/>	2630	RX Text--Radiation Other	Text-Treatment	All	
<b>Chemotherapy</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1390	RX Summ--Chemo	Treatment-1st Course	All	
<input type="checkbox"/>	1220	RX Date--Chemo	Treatment-1st Course	All	
<input type="checkbox"/>	1440	Reason for No Chemo	Treatment-1st Course	All	
<input type="checkbox"/>	2640	RX Text--Chemo	Text-Treatment	All	

**TREATMENT - FIRST COURSE**

<b>Chemotherapy – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9751	Chemo 1 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9752	Chemo 2 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9753	Chemo 3 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9754	Chemo 4 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9755	Chemo 5 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9756	Chemo 6 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9761	Chemo 1 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9762	Chemo 2 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9763	Chemo 3 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9764	Chemo 4 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9765	Chemo 5 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9766	Chemo 6 Num Doses Planned	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9771	Chemo 1 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9772	Chemo 2 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9773	Chemo 3 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<b>TREATMENT - FIRST COURSE</b>					

<b>Chemotherapy – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9774	Chemo 4 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9775	Chemo 5 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9776	Chemo 6 Planned Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9781	Chemo 1 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9782	Chemo 2 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9783	Chemo 3 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9784	Chemo 4 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9785	Chemo 5 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9786	Chemo 6 Planned Dose Unit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9791	Chemo 1 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9792	Chemo 2 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9793	Chemo 3 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9794	Chemo 4 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9795	Chemo 5 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9796	Chemo 6 Num Doses Receivd	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<b>TREATMENT - FIRST COURSE</b>					

<b>Chemotherapy – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9801	Chemo 1 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9802	Chemo 2 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9803	Chemo 3 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9804	Chemo 4 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9805	Chemo 5 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9806	Chemo 6 Received Dose	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9811	Chemo 1 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9812	Chemo 2 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9813	Chemo 3 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9814	Chemo 4 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9815	Chemo 5 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9816	Chemo 6 Received DoseUnit	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9821	Chemo 1 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9822	Chemo 2 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9823	Chemo 3 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<b>TREATMENT - FIRST COURSE</b>					

<b>Chemotherapy – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9824	Chemo 4 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9825	Chemo 5 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9826	Chemo 6 Start Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9831	Chemo 1 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9832	Chemo 2 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9833	Chemo 3 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9834	Chemo 4 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9835	Chemo 5 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9836	Chemo 6 Start Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9841	Chemo 1 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9842	Chemo 2 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9843	Chemo 3 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9844	Chemo 4 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9845	Chemo 5 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9846	Chemo 6 End Date	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<b>TREATMENT - FIRST COURSE</b>					

<b>Chemotherapy – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9851	Chemo 1 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9852	Chemo 2 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9853	Chemo 3 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9854	Chemo 4 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9855	Chemo 5 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9856	Chemo 6 End Date Flag	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9859	Chemo Completion Status	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<b>Hormone Therapy</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1400	RX Summ--Hormone	Treatment-1st Course	All	
<input type="checkbox"/>	710	RX Hosp--Hormone	Hospital-Specific	All	
<input type="checkbox"/>	9861	Hormone 1 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9862	Hormone 2 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	1230	RX Date--Hormone	Treatment-1st Course	All	
<input type="checkbox"/>	1450	Reason for No Hormone	Treatment-1st Course	All	
<input type="checkbox"/>	2650	RX Text--Hormone	Text-Treatment	All	
<b>Immunotherapy (Biological Response Modifiers)</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1410	RX Summ--BRM	Treatment-1st Course	All	
<input type="checkbox"/>	720	RX Hosp--BRM	Hospital-Specific	All	
<b>TREATMENT - FIRST COURSE</b>					

<b>Immunotherapy (Biological Response Modifiers) – continued</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9871	BRM 1 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9872	BRM 2 NSC Number	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	2660	RX Text--BRM	Text-Treatment	All	
<input type="checkbox"/>	1240	RX Date--BRM	Treatment-1st Course	All	
<b>Other Treatment</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1420	RX Summ--Other	Treatment-1st Course	All	
<input type="checkbox"/>	730	RX Hosp--Other	Hospital-Specific	All	
<input type="checkbox"/>	1250	RX Date--Other	Treatment-1st Course	All	
<input type="checkbox"/>	2670	RX Text--Other	Text-Treatment	All	
<b>Miscellaneous</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	1260	Date of Initial RX--SEER	Treatment-1st Course	All	Not consistently collected
<input type="checkbox"/>	1270	Date of 1st Crs RX--CoC	Treatment-1st Course	1998+	
<input type="checkbox"/>	1285	RX Summ--Treatment Status	Treatment-1st Course	2010+	
<input type="checkbox"/>	1380	RX Summ--Surg/Rad Seq	Treatment-1st Course	All	
<input type="checkbox"/>	1639	RX Summ--Systemic/Sur Seq	Treatment-1st Course	2006+	
<input type="checkbox"/>	1460	RX Coding System--Current	Treatment-1st Course	All	
<input type="checkbox"/>	3230	RX Date--Systemic	Treatment-1st Course	2003+	
<input type="checkbox"/>	3250	RX Summ--Transplnt/Endocr	Treatment-1st Course	2003+	
<input type="checkbox"/>	3270	RX Summ--Palliative Proc	Treatment-1st Course	2003+	
<input type="checkbox"/>	3280	RX Hosp--Palliative Proc	Hospital-Specific	2003+	
<input type="checkbox"/>	9880	Granulocyt CSF Status	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9881	Erythrocyte Growth Factor Status	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9882	Thrombocyte Growth Factor Status	Treatment-1st Course	2011	For Breast, Colorectal, CML cases diagnosed 2011

<b>TREATMENT - SUBSEQUENT COURSE</b>					
<input checked="" type="checkbox"/>	<b>Item Number</b>	<b>Item Name</b>	<b>Section</b>	<b>Years Collected</b>	<b>Notes</b>
<input type="checkbox"/>	9920	Reason Subsq RX	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	1660	Subsq RX 2nd Course Date	Treatment-Subsequent & Other	2011	As available for Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9921	Subsq RX 2nd Course Surgery	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9922	Subsq RX 2nd Course Radiation	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9923	Subsq RX 2nd Course Chemotherapy	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9924	Subsq RX 2nd Course Hormone	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9925	Subsq RX 2nd Course BRM	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9926	Subsq RX 2nd Course Other	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9927	Subsq RX 2nd Course Trans/End	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9931	Subsq RX 2nd Chemo 1 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9932	Subsq RX 2nd Chemo 2 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9933	Subsq RX 2nd Chemo 3 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9934	Subsq RX 2nd Chemo 4 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9935	Subsq RX 2nd Chemo 5 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011

<b>TREATMENT - SUBSEQUENT COURSE</b>					
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TREATMENT - SUBSEQUENT COURSE – continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	9936	Subsq RX 2nd Chemo 6 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9941	Subsq RX 2nd Horm 1 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9942	Subsq RX 2nd Horm 2 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9951	Subsq RX 2nd BRM 1 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9952	Subsq RX 2nd BRM 2 NSC	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011
<input type="checkbox"/>	9955	Subsq RX 2nd Date Flag CER	Treatment-Subsequent & Other	2011	For Breast, Colorectal, CML cases diagnosed 2011

OUTCOMES					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	1750	Date of Last Contact	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1760	Vital Status	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1770	Cancer Status	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1780	Quality of Survival	Follow-up/Recurrence/Death		Not consistently collected
<input type="checkbox"/>	2380	DC State File Number	Patient-Confidential	All	
<input type="checkbox"/>	1790	Follow-Up Source	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1791	Follow-up Source Central	Follow-up/Recurrence/Death	All	Central registry use only
<input type="checkbox"/>	1800	Next Follow-Up Source	Follow-up/Recurrence/Death	1998+	
<input type="checkbox"/>	2440	Following Registry	Hospital-Confidential	All	
<input type="checkbox"/>	2445	NPI--Following Registry	Hospital-Confidential	All	
<input type="checkbox"/>	1860	Recurrence Date--1st	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1871	Recurrence Distant Site 1	Follow-up/Recurrence/Death	<2010	
<input type="checkbox"/>	1872	Recurrence Distant Site 2	Follow-up/Recurrence/Death	<2010	
<input type="checkbox"/>	1873	Recurrence Distant Site 3	Follow-up/Recurrence/Death	<2010	
<input type="checkbox"/>	1880	Recurrence Type--1st	Follow-up/Recurrence/Death	All	

OUTCOMES - continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	1890	Recurrence Type--1st--Oth	Follow-up/Recurrence/Death	<2005	
<input type="checkbox"/>	1910	Cause of Death	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1920	ICD Revision Number	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1930	Autopsy	Follow-up/Recurrence/Death	All	
<input type="checkbox"/>	1940	Place of Death	Follow-up/Recurrence/Death	<2013	
<input type="checkbox"/>	1942	Place of Death--State	Follow-up/Recurrence/Death	2013+	
<input type="checkbox"/>	1944	Place of Death--Country	Follow-up/Recurrence/Death	2013+	
<input type="checkbox"/>	2290	Name--Spouse/Parent	Patient-Confidential	All	
<input type="checkbox"/>	2220	State/Requestor Items	Special Use	All	Text--Managing Physician (Last, First, MI)
<input type="checkbox"/>	2460	Physician--Managing	Other-Confidential	All	Collected as Text in Item #2220
<input type="checkbox"/>	2465	NPI--Physician--Managing	Other-Confidential	All	Not consistently collected
<input type="checkbox"/>	2470	Physician--Follow-Up	Other-Confidential	All	Collected as Text in Item #2220
<input type="checkbox"/>	2475	NPI--Physician--Follow-Up	Other-Confidential	All	Not consistently collected
<input type="checkbox"/>	2480	Physician--Primary Surg	Other-Confidential	All	Not consistently collected
<input type="checkbox"/>	2485	NPI--Physician--Primary Surg	Other-Confidential	All	Not consistently collected
<input type="checkbox"/>	2490	Physician 3	Other-Confidential	1998+	Not consistently collected
<input type="checkbox"/>	2495	NPI--Physician 3	Other-Confidential	All	Not consistently collected
<input type="checkbox"/>	2500	Physician 4	Other-Confidential	1998+	Not consistently collected
<input type="checkbox"/>	2505	NPI--Physician 4	Other-Confidential	All	Not consistently collected

HOSPITAL INFORMATION					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	540	Reporting Facility	Hospital-Specific	All	
<input type="checkbox"/>	545	NPI--Reporting Facility	Hospital-Specific	All	
<input type="checkbox"/>	550	Accession Number--Hosp	Hospital-Specific	All	
<input type="checkbox"/>	560	Sequence Number--Hospital	Hospital-Specific	All	
<input type="checkbox"/>	570	Abstracted By	Hospital-Specific	All	

HOSPITAL INFORMATION - continued					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	580	Date of 1st Contact	Hospital-Specific	All	
<input type="checkbox"/>	590	Date of Inpatient Adm	Hospital-Specific	1998+	
<input type="checkbox"/>	600	Date of Inpatient Disch	Hospital-Specific	1998+	
<input type="checkbox"/>	610	Class of Case	Hospital-Specific	All	
<input type="checkbox"/>	630	Primary Payer at DX	Hospital-Specific	All	
<input type="checkbox"/>	2410	Institution Referred From	Hospital-Confidential	All	
<input type="checkbox"/>	2415	NPI--Inst Referred From	Hospital-Confidential	All	
<input type="checkbox"/>	2420	Institution Referred To	Hospital-Confidential	All	
<input type="checkbox"/>	2425	NPI--Inst Referred To	Hospital-Confidential	All	
<input type="checkbox"/>	2090	Date Case Completed	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2100	Date Case Last Changed	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2110	Date Case Report Exported	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2111	Date Case Report Received	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2112	Date Case Report Loaded	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2113	Date Tumor Record Availbl	Edit Overrides/Conversion History/System Admin	All	Hospital-specific
<input type="checkbox"/>	2680	Text--Remarks	Text-Miscellaneous	All	

CASE ADMINISTRATION					
✓	Item Number	Item Name	Section	Years Collected	Notes
<input type="checkbox"/>	10	Record Type	Record ID	All	
<input type="checkbox"/>	40	Registry ID	Record ID	All	
<input type="checkbox"/>	50	NAACCR Record Version	Record ID	All	
<input type="checkbox"/>	60	Tumor Record Number	Record ID	All	
<input type="checkbox"/>	9980	NBCCEDP Linkage Results	Special Use	2010+	For Breast, Cervix cases diagnosed 2010+
<input type="checkbox"/>	9981	NBCCEDP Linkage Date	Special Use	2010+	For Breast, Cervix cases diagnosed 2010+

Note: a special project was conducted to collect special data for cases diagnosed in 2011 only. This explains certain variables above with data only for 2011 and not beyond.

Revised October 2014