VERMONT

DEPARTMENT OF HEALTH

Vermont Cancer Registry

Vermont Cancer Registry
Hospital Procedure Manual
2023

Vermont Department of Health

This publication was prepared by:

Linda Bloschies, CTR
Quality and Education Coordinator

Jennifer Kachajian, MPH
Registry Manager

Holly Maynard
Health Data Administrator

Vermont Cancer Registry
Vermont Department of Health
108 Cherry Street
PO Box 70
Burlington, VT 05402-0070
(802) 865-7749

Effective Date: Cases Diagnosed January 1, 2023

We acknowledge the Centers for Disease Control and Prevention, for its support of the Vermont Cancer Registry, and the printing and distribution of this presentation under cooperative agreement CDC-RFA-DP22-2202 awarded to the Vermont Cancer Registry. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of Centers for Disease Control and Prevention.

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Reportable Neoplasms

Effective Date

For all cases diagnosed on or after January 1, 2023, the instructions and codes in this manual take precedence over all previous instructions and codes.

Documentation and codes for historical data items can be found in earlier versions of the VCR Hospital Procedure Manual.

Who Reports

All health care facilities and health care providers diagnosing or treating cancer in the State of Vermont are required by the Cancer Registry Law (Appendix A), Title 18, Chapter 4 of the Vermont Statutes Annotated (VSA), to report cancer cases to the Vermont Cancer Registry.

When to Report

According to the VCR Law, cases must be reported to the VCR within 180 days after the date of first contact with the patient.

In practice, at least **90 percent of records must be reported within 180 days** after the date of first contact.

Reporting facilities must submit data to the VCR **monthly**. If no data are available to submit, an email notification should be sent to Holly Maynard (Holly.Maynard@vermont.gov).

How to Report

See Chapter 7, Transmission of Case Information, for policies and procedures relating to submitting data to the VCR.

Supplemental Data Collection Standards

Table 1-1. References Needed to Supplement VCR HPM 2023

Title	Purpose
STORE Manual 2023 (Standards for Oncology Registry Entry) https://www.facs.org/media/r0ajvh5j/store-manual-2023.pdf	Contains definitions and coding instructions for most data items required by VCR. Explains how to determine case eligibility and interpret ambiguous terminology.
International Classification of Diseases for Oncology (ICD-O-3.2) https://www.naaccr.org/icdo3/	Site/histology tables and errata used to assign histology and behavior. **Updated September 2022.**
SEER Program Coding and Staging Manual 2023 https://seer.cancer.gov/tools/codingmanuals/index.html	Use this reference as a back up to other references. **Updated November 2022.**
SEER Summary Staging Manual 2018 https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf	Used for directly coded SEER Summary Stage 2018. **Updated October 2022.**
2018 Solid Tumor Rules https://seer.cancer.gov/tools/solidtumor/	Coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2018 and forward. **Updated May 2023.**
Hematopoietic and Lymphoid Neoplasm Coding Manual https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf	Contains reportability instructions and data collection rules for hematopoietic and lymphoid neoplasms. **Updated August 2021**.
Hematopoietic & Lymphoid Neoplasm Database (Heme DB) https://seer.cancer.gov/seertools/hemelymph/	A tool to assist in screening for reportable cases and determining reportability requirements. The database contains abstracting and coding information for all

	hematopoietic and lymphoid neoplasms.
Site-Specific Data Item (SSDI) Manual https://www.naaccr.org/wp-content/uploads/2023/02/Site-Specific-Data-Item-SSDI-Manual-v3_printed.pdf?v=1684934903	Manual used to code Site-Specific Data Items. **Updated October 2022.**
Grade Coding Instructions and Tables https://www.naaccr.org/wp-content/uploads/2022/10/Grade-Coding-Instructions-and-Tables-v3.pdf?v=1684934903	Manual used to code Grade fields. **Updated October 2022.**
SEER*Rx – Interactive Drug Database https://seer.cancer.gov/seertools/seerrx/	A one-step lookup for coding oncology drug and regimen treatment categories.

Reference Date

All reportable cancers diagnosed or treated in the State of Vermont as of **November 1, 1993,** must be reported to the VCR.

Vermont and Non-Vermont Residents

All cases of cancer diagnosed and/or receiving the first course of treatment in Vermont health care facilities and practitioners are reportable to the VCR, **regardless** of a patient's state of residence.

U.S. and Non-U.S. Residents

Only residents of the United States, its commonwealths, and territories are reportable to the VCR.

Reportable Diagnosis List

Definition of Reportable: Meets the criteria for inclusion in a registry. Reportable cases are cases that the registry is required to collect and report. Reporting requirements for Vermont registries are established by the National Program of Cancer Registries (NPCR). A "Reportable List" includes all diagnoses to be reported by the registry to VCR.

1. Malignant Histologies (In Situ and Invasive)

    a. Report all histologies with a behavior code of /2 or /3 in the ICD-O- Third Edition, Second Revision Morphology (ICD-O-3.2), except as noted in section 1.b. below.

        i. Clear cell papillary renal cell carcinoma (8323/3) is reportable.

        ii. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable.

        iii. Early or evolving melanoma, in situ and invasive: As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.

        iv. All GIST tumors, except for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.

        v. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are:

            • Microscopic thymoma or thymoma, benign (8580/0)
            • Micronodular thymoma with lymphoid stroma (8580/1)
            • Ectopic hamartomatous thymoma (8587/0)

        vi. Carcinoid, NOS of the appendix is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3.

        vii. The following diagnoses are reportable (not a complete list).

            • Lobular carcinoma in situ (LCIS) of breast
            • Intraepithelial neoplasia, grade III

                Examples: (Not a complete list. See 1.b.iii for PIN III.)

                • Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)

• High grade biliary intraepithelial neoplasia (BiIN III) of the gallbladder (C239)

• Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)

• Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509)

• Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)

• Penile intraepithelial neoplasia, grade III (PeIN III) (C600-C609)

• Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53_) and skin sites coded to C44_

• Vaginal intraepithelial neoplasia III (VAIN III) (C529)

• Vulvar intraepithelial neoplasia III (VIN III) (C510-C519)

viii. Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3.

• Exception: The behavior is non-malignant when the primary site is optic nerve (C723).

ix. Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.

x. Mature teratoma of the testes in adults is malignant and reportable as 9080/3.

xi. Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward.

• Exception: When a subsequent biopsy of a urinary site is negative, do not report.

• Code the primary site to C689 in the absence of any other information.

• Do not implement new/additional casefinding methods to capture these cases.

• Do not report cytology cases with ambiguous terminology.

b. Do **not** report (Exceptions to reporting requirements)

i. Skin primary (C440-C449) with any of the following histologies:

• Malignant neoplasm (8000-8005)

• Epithelial carcinoma (8010-8046)

• Papillary and squamous cell carcinoma (8050-8084)

• Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44_

• Basal cell carcinoma (8090-8110)

ii. In situ carcinoma of cervix (/2), any histology, cervical intraepithelial neoplasia (CIN III), or SIN III of the cervix (C530-C539)

iii. Prostatic intraepithelial neoplasia (PIN III) (C619)

iv. Colon atypical hyperplasia

v. High grade dysplasia in colorectal and esophageal primary sites

vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)

2. Benign/Non-Malignant Histologies

a. Report benign and borderline primary intracranial and central nervous system (CNS) tumors with a behavior code of /0 or /1 in ICD-O-3 (effective with cases diagnosed 01/01/2004 to 12/31/2020) or ICD-O-3.2 (effective with cases diagnosed 01/01/2021 and later). See the table below for the specific sites.

Note 1: Benign and borderline tumors of the cranial bones (C410) are not reportable.

Note 2: Benign and borderline tumors of the peripheral nerves (C47_) are not reportable.

b. Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3 when the primary site is C71_.

• Exception: The behavior is non-malignant when the primary site is optic nerve (C723).

c. Neoplasm and tumor are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1.

i. "Mass" and "lesion" are not reportable terms for intracranial and CNS because they are not listed in ICD-O-3.2 with behavior codes of /0 or /1.

Table 1-2. Required Sites for Benign and Borderline Primary Intracranial and Central Nervous System Tumors

General Term	Specific Sites	ICD-O-3 Topography Codes
Meninges	Cerebral Meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717
	Overlapping lesion of brain	C718
	Brain, NOS	C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal cord	C720
	Cauda equina	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of brain and central nervous system	C728
	Nervous system, NOS	C729
Pituitary, craniopharyngeal duct, and pineal gland	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

Note: Benign and borderline tumors of the cranial bones (C410) are **not reportable.**

Ambiguous Terminology

Ambiguous terms that constitute a diagnosis. These terms are to be used to determine reportability.

Apparent(ly)	Presumed
Appears	Probable
Comparable with	Suspect(ed)
Compatible with	Suspicious (for)
Consistent with	Tumor* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-C75.3)
Favors	Typical of
Malignant appearing	
Most likely	
Neoplasm* (beginning with 2004 diagnoses and only for C70.0-C72.9, C75.1-C75.3)	

*additional terms for nonmalignant primary intracranial and central nervous system tumors only

Exception: If a cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Ambiguous terms that **DO NOT** constitute a diagnosis without additional information.

Cannot be ruled out	Questionable
Equivocal	Rule out
Possible	Suggests
Potentially malignant	Worrisome

Reportability & Class of Case

Cancers diagnosed and/or treated at the reporting facility **must** be reported to the VCR. Refer to Table 1-3 for a description of the required classes of case. Other classes of case **may** be reported to the VCR.

Table 1-3. Classes of Case* Required to Be Reported

Class of Case	Description
00	Initial diagnosis at the reporting facility AND all treatment (or a decision not to treat) was done elsewhere.
10, 11, 12, 13, 14	Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course of treatment (or a decision not to treat) was at the reporting facility.
20, 21, 22	Initial diagnosis elsewhere AND all or part of first course of treatment was done at the reporting facility.
34	Type of case not required by CoC to be accessioned AND initial diagnosis AND part or all of first course treatment by reporting facility.
36	Type of case not required by CoC to be accessioned AND initial diagnosis elsewhere AND part or all of first course treatment by reporting facility.
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death.
40, 41, 42**	Diagnosis at a staff physician's office AND all of first course of treatment was at a staff physician's office or other facility.
43***	Pathology or other lab specimens only.

* Refer to the 2023 STORE Manual, pages 118-121 for instructions on determining the class of case.

** Responsibility for reporting of staff physician-only cases varies by facility. It is the registrar's responsibility to make sure a determination is made for which entity (the facility or the staff physician's office) will assume the responsibility for reporting to the VCR.

*** Pathology-only (formerly "consult") cases may be reported in any format. Electronic reporting is preferred.

Registry Operations

Each reporting facility is responsible for establishing a cancer registry or a third-party contract to meet its legal obligation for cancer reporting.

Registry operations include casefinding, abstracting, coding, staging, and quality assurance. Each hospital cancer registry (or contractor) must follow nationally recognized standards for all these cancer reporting activities.

Table 2-1 contains some helpful resources for cancer registrar education and training.

Table 2-1. Education and Training Resources

Vermont FLccSC Training Site https://vts.fcdslms.med.miami.edu/ords/f?p=105:LOGIN_DESKTOP:13634178350909
Surveillance Epidemiology and End Results (SEER) Training Website https://seer.cancer.gov/training/
National Cancer Registrars Association (NCRA) Center for Cancer Registry Education http://www.cancerregistryeducation.org/
North American Association of Central Cancer Registries (NAACCR) Cancer Registry and Surveillance Webinar Series https://www.naaccr.org/cancer-registry-surveillance-webinar-series/

Recommended Qualifications for Cancer Registrars

Required

- Experience with medical terminology, anatomy & physiology.
- Ability to work independently.
- Attention to detail & documentation.
- Ability to seek guidance/clarification when necessary.
- Ability to follow step-by-step procedures.
- Ability to communicate effectively orally and in writing.
- Ability to establish and maintain effective working relationships.

Preferred

- Bachelor's degree.
- Ability to aggregate data for analysis and presentation.
- Ability to perform statistical analysis.
- Certified Tumor Registrar

New Registrar Procedure

1. When a reporting institution designates a new cancer registrar, the VCR **must** be contacted immediately. VCR can provide some state-specific training to supplement formal training. To report a staffing change, or to inquire about training, contact VCR at (802) 865-7749.

2. All new abstractors operating in the state of Vermont must submit a file containing at least five cases for visual review. This applies to any new abstractor in the state of Vermont, regardless of experience or certification.

3. The Quality and Education Coordinator will visually review the cases and provide feedback to the new registrar. Particular attention will be given to the standard reporting guidelines set forth in the *VCR HPM* for coding, documentation, and data item definitions.

4. If requested by the Quality and Education Coordinator, the new registrar must provide additional information and make the necessary corrections to the previously reported cases. The cases will be resubmitted, re-reviewed and must pass quality assurance standards before any more reporting will be accepted from the new registrar.

5. Once this process is complete, the new registrar may submit additional cases, which will follow the typical visual review and feedback procedure.

Consultant Procedure

1. Any time a reporting institution plans to hire a cancer registrar consultant, the facility is **required** to provide the consultant's contact information to the VCR **before** any abstracting may be done by the consultant. The VCR will contact the consultant and provide him or her with a copy of the *VCR HPM*. Contact VCR at (802) 865-7749.

2. The reporting institution assumes full responsibility for the completeness and accuracy of the data reported by the consultant.

3. All state requirements are to be met. Failure to meet these expectations will result in rejection of the data.

4. Any time a consultant is newly hired in the state of Vermont, he or she must follow the New Registrar Procedure, above.

Required Data Items

The definitions and coding conventions for nearly all of the required data items may be found in the STORE 2023 Manual. For those items not cited in the STORE 2023 Manual, the description and coding information can be found using the HPM 2023 or STORE 2018 page reference.

Patient Identification

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
550	Accession Number--Hosp	72		
560	Sequence Number--Hospital	73		
2300	Medical Record Number	--	51	
2320	Social Security Number	--	52	
2315	Medicare Beneficiary Identifier	--	--	20
2230	Last Name	--	53	
2240	First Name	--	54	
2250	Middle Name (Middle Initial)	--	55	
2280	Alias			20
2232	Birth Surname	--	--	20
2330	Addr at DX--No & Street	--	56	
2335	Addr at DX--Supplementl	--	58	
70	Addr at DX—City	75		
80	Addr at DX--State	76		
100	Addr at DX--Postal Code	78		
90	County at DX Reported	80		
252	Birthplace--State	81		
254	Birthplace--Country	82		
240	Date of Birth	83		
241	Date of Birth Flag	--		
230	Age at Diagnosis	84		
160	Race 1	85		
161	Race 2	--	81	
162	Race 3	--	83	
163	Race 4	--	85	
164	Race 5	--	87	
190	Spanish/Hispanic Origin	87		
220	Sex	88		
630	Primary Payer at DX	89		
310	Text--Usual Occupation			20
320	Text--Usual Industry			21
344	Tobacco Use Smoking Status	91		21

Cancer Identification

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
610	Class of Case	118		
580	Date of 1st Contact	124		
581	Date of 1st Contact Flag	--		
390	Date of Initial Diagnosis	126		
391	Date of Diagnosis Flag	--		22
400	Primary Site	128		
410	Laterality	129		
522	Histology	130		
523	Behavior Code	131		
3843	Grade Clinical	133		
3844	Grade Pathological	134		
1068	Grade Post Therapy Clinical (yc)	190		22
3845	Grade Post Therapy (yp)	203		
490	Diagnostic Confirmation	135		
500	Type of Reporting Source			22
501	Casefinding Source			23
2580	Text--Primary Site Title			23
2590	Text--Histology Title			23

Stage of Disease at Diagnosis

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
1182	Lymphovascular Invasion	143		
830	Regional Nodes Examined	156		
820	Regional Nodes Positive	158		
756	Tumor Size Summary	161		
764	Summary Stage 2018			24

Site-Specific Data Items

NAACCR Item #	NAACCR Item Name	Schema ID	Schema Description
3816	Brain Molecular Markers	00721	Brain
3827	Estrogen Receptor Summary	00480	Breast
3855	HER2 Overall Summary	00480	Breast
3915	Progesterone Receptor Summary	00480	Breast
3890	Microsatellite Instability (MSI)	00200	Colon and Rectum
3829	Esophagus and EGJ Tumor Epicenter	00161	Esophagus (including GE junction) Squamous
3835	Fibrosis Score	00220 00230	Liver Bile Ducts Intrahepatic
3817	Breslow Tumor Thickness	00470	Melanoma Skin
3932	LDH Lab Value	00470	Melanoma Skin
3838	Gleason Patterns Clinical	00580	Prostate
3839	Gleason Patterns Pathological	00580	Prostate
3840	Gleason Score Clinical	00580	Prostate
3841	Gleason Score Pathological	00580	Prostate
3920	PSA (Prostate Specific Antigen) Lab Value	00580	Prostate
3842	Gleason Tertiary Pattern	00580	Prostate
3956	p16	09210 09520	Anus (2023+) Cervix
3960	Histologic Subtype	09190	Appendix (2023+)

Site-Specific Data Items (continued)

NAACCR Item #	NAACCR Item Name	Schema ID	Schema Description
3926	Schema Discriminator 1	00242	Cystic Duct
		00250	Bile Ducts Perihilar
		00260	Bile Duct Distal
		00161	Esophagus (including GE Junction) Squamous
		00169	Esophagus (including GE Junction) (excluding Squamous)
		00170	Stomach
		00790	Lymphoma
		00830	HemeRetic
		00690	Lacrimal Gland
		00698	Lacrimal Duct
		00671	Melanoma Iris
		00672	Melanoma Choroid and Ciliary Body
		00090	Nasopharynx
		00100	Oropharynx HPV-Mediated (p16+)
		00111	Oropharynx (p16-)
		00060	Cervical Lymph Nodes and Unknown Primary
		00459	Soft Tissue Other
		99999	Ill-Defined Other
		00821	Plasma Cell Myeloma
		00430	GIST
		00730	Thyroid
		00740	Thyroid Medullary
		00631	Urethra
		00633	Urethra-Prostatic
3927	Schema Discriminator 2	00161	Esophagus (including GE Junction) Squamous
		00169	Esophagus (including GE Junction) (excluding Squamous)
		00100	Oropharynx HPV-Mediated (p16+)
		00111	Oropharynx (p16-)
		00410	Soft Tissue Trunk and Extremities
		00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)
		00459	Soft Tissue Other

First Course of Treatment

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
1270	Date 1st Crs RX CoC	207		
1271	Date 1st Crs RX CoC Flag	--	233	
1285	RX Summ--Treatment Status	208		
1200	Date of First Surgical Procedure	211		
1201	RX Date--Surgery Flag	--		
3170	Date of Most Definitive Surgical Resection of the Primary Site	212		
3171	RX Date Mst Defn Srg Flag	--	239	
1290	RX Summ--Surg Prim Site 03-2022	--		
1292	Scope of Regional Lymph Node Surgery	231		
1291	RX Summ--Surg Prim Site 2023	215		
1294	Surgical Procedure/Other Site	243		
1340	Reason for No Surgery of Primary Site	250		
1210	Date Radiation Started	253		
1211	RX Date--Radiation Flag	--	274	
1506	Phase I Radiation Treatment Modality	264		
1380	Radiation/Surgery Sequence	281		
1430	Reason for No Radiation	284		
1639	Systemic/Surgery Sequence	310		
1220	Date Chemotherapy Started	289		
1221	RX Date--Chemo Flag	--		
1390	Chemotherapy	290		
1230	Date Hormone Therapy Started	297		
1231	RX Date--Hormone Flag	--		
1400	Hormone Therapy (Hormone/Steroid Therapy)	298		
1240	Date Immunotherapy Started	303		
1241	RX Date--BRM Flag	--		
1410	Immunotherapy	304		
3250	Hematologic Transplant and Endocrine Procedures	308		
1250	Date Other Treatment Started	313		
1251	RX Date--Other Flag	--	377	
1420	Other Treatment	314		

Outcomes

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
1750	Date of Last Contact or Death	328		
1751	Date of Last Contact Flag	--	395	
1760	Vital Status	329		
1790	Follow-Up Source	330		

Case Administration

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
10	Record Type			24
40	Registry ID			24
50	NAACCR Record Version			24
450	Site Coding Sys--Current	--	430	
470	Morph Coding Sys--Current	--	432	
540	Facility Identification Number (FIN)	334		
545	NPI--Reporting Facility	335		
570	Abstracted By	333		
1460	RX Coding System--Current	--	437	
1910	Cause of Death			24
1920	ICD Revision Number			24
1942	Place of Death--State			24
1944	Place of Death--Country			24
1990	Over-ride Age/Site/Morph	--	415	
2020	Over-ride Surg/DxConf	--	416	
2030	Over-ride Site/Type	342		
2040	Over-ride Histology	--	418	
2070	Over-ride Leuk Lymphoma	--	420	
2071	Over-ride Site/Behavior	--	421	
2074	Over-ride Site/Lat/Morph	--	423	
2110	Date Case Report Exported			25
2116	ICD-O-3 Conversion Flag	--	435	
2152	CoC Accredited Flag			25
2600	Text--Staging			37
2680	Text--Remarks			25, 37

Text

NAACCR Item #	NAACCR Item Name	STORE 2023	STORE 2018	HPM 2023
2520	Text--DX Proc--PE			31
2530	Text--DX Proc--X-ray/Scan			32
2540	Text--DX Proc--Scopes			33
2550	Text--DX Proc--Lab Tests			34
2560	Text--DX Proc--Op			35
2570	Text--DX Proc--Path			36
2610	RX Text--Surgery			38
2620	RX Text--Radiation (Beam)			38
2630	RX Text--Radiation Other			38
2640	RX Text--Chemo			39
2650	RX Text--Hormone			39
2660	RX Text--BRM			39
2670	RX Text--Other			39
2690	Text--Place of Diagnosis			25

Vermont Specific Data Items

This chapter contains definitions and coding instructions for required data items that are not in the STORE Manual.

Data Items Included in This Chapter

Patient Identification

Medicare Beneficiary Identifier
Alias
Birth Surname
Text--Usual Occupation
Text--Usual Industry
Tobacco Use Smoking Status

Cancer Identification

Date of Diagnosis Flag
Grade Post Therapy Clinical (yc)
Type of Reporting Source
Casefinding Source
Text--Primary Site Title
Text--Histology Title

Stage of Disease at Diagnosis

Summary Stage 2018

Case Administration

Record Type
Registry ID
NAACCR Record Version
Cause of Death
ICD Revision Number
Place of Death--State
Place of Death--Country
Date Case Report Exported
CoC Accredited Flag
Text--Remarks
Text--Place of Diagnosis

Patient Identification

Medicare Beneficiary Identifier

The Medicare Beneficiary Identifier will be a randomly generated identifier that will not include a SSN or any personal identifiable information.

The field should be left blank if the Medicare Beneficiary Identifier is not available or not applicable.

Alias

Records an alternate name or "AKA" (also known as) used by the patient, if known. Note that maiden name is entered in a separate field.

Birth Surname

Last name (surname) of patient at birth, regardless of gender or marital status.

The field should be left blank if the maiden name is not known or not applicable. Since a value in this field may be used by linkage software or other computer algorithms, only legitimate surnames are allowable, and **any variation of "unknown" or "not applicable" is not allowable.**

Text--Usual Occupation

Record the patient's usual occupation (i.e., the kind of work performed during most of the patient's working life before diagnosis of this tumor). **Do not record "retired."** If usual occupation is not available or is unknown, record the patient's current or most recent occupation, or any available occupation.

Special Cases:

Child -- patient is under 14 years of age code child
Homemaker -- patient worked only at home
Student -- patient was a student at time of diagnosis and had never held a job
Military -- patient was part of the military for most of their working life
Never worked -- patient was not a student or homemaker and had never worked

If no information is available, record "unknown." This data item usually is collected only for patients who are age 14 years or older at the time of diagnosis.

Text--Usual Industry

Record the primary type of activity carried on by the business/industry at the location where the patient was employed for the most number of years before diagnosis of this tumor. Be sure to distinguish among "manufacturing," "wholesale," "retail," and "service" components of an industry that performs more than one of these components.
If the primary activity carried on at the location where the patient worked is unknown, it may be sufficient for facility registrars to record the name of the company (with city or town) in which the patient performed his/her usual industry.

In these situations, if resources permit, a central or regional registry may be able to use the employer's name and city/town to determine the type of activity conducted at that location.

In those situations where the usual occupation is not available or is unknown, the patient's current or most recent occupation is recorded, if available. The information for industry should be based upon the information in occupation. Therefore, if current or most recent occupation rather than usual occupation was recorded, record the patient's current or most recent business/industry.

There should be an entry for Text--Usual Industry if any occupation is recorded. **If no information is available regarding the industry in which the reported occupation was carried out, record "unknown." If the patient was not a student or homemaker and had never worked, record "never worked" as the usual industry.** This data item usually is collected only for patients who are age 14 years or older at the time of diagnosis.

Tobacco Use Smoking Status

Record the patient's past or current use of tobacco (cigarette, cigar and/or pipe). Tobaccos smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available source from the patient's hospital medical record or physician office record.

Code	Description
0	Never smoker
1	Current some day smoker
2	Former smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

Cancer Identification

Date of Diagnosis Flag

As part of an initiative to standardize date fields, date flag fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

Leave this item blank if Date of Diagnosis has a full or partial date recorded.

Code 12 if the Date of Diagnosis cannot be determined at all.

Grade Post Therapy Clinical (yc)

This data item, implemented in 2021, records the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy.

Record the highest grade documented from the microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic/radiation therapy.

Type of Reporting Source

This variable codes the source documents used to abstract the majority of information on the tumor being reported. This may not be the source of original case finding (for example, if a case is identified through a pathology laboratory report review and all source documents used to abstract the case are from the physician's office, code this item 4). Code in the following priority order: 1, 2, 8, 4, 3, 5, 6, 7.

Code	Description
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records
2	Radiation treatment centers or medical oncology centers (hospital-affiliated or independent)
3	Laboratory only (hospital-affiliated or independent)
4	Physician's office/private medical practitioner (LMD)
5	Nursing/convalescent home/hospice
6	Autopsy only
7	Death certificate only
8	Other hospital outpatient units/surgery centers

Casefinding Source

Code the source that first identified the tumor.

Code	Description
10	Reporting Hospital, NOS
20	Pathology Department Review (surgical pathology reports, autopsies, or cytology reports)
21	Daily Discharge Review (daily screening of charts of discharged patients in the medical records department)
22	Disease Index Review (review of disease index in the medical records department)
23	Radiation Therapy Department/Center
24	Laboratory Reports (other than pathology reports, code 20)
25	Outpatient Chemotherapy
26	Diagnostic Imaging/Radiology (other than radiation therapy, codes 23; includes nuclear medicine)
27	Tumor Board
28	Hospital Rehabilitation Service or Clinic
29	Other Hospital Source (including clinic, NOS or outpatient department, NOS)
30	Physician-Initiated Case
40	Consultation-only or Pathology-only Report (not abstracted by reporting hospital)
50	Independent (non-hospital) Pathology-Laboratory Report
60	Nursing Home-Initiated Case
70	Coroner's Office Records Review
75	Managed Care Organization (MCO) or Insurance Records
80	Death Certificate (case identified through death clearance)
85	Out-of-State Case Sharing
90	Other Non-Reporting Hospital Source
95	Quality Control Review (case initially identified through quality control activities such as casefinding audit of a regional or central registry)
99	Unknown

Text--Primary Site Title

Document information regarding the primary site and laterality of the tumor being reported.

Text--Histology Title

Document information regarding the histologic type of the tumor being reported, include behavior and grade (clinical, pathologic/post therapy) when available.

Summary Stage 2018
Summary Stage 2018 is the only stage required by VCR; however, it is no longer documented in the STORE manual. Please refer to the SEER site (https://seer.cancer.gov/) to access the Summary Stage 2018 manual.

Case Administration

Record Type
The NAACCR data exchange record type being used in a file of data exchange records. Code 'A' is the full case Abstract record type (incidence and confidential data plus text summaries; used for reporting to central registries).

Registry ID
A unique code that represents the data transmission source. This code is defaulted by software vendors.

NAACCR Record Version
The version of North American Association of Central Cancer Registries (NAACCR) standards used to exchange the information. NAACCR XML Data Exchange Standard Version 21.

Cause of Death
Official cause of death. Code valid ICD-10 code. If not available, code one of the following:

Code	Description
0000	Patient alive at last contact
7777	State death certificate not available
7797	State death certificate available but underlying cause of death is not coded

ICD Revision Number
Indicator for the coding scheme used to code the cause of death.

Code	Description
0	Patient alive at last follow-up
1	ICD-10
7	ICD-7
8	ICDA-8
9	ICD-9

Place of Death--State
State or Province where the patient died and where certificate of death is filed.

Place of Death--Country
Code for the Country in which the patient died and where certificate of death is filed.

Date Case Report Exported
Date the reporting facility exports the electronic abstract to a file for transmission to the central registry.

CoC Accredited Flag
CoC Accredited Flag is assigned at the point and time of data abstraction to label an abstract being prepared for an analytic cancer case at a facility accredited by the Commission on Cancer (CoC). The flag may be assigned manually or can be defaulted by the registry's software.

Text--Remarks
Text area for information that is given only in coded form elsewhere or for which the abstract provides no other place. Overflow data can also be placed here. Problematic coding issues can also be discussed in this section.

Text--Place of Diagnosis
This text area is for manual documentation of the **facility**, physician office, city, state, or county where the diagnosis was made.

Required Text Fields

Text is an essential component of cancer abstracts and is used for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality documentation facilitates consolidation of records from multiple reporting sources for the same patient.

Dates of the diagnostic and treatment procedures are **needed** in the text fields to determine the admissibility of information for diagnosis date, staging, grade, Site Specific Data Items (SSDIs), and first course of treatment.

Use of **standard abbreviations** in text fields is strongly encouraged. Refer to http://training.seer.cancer.gov for more information.

Data Items Included in This Chapter

Diagnostic Text Fields

- Text--Physical Exam
- Text--X-Ray/Scan
- Text--Scopes
- Text--Lab Tests
- Text--Operative Report
- Text--Pathology Report
- Text--Staging
- Text--Remarks
- Text--Place of Diagnosis

Treatment Text Fields

- Text--Surgery
- Text--Beam Radiation
- Text--Other Radiation
- Text--Chemotherapy
- Text--Hormones
- Text--Biological Response Modifiers (BRM)
- Text--Other Treatment

General Instructions

Beginning with 2010 cases, up to 1,000 characters are allowed per text field. This is two to three times the amount of space as 2009 cases and earlier. Text fields must contain enough information to support coding but **no extraneous information**.

- Review all information available in the medical record; note the most descriptive and concise text in the abstract. After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes.
- Use standard abbreviations.
- Do not include information that the registry is not authorized to collect (i.e., HIV status).
- If information is missing from the record, state that it is missing.
- Avoid using all allowable space; simplify information when possible.
- Record positive and negative clinical findings. Record positive results first.
- Include only information that relates to this cancer; do not include information on comorbidity unless it specifically relates to the reason why a patient did not receive a particular treatment.
- Progression, recurrence, and follow-up are *not* required to be reported. Text related to these additional items should not be abstracted, unless specifically required by the reporting institution.
- Refer to the "Visual Review" section in Chapter 6 Quality Assurance.
- For more information, refer to: http://training.seer.cancer.gov/.

Descriptions to Record

- Date of physical exam.
- Age, sex, race/ethnicity.
- History that relates to cancer diagnosis.
- Primary site.
- Tumor histology, location and size.
- Palpable lymph nodes.
- Impression (when stated and pertains to cancer diagnosis).
- Treatment plan.

Supporting the Codes: Where to Look and What to Record

Primary Site

Where to look: Physical exam reports, x-rays, scans, scopes, operative reports, gross descriptions from pathology reports, consult notes.

What to record: Information that best describes the location of the primary tumor. Any mention of multiple tumors or foci should be noted. Record information-stating subsite.

Histology

Where to look: Pathology reports, cytology reports. For cases not microscopically confirmed, use reports from exploratory surgery, x-rays, scans, consults, and progress notes.

What to record: Histologic type, grade, and behavior. Record any factors which may have an effect in determining the proper histology, such as the presence of familial polyposis for a colon cancer.

Diagnosis Date

Where to look: History and physical exam, x-rays, scans, scopes, operative reports, pathology reports, consult notes, discharge diagnosis, discharge summary.

What to record: All information regarding the first statement of reportable diagnosis. The diagnosis date is often a clinical diagnosis and may not ever be confirmed histologically. If a clinically diagnosed case is later confirmed histologically, keep the first date.

Tumor Size

Where to look: Physical exam reports, x-rays, scans, scopes, operative reports, gross descriptions from pathology reports, consult notes.

What to record: The documented size of the primary tumor in centimeters or millimeters. When a gross tumor description and a microscopic tumor description are given in a pathology report, preference is given to the size of the microscopically analyzed cancer.

Tumor Extension

Where to look: Physical exam report, x-rays, scans, scopes, operative reports, pathology reports, consult notes, discharge diagnosis, discharge summary.

What to record: Depth of tumor invasion through the wall of an organ (such as the bladder or colon), involvement of adjacent structures or tissue. Include information about adjacent structures that are *not* involved by tumor.

Lymph Nodes

Where to look: Physical exam report, x-rays, scans, scopes, operative reports, pathology reports, consult notes, discharge diagnosis, discharge summary.

What to record: Any statement regarding possible involvement of lymph nodes. Identify lymph nodes by anatomical name as specifically as possible. Include the number and size of those involved as well as whether they are ipsilateral (same side), contralateral (opposite side), or bilateral (both sides). Size of metastasis within the lymph node and number of lymph nodes involved is essential in the staging of several cancer sites, including head and neck, sinuses, and breast.

Record the physician's statements describing palpability, mobility (including matting and/or fixation) of accessible lymph nodes, both regional and distant. Include information where regional lymph nodes are described as *not* being involved by cancer.

Metastasis to Distant Sites

Where to look: Physical exam report, x-rays, scans, scopes, operative reports, pathology reports, consult notes, discharge diagnosis, discharge summary.

What to record: Any information indicating distant metastasis at the time of diagnosis. The most common sites for metastasis are bone, lungs, brain, liver or any site spread indirectly (through vascular or lymph channels) to a site remote from the primary tumor.

Record any statement from a physician or diagnostic test which suggests distant site involvement Refer to the Collaborative Stage Manual, Part II, individual site schemas for more information.

First Course of Treatment

Where to look: Operative reports, radiation therapy reports, chemotherapy reports, oncology consult reports, clinic notes, and subsequent admissions (history and physical, discharge summary).

What to record: Any information regarding treatment that modifies, controls, removes, or destroys primary or metastatic cancer. Record all cancer directed treatment planned, recommended, or performed by the physicians during the first diagnosis of cancer. Record the date a determination was made not to treat the patient, if applicable, as well as the reason.

Diagnostic Text Fields

Text--Physical Exam: Patient history and physical.

Examples:

Breast: 8/15/21, L palp breast mass, BSE x 1week ago. Breasts symmetrical w/o skin change. L breast: firm 2.5cm mass at 11:30 position near areola, no ax LAD, ROE neg.

Colon: Pt pres to Dr 3/6/21 w/melena; recent stool cards pos. Occ has sl red rectal bldg, blames on hemorrhoids. Colonoscopy 1yr/ago showed polyps but no lesions.

Esophagus: 5/7/21 72 yr male with cc coffee ground emesis + for blood. hemoccult +. Assess: UGI bleed. EGD in am. IDDM. Hx of CVA. Seizure d/o.

Hematopoietic: Patient has anemia with a WBC of 202,000. Peripheral blood smear done. Severe COPD and emphysema.

Melanoma: 10/9/21 Shave bx skin rt arm Dr's office. 11/7/21 Prob: 1.5cm melanoma insitu rt arm. Lungs clr. 1.5cm nevus dorsal surf rt arm w/healing bx site.

Prostate: Testicular pain. On 09/6/21, DRE revealed prostate nodule on right. PSA was 3.2. Sextant bx done in physician office revealed adenoca in multiple areas of prostate; Gleasons score=6.

Text--X-Ray/Scan: Documentation from all X-rays, scans, and/or other imaging examinations that provide information about staging.

Examples:

Brain: 10/24/21 MRI lg mass rt frontal lobe extend into lt frontal lobe, 8x5.5x.67 cm 10/25/10 CT chest/abd/pelvis: no malignancy, no mets.

Breast: 7-13-21 Lt Mammogram: Mass lesion UOQ left breast, highly suggestive of malignancy. Biopsy suggested.

Lung: 4-27-21 CXR: 1.6 cm lesion RLL suspicious for malignancy; mediastinal lymphadenopathy with indeterminate right hilar lymph node prominence. 7-26-21 CT head: Neg. for mets. See Remarks and Path for other findings.

Submandibular Gland: 4/17/21 CT neck with contrast corresponding with palpable mass is an enhancing ovoid mass ant. to the rt sternocleidomastoid muscle and anterior to carotid sheath no other enl LN. 3.6 x 2.2 CT chest neg. 2/20/21 CT neck interval exc. no recurrence.

Rectum: 12/19/2021 CT ch/abd/pel. stable nodules in lungs. persistent low density focus in the rt lob of liver possible hemangioma, neoplasm a consideration. rectal wall thickening slightly increased.

Text--Scopes: Documentation from endoscopic examinations that provide information for staging and treatment.

Examples:

Colon: 10/13/21 Colonoscopy: lg friable mass proximal transverse colon, nearly obstructing lumen.

Esophagus: 5/7/21 EGD with bx. 1.5-2 cm mass just above the GE jct. esophageal ulcers. gastric ulcers and gastritis. duodenitis. No active bleeding.

Main Bronchus: 9/26/21 Bronchoscopy w/ brush/wash/needle bx. neg. 10/24/21 rt sided mediastinal mass. bronch with needle bx/wash and brush of bronchus intermedius + for cancer.

Pancreas: 12/13/21 Upper endoscopy. Findings: well-defined mass arising from pancreas, 3.3x3.2 cm; enlg celiac LN.

Stomach: 6-26-21 EGD: Inflammation was found in the antrum. A biopsy for H. pylori was taken. Multiple biopsies were obtained and sent to pathology. The gastroesophageal junction was 38cm from central incisors. Retroflexed views revealed no abnormalities.

Text--Lab Tests: Laboratory tests.

Suggestions for text:

- Date(s) of laboratory test(s).
- Type of laboratory test/tissue specimen(s).
- Record both positive and negative findings. Record positive test results first.
- Record reference values.
- Information can include tumor markers, serum and urine electrophoresis, special studies, etc.
- Tumor markers included, but are not limited to:
  - Breast Cancer: Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her2/neu.
  - Prostate Cancer: Prostatic Specific Antigen (PSA).
  - Testicular Cancer: Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

Examples:

Breast: ER/PR positive. Her2-neu by IHC negative for c-erb-B2.

Hematopoietic Disease: 5/5/10 PTH <3 (10-69) 5/8/10 Immunofixation serum; Monoclonal IgG kappa immunoglobulin (Reference Range:NEG) 5/14/10 Immunofixation urine; Free monoclonal kappa light chains and small amount of intact monoclonal IgG kappa immunoglobulin.

Breast: 3/1/21 ERICA: Pos (90% of tumor cells. PRICA Pos (in >90% tumor cells).

Colon: 2/12/21 CEA; 2.0.

Prostate: 9/21/21 PSA: 5.4 (0.0-4.0).

Text--Operative Report: Documentation of all surgical procedures that provide information for staging.

Suggestions for text:

- Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived.
- Number of lymph nodes removed.
- Size of tumor removed.
- Documentation of residual tumor.
- Evidence of invasion of surrounding areas.

Examples:

Breast: 5/22/21 lt breast PM US guid lt ax sln bx: 2 main les 1:00 2cm & 12:00 1cm no clin evid @ margs or ln's.

Colon: 10/31/21 Mass mid-transverse colon, no other intestinal masses ident. Liver smooth. No evid of gross metastases. Transverse colon resection w/ascending colon anastomosis.

Lung: 11/28/21 RLL lobectomy, subcarinal& hilar lymph node sampled.
Ext adhesions of lung to pleural surface, no add'l findings noted.

Uterus: 11-20-21 Peritoneal cavity had adhesions between the small bowel and the omentum and the pelvic floor; left ovary was enlarged and adhered to the left pelvic side; omentum, pelvic and periaortic lymph nodes clinically negative; uterus was unremark.

Rectum: Low anterior resection: no evid mets; residual palp tumor along lt wall of mid rectum.

Text--Pathology Report: Information from cytology and histopathology reports.

Examples:

Breast: 7-26-21 Bx lt breast: Adenoca. 8-22-21 Exc bx, node dissection: Duct adenoca, Grade 1, tumor .73 cm, focal DCIS, tumor. Margins negative; one sentinel & two axillary nodes negative.

Endometrium: 1-18-21 Bx endometrium: Adenoca, endometrioid type w/mucinous diff. FIGO I. 2-15-21 Mixed (60% endometrioid, 40% mucinous) ca, GR I involves entire endometrial cavity & invades myometrium; tumor 7 cm; 2/14 nodes +; ovaries/tubes negative.

Hematopoietic: 5/5/21; Peripheral blood; mild macrocytic anemia. Absolute lymphopenia. Bone Marrow; Plasma cell myeloma. 5/99/21; cytology from pleural fluid SUSP for MALIG

Ovary: 5/15/21 TAH, BSO: Clear cell ca, grade III, left ovary, confined to cyst lumen and not present on exterior surface of ovary. Right ovary, tubes, cervix, endometrium, myometrium, uterine serosa, omentum negative; 0/14 nodes +.

Prostate: 10-31-2021 Prostate biopsies: Rt mid lateral: Adenoca, Gleason's 3+4=7, tumor comprises 75% of specimen. Rt mid medial: Adenoca, Gleason's 4+3=7, tumor comprises 25% of specimen. Biopsies on left negative for malignancy.

Tongue: 10/05/21: Tongue bx, superficially invasive well differentiated squamous cell ca with ulceration. 1.5 cm white scaly lesion completely cut out. 10/18/21 re-excision, no residual invasive squamous cell ca. spec sz 2.0x1.1x0.4 cm.

Text--Staging: Document any unresolved discrepancies between physician and registry staging. Document additional information about physician staging.

Suggestions for text:

- Physician TNM stage.
- Other staging schemes, Dukes, Jewetts, Bloom Richardson.

Text--Remarks: Information that is given only in coded form elsewhere or for which the abstract provides no other place. Problematic coding issues can also be discussed in this section.

Suggestions for text:

- Smoking history.
- Family and personal history of cancer.
- Comorbidities.
- Information on sequence numbers if a person was diagnosed with another cancer out-of-state or before the registry's reference date.
- Place of birth.
- Justification of over-ride flags.

Examples:

Unknown Primary: Either tumor in brain was mets from some other primary & not GBM as originally suspected or he had GBM & another primary tumor that secondarily spread. Had consult w/ONC MD & RT MD & decision that CHEMO & RT would not help him.

Lung: As far as I can tell, patient was seen at HOSP A for more surgery/treatment.

Hematopoietic: Patient had only outpt lab work; no further info.

Treatment Text Fields

Text--Surgery: Information describing all surgical procedures performed as part of treatment.

Suggestions for text:

- Date of each procedure.
- Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites.
- Lymph nodes removed.
- Regional tissues removed.
- Metastatic sites.
- Facility where each procedure was performed.
- Other treatment information, e.g., planned procedure aborted; unknown if surgery performed.

Text--Beam Radiation: Information regarding treatment of the tumor being reported with beam radiation.

Suggestions for text:

- Date radiation treatment began.
- Where treatment was given, e.g., at this facility, at another facility.
- Type(s) of beam radiation, e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed modalities.
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given.

Text--Other Radiation: Information regarding treatment of the tumor being reported with radiation other than beam radiation. This includes brachytherapy and systemic radiation therapy.

Suggestions for text:

- Date treatment was started.
- Where treatment was given, e.g., at this facility, at another facility.
- Type(s) of non-beam radiation, e.g., High Dose rate brachytherapy, seed implant, Radioisotopes (I-131).
- Other treatment information, e.g., unknown if radiation was given.

Text--Chemotherapy: Information regarding chemotherapy treatment.

Suggestions for text:

- Date chemotherapy began.
- Where treatment was given, e.g., at this facility, at another facility.
- Type of chemotherapy, e.g., name of agent(s) or protocol.
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given.

Text--Hormones: Information about hormonal treatment.

Suggestions for text:

- Date treatment was started.
- Where treatment was given, e.g., at this facility, at another facility.
- Type of hormone or antihormone, e.g., Tamoxifen.
- Type of endocrine surgery or radiation, e.g., orchiectomy.
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given.

Text--Biological Response Modifiers (BRM): Information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy.

Suggestions for text:

- Date treatment began.
- Where treatment was given, e.g., at this facility, at another facility.
- Type of BRM agent, e.g., Interferon, BCG.
- BRM procedures, e.g., bone marrow transplant, stem cell transplant.
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given.

Text--Other Treatment: Information regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown), and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field.

Suggestions for text:

- Date treatment was started.
- Where treatment was given, e.g., at this facility, at another facility.
- Type of other treatment, e.g., blinded clinical trial, hyperthermia.
- Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given.

Quality Assurance

Introduction

The quality assurance procedures of the VCR include the review of all cases submitted (electronic edits checks and visual review), as well as the administration of reabstracting and casefinding audits. These audits will measure both the accuracy of information being reported as well as completeness of reporting.

Data Acceptance Policy

All data must be submitted to the VCR as stated in Chapter 7 - *Transmission of Case Information* in order to be accepted for review and analysis. In addition, the data must pass at least 90% of the electronic edits processed, calculated as follows:

$$\frac{\text{\# Cases Having Zero Failures}}{\text{\# Cases in the Submittal}} \times 100$$

Electronic Edits

All submittals are processed through a series of electronic edits upon receipt. Whenever there is a change in reporting requirements, as often as once a year, VCR provides hospital cancer registry software vendors with the updated edit set.

Hospital registrars should work directly with their software vendor to ensure they have the most recent Vermont-specific electronic edit metafile. Any questions regarding electronic edits should be directed to the Quality and Education Coordinator, Linda Bloschies.

Quality Indicator Reports

Hospitals are evaluated quarterly for timeliness, accuracy and completeness. The Quality Indicator Reports are provided to the registrar and hospital leadership. Hospitals are compared to the state average and the following standards:

- Timeliness: Cases are reported within 180 days (per State statute).
- Accuracy: At least 90% of cases pass electronic edits.
- Completeness: 100% of cases are reported within 6 months of the close of the diagnosis year.

Quality Review

Once a submittal has been processed through electronic edits, the cases undergo a quality review process. Cases are reviewed to determine reportability and verify correct coding for primary site, histology, behavior, and stage. Accuracy is evaluated by comparing the abstracted text to the codes.

When a discrepancy is detected upon review, or more information is needed to support a code, VCR queries the reporting institution. Any case with errors is not eligible for data analysis until all errors detected are resolved.

Correction Process

Vermont hospitals are responsible for submitting data that meets the quality assurance standards of the VCR. When standards are met upon initial submission of data, the cases are immediately eligible for data analysis. If standards are not met upon initial submission, then the reporting institution must supply the VCR with additional information in a timely manner, so that corrections can be made, the cases can be accessioned, and the hospital can be credited.

Reabstracting Audits

Reabstracting audits measure how well a case submitted to the VCR reflects the information in a patient's medical record. Reabstracting is the process whereby one of the VCR's quality control staff members abstracts a medical record belonging to the reporting institution. Then the VCR staff member's abstract is compared to the case as it exists in the VCR database at the time of the audit. A standard set of data items, containing a minimum number of twenty, is evaluated for every case audited.

Differences are evaluated and tabulated. Hospitals are required to demonstrate 95% accuracy overall. If this is achieved, then no reply to the summary of findings is needed on behalf of the reporting institution. If this is not achieved, then any areas requiring improvement will be investigated with a follow-up review in 2-3 months.

Casefinding Audits

Casefinding audits measure how well a reporting facility identifies reportable cancers and submits them. VCR quality assurance staff review pathology reports and medical records disease indices for a given period of time, identify reportable cases, and compare this list to the cases actually reported within the same time period evaluated.

The percent complete is calculated. Hospitals are required to demonstrate 95% completeness. If this is achieved, then no reply to the summary of findings is needed on behalf of the reporting institution. If this is not achieved, then any areas requiring improvement will be investigated

with a follow-up review in 2-3 months. Additionally, the reporting institution is required to abstract and submit cases for all reportable neoplasms found in the casefinding audit.

Death Clearance

A list is provided to hospitals annually to check for a record of the cancer on deceased individuals. This requires researching the registry database, the hospital patient index, and the medical records to determine if the cancer listed on the death certificate was diagnosed after October 31, 1993. For those cases diagnosed on November 1, 1993 or later, an abstract must be submitted.

Transmission of Case Information

Format

All facilities are required to report in machine-readable format.

The required format for reporting machine-readable cases is the NAACCR XML Data Exchange Standard Version 23.

Transmission of Data File

Transmit files at least monthly. If there are no cases to submit in a month, inform Holly Maynard at (802) 951-4062 or holly.maynard@vermont.gov.

Data files are required to be transmitted via Web Plus. Contact Holly Maynard for instructions on how to use Web Plus.

Please upload **all** files using the Non-NAACCR File option.

File Contents

Submittal files are no longer limited to 50 cases.

Submit diagnosis year 2023 cases separately from cases of all other diagnosis years. Diagnosis years 1996 through 2022 may be submitted in one file.

Transmission of Supporting Information

All supporting information (Consult Case Form, supporting documentation, etc.) may be uploaded as electronic files using the non-NAACCR data file format within Web Plus.

Appendix A

Vermont Cancer Registry Law

Title 18: Health

Chapter 4: Cancer Registry

§ 151. Definitions

As used in this chapter:

(1) "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkins disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin.

(2) "Health care facility" shall have the meaning given in section 9432 of this title.

(3) "Health care provider" shall have the meaning given in section 9432 of this title. (Added 1993, No. 90, § 2.)

§ 152. Establishment of cancer registry

(a) The Commissioner shall establish a uniform statewide population-based cancer registry system for the collection of information determining the incidence of cancer and related data. The Secretary shall adopt rules necessary to effect the purposes of this chapter, including the data to be reported and the effective date after which reporting by health care facilities and health care providers shall be required.

(b) All cancers diagnosed or treated in the State shall be reported to the representative of the Department of Health authorized by the Commissioner to compile the cancer data, or any individual, agency, or organization designated to cooperate with that representative.

(c) The Commissioner shall establish a training program for the personnel of participating health care facilities and a quality control program for cancer data. The Commissioner shall collaborate in studies with clinicians and epidemiologists and publish reports on the results of such studies. The Commissioner shall cooperate with the National Institutes of Health and the Centers for Disease Control and Prevention in providing cancer incidence data. (Added 1993, No. 90, § 2.)

§ 153. Participation in program

(a) Any health care facility diagnosing or providing treatment to patients with cancer shall report each case of cancer to the Commissioner or his or her authorized representative in

a format prescribed by the Commissioner within 180 days of admission or diagnosis. If the facility fails to report in a format prescribed by the Commissioner, the Commissioner's authorized representative may enter the facility, obtain the information, and report it in the appropriate format. In these cases, the facility shall reimburse the Commissioner or the authorized representative for the cost of obtaining and reporting the information.

(b) Any health care provider diagnosing or providing treatment to patients with cancer shall report each cancer case to the Commissioner or his or her authorized representative within 180 days of diagnosis. Those cases diagnosed or treated at a Vermont facility or previously admitted to a Vermont facility for diagnosis or treatment of that instance of cancer are exceptions and do not need to be reported by the health care provider.

(c) All health care facilities and health care providers who provide diagnostic or treatment services to patients with cancer shall report to the Commissioner any further demographic, diagnostic, or treatment information requested by the Commissioner concerning any person now or formerly receiving services, diagnosed as having or having had a malignant tumor. Additionally, the Commissioner or his or her authorized representative shall have physical access to all records that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified patient with cancer. Willful failure to grant access to such records shall be punishable by a fine of up to $500.00 for each day access is refused. Any fines collected pursuant to this subsection shall be deposited in the General Fund. (Added 1993, No. 90, § 2; amended 2015, No. 37, § 1.)

§ 154. Confidentiality

(a) All information reported pursuant to this chapter shall be confidential and privileged. The Commissioner shall take strict measures to ensure that all identifying information is kept confidential.

(b) All identifying information regarding an individual patient, health care provider, or health care facility contained in records of interviews, written reports, and statements procured by the Commissioner or by any other person, agency, or organization acting jointly with the Commissioner in connection with cancer morbidity and mortality studies shall be confidential and privileged and shall be used solely for the purposes of the study. Nothing in this section shall prevent the Commissioner from publishing statistical compilations relating to morbidity and mortality studies which do not identify individual cases or sources of information. (Added 1993, No. 90, § 2.)

§ 155. Disclosure

(a) The Commissioner may enter into agreements to exchange confidential information with other cancer registries in order to obtain complete reports of Vermont residents diagnosed or treated in other states and to provide information to other states regarding their residents diagnosed or treated in Vermont.

(b) The Commissioner may furnish confidential information to the National Breast and Cervical Cancer Early Detection Program, other states' cancer registries, federal cancer control agencies, or health researchers in order to collaborate in a national cancer registry or to collaborate in cancer control and prevention research studies. However, before releasing confidential information, the Commissioner shall first obtain from such state registries, agencies, or researchers an agreement in writing to keep the identifying information confidential and privileged. In the case of researchers, the Commissioner shall also first obtain evidence of the approval of their academic committee for the protection of human subjects established in accordance with 45 C.F.R. part 46. (Added 1993, No. 90, § 2; amended 2015, No. 37, § 1.)

§ 156. Liability

(a) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with this chapter.

(b) No license of a health care facility or health care provider may be denied, suspended, or revoked for the good faith disclosure of confidential or privileged information in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with this chapter.

(c) Nothing in this section shall be construed to apply to the unauthorized disclosure of confidential or privileged information when such disclosure is due to gross negligence or willful misconduct. (Added 1993, No. 90, § 2.)

§ 157. Vermont Mammography Registry

The confidentiality, disclosure, and liability provisions of sections 154, 155, and 156 of this title shall likewise apply to all mammography and pathology data relating to breast cancer and any associated identifying information acquired by the Vermont Mammography Registry (VMR). In the case of VMR, the rights and obligations of the Commissioner of Health shall be assumed by the appropriate VMR governing body or official. (Added 1993, No. 140 (Adj. Sess.), § 107a, eff. April 15, 1994.)

§ 158. Dense breast notification and education

(a) All health care facilities that perform mammography examinations shall include in the summary of the mammography report to be provided to a patient information that identifies the patient's individual breast tissue classification based on the Breast Imaging Reporting and Data System established by the American College of Radiology. If a facility determines that a patient has heterogeneously dense or extremely dense breasts, the summary of the mammography report shall also include a notice substantially similar to the following:

"Your mammogram indicates that you have dense breast tissue. Dense breast tissue is a normal finding that is present in about 40 percent of women. Dense breast tissue can make it more difficult to detect cancer on a mammogram and may be associated with a slightly increased risk for breast cancer. This information is provided to raise your awareness of the impact of breast density on cancer detection and to encourage you to discuss this issue, as well as other breast cancer risk factors, with your health care provider as you decide together which screening options may be right for you."

(b) Facilities that perform mammography examinations may update the language in their notices over time to reflect advances in science and technology, as long as they continue to notify patients about the frequency of dense breast tissue and its effect on the accuracy of mammograms and encourage patients to discuss the issue with their health care provider. Facilities shall notify the Department of Health each time they make changes to the notice required by this section and shall provide an updated copy for the Department's information and review.

(c) Nothing in this section shall be construed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in this section. (Added 2015, No. 139 (Adj. Sess.), § 1.)

Source: https://legislature.vermont.gov/statutes/fullchapter/18/004

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 2

Cancer Registry Rule

1.0 Authority

1.1 This rule is adopted pursuant to 18 V.S.A. § 152(a).

2.0 Purpose

This rule implements the Vermont Cancer Registry (VCR) created by 18 V.S.A. chapter 4 that requires the Commissioner of Health to establish a uniform statewide population-based cancer registry system for the collection of information determining the incidence of cancer and related data.

3.0 Definitions

3.1 “Cancer” means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkin’s disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin.

3.2 "Health care facility" means all persons or institutions, including mobile facilities, whether public or private, proprietary or not for profit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any institution operated by religious groups relying solely on spiritual means through prayer for healing, but shall include but is not limited to:

3.2.1 Hospitals, including general hospitals, mental hospitals, chronic disease facilities, birthing centers, maternity hospitals, and psychiatric facilities including any hospital conducted, maintained, or operated by the state of Vermont, or its subdivisions, or a duly authorized agency thereof; and

3.2.2 Nursing homes, health maintenance organizations, home health agencies, outpatient diagnostic or therapy programs, kidney disease treatment centers, mental health agencies or centers, diagnostic imaging facilities, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, or any inpatient or ambulatory surgical, diagnostic, or treatment center.

3.3 "Health care provider" means a person, partnership, corporation, facility, or institution, licensed or certified or authorized by law to provide professional health care service in this state to an individual during that individual's medical care, treatment, or confinement.

4.0 Data Reporting Requirements

4.1 Reporting Timeliness

4.1.1 A health care facility or health care provider diagnosing or providing treatment to cancer patients must report each case of cancer to the VCR within 180 days of admission or diagnosis as prescribed by these regulations if the cancer is diagnosed on or after November 1, 1993.

4.2 Reportable Neoplasms

4.2.1 The following neoplasms are reportable:

4.2.1.1 All cancers with a behavior code of "2" (in situ) or "3" (malignant) in the latest edition of the International Classification of Diseases for Oncology (ICD-O); and

4.2.1.2 Benign and borderline (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3).

4.2.2 The following are not reportable to the VCR:

4.2.2.1 Skin primary (C440-C449) with any of the following histologies:

- Malignant neoplasm (8000-8005)
- Epithelial carcinoma (8010-8046)
- Papillary and squamous cell carcinoma (8050-8084)
- Basal cell carcinoma (8090-8110).

4.2.2.2 Carcinoma in situ of cervix (/2) or cervical intraepithelial neoplasia (CIN III) of the cervix (C530-C539);

4.2.2.4 Prostatic intraepithelial neoplasia (PIN III) of the prostate (C619).

4.3 Data Elements

Each health care facility or health care provider shall report cases to VCR in the format defined in the VCR Procedure Manual and shall include all of the data elements detailed in the VCR Procedure Manual. The data elements include information related to:

- Patient Identifiers and Demographics
- Provider and Facility Identifiers
- Cancer Identification

- Extent of Disease at Diagnosis
- First Course of Treatment
- Follow-up

5.0 Data Quality

5.1 Reviews

5.1.1 Each health care facility or health care provider shall permit periodic quality control reviews by the VCR, including case finding, abstracting, coding, and data submission processing.

5.1.2 Each new abstractor reporting to VCR must complete the New Registrar Procedure, as defined in the VCR Procedure Manual.

5.1.3 Health care facilities or health care providers reporting cases to the VCR shall adhere to the data quality standards as outlined in the VCR Procedure Manual.

5.2 Timing

Unless other arrangements are made with a facility or provider, no fewer than 10 working days' notice is established as the minimum notice period applicable whenever the VCR wishes to have access to information on site at a facility.

5.2 Training

The VCR will ensure the provision of data reporting and data quality training and consultation.

5.3 Mortality and Incidence Reconciliation

Health care facilities or health care providers shall assist the VCR in annual reconciliation of cancer mortality and incidence data.

Source: http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_cancer-registry.pdf

Appendix B

Vermont County Codes

County	Code
Addison	001
Bennington	003
Caledonia	005
Chittenden	007
Essex	009
Franklin	011
Grand Isle	013
Lamoille	015
Orange	017
Orleans	019
Rutland	021
Washington	023
Windham	025
Windsor	027

Appendix C

Vermont Cities, Counties and Codes

Acceptable Abbreviations:

St - Saint
N - North
S - South
E –East
W –West

Even though these words can be abbreviated, if the word is spelled out that is also acceptable. There are no other acceptable abbreviations at this time. For example, 'Junction' cannot be abbreviated to 'Jct.'

City/Town/Township	County
Adamant	023 Washington
Addison	001 Addison
Albany	019 Orleans
Alburg/Alburgh	013 Grand Isle
Alburg Center/Alburgh Center	013 Grand Isle
Alburg Springs/Alburgh Springs	013 Grand Isle
Amsden	027 Windsor
Andover	027 Windsor
Arlington	003 Bennington
Ascutney	027 Windsor
Athens	025 Windham
Averill	009 Essex
Avery's Gore	009 Essex
Bakersfield	011 Franklin
Baltimore	027 Windsor
Barnard	027 Windsor
Barnet	005 Caledonia
Barnumtown	001 Addison
Barnumville	003 Bennington
Barre	023 Washington

Barre City	023 Washington
Barre Town	023 Washington
Barton	019 Orleans
Bartonsville	025 Windham
Basin Harbor	001 Addison
Beebe Plain	019 Orleans
Beecher Falls	009 Essex
Bellows Falls	025 Windham
Belmont	021 Rutland
Belvidere	015 Lamoille
Belvidere Corners	015 Lamoille
Belvidere Center	015 Lamoille
Bennington	003 Bennington
Benson	021 Rutland
Benson Landing	021 Rutland
Berkshire	011 Franklin
Berlin	023 Washington
Berlin Corners	023 Washington
Bethel	027 Windsor
Binghamville	011 Franklin
Blissville	021 Rutland
Bloomfield	009 Essex
Bolton	007 Chittenden
Boltonville	017 Orange
Bomoseen	021 Rutland
Bondville	003 Bennington
Bordoville	011 Franklin
Bowlsville	021 Rutland
Bradford	017 Orange
Braintree	017 Orange
Braintree Center	017 Orange
Brandon	021 Rutland
Brattleboro	025 Windham
Bread Loaf	001 Addison
Bridgewater	027 Windsor
Bridgewater Center	027 Windsor
Bridgewater Corners	027 Windsor
Bridport	001 Addison
Brighton	009 Essex

Bristol	001 Addison
Brockway's Mills	025 Windham
Brookfield	017 Orange
Brookfield Center	017 Orange
Brookline	025 Windham
Brookside	007 Chittenden
Brooksville	001 Addison
Brownington	019 Orleans
Brownington Center	019 Orleans
Brownsville	027 Windsor
Brunswick	009 Essex
Brunswick Springs	009 Essex
Buck Hollow	011 Franklin
Buells Gore	007 Chittenden
Burke	005 Caledonia
Burke Hollow	005 Caledonia
Burlington	007 Chittenden
Cabot	023 Washington
Cadys Falls	015 Lamoille
Calais	023 Washington
Cambridge	015 Lamoille
Cambridge Junction	015 Lamoille
Cambridgeport	025 Windham
Canaan	009 Essex
Castleton	021 Rutland
Castleton Corners	021 Rutland
Cavendish	027 Windsor
Centerville	015 Lamoille
Central Park	025 Windham
Charleston/Charlestown	019 Orleans
Charlotte	007 Chittenden
Checkerberry Village	007 Chittenden
Chelsea	017 Orange
Chester	027 Windsor
Chester Depot	027 Windsor
Chimney Corner	007 Chittenden
Chimney Point	001 Addison
Chipman's Point	001 Addison
Chippenhook	021 Rutland

Chiselville	003 Bennington
Chittenden	021 Rutland
Clarendon	021 Rutland
Clarendon Springs	021 Rutland
Colbyville	023 Washington
Colchester	007 Chittenden
Cold River	021 Rutland
Collinsville	019 Orleans
Concord	009 Essex
Concord Corner	009 Essex
Cookville (Corinth P.O.)	017 Orange
Corinth	017 Orange
Corinth Center	017 Orange
Cornwall	001 Addison
Coventry	019 Orleans
Craftsbury	019 Orleans
Craftsbury Common	019 Orleans
Cuttingsville	021 Rutland
Danby	021 Rutland
Danby Four Corners	021 Rutland
Danville	005 Caledonia
Derby	019 Orleans
Derby Center	019 Orleans
Derby Line	019 Orleans
Dewey's Mills	027 Windsor
Dorset	003 Bennington
Dover	025 Windham
Downers	027 Windsor
Downingville	001 Addison
Dummerston	025 Windham
Dummerston Center	025 Windham
Duxbury	023 Washington
East Albany	019 Orleans
East Alburg	013 Grand Isle
East Arlington	003 Bennington
East Barnard	027 Windsor
East Barnet	005 Caledonia
East Barre	023 Washington
East Berkshire	011 Franklin

East Bethel	027 Windsor
East Braintree	017 Orange
East Brighton	009 Essex
East Brookfield	009 Orange
East Burke	005 Caledonia
East Cabot	023 Washington
East Calais	023 Washington
East Charlestown	019 Orleans
East Charlotte	007 Chittenden
East Clarendon	021 Rutland
East Concord	009 Essex
East Craftsbury	019 Orleans
East Dorset	003 Bennington
East Dover	025 Windham
East Dummerston	025 Windham
East Enosburg	011 Franklin
East Fairfield	011 Franklin
East Fletcher	011 Franklin
East Franklin	011 Franklin
East Georgia	011 Franklin
East Granville	001 Addison
East Hardwick	005 Caledonia
East Haven	009 Essex
East Hubbardton	021 Rutland
East Jamaica	025 Windham
East Johnson	015 Lamoille
East Lyndon	005 Caledonia
East Middlebury	001 Addison
East Monkton	001 Addison
East Montpelier	023 Washington
East Montpelier Center	023 Washington
East Orange	017 Orange
East Peacham	005 Caledonia
East Pittsford	021 Rutland
East Poultney	021 Rutland
East Randolph	017 Orange
East Richford	011 Franklin
East Roxbury	023 Washington
East Rupert	003 Bennington

East Ryegate	005 Caledonia
East Sheldon	011 Franklin
East Shoreham	001 Addison
East St. Johnsbury	005 Caledonia
East Thetford	017 Orange
East Topsham	017 Orange
East Wallingford	021 Rutland
East Warren	023 Washington
Eden	015 Lamoille
Eden Mills	015 Lamoille
Elmore	015 Lamoille
Ely	017 Orange
Emerson	027 Windsor
Enosburg	011 Franklin
Enosburg Falls	011 Franklin
Essex	007 Chittenden
Essex Center	007 Chittenden
Essex Junction	007 Chittenden
Evansville	019 Orleans
Ewells Mills	005 Caledonia
Fair Haven	021 Rutland
Fairfax	011 Franklin
Fairfax Falls	011 Franklin
Fairfield	011 Franklin
Fairfield Station	011 Franklin
Fairlee	017 Orange
Fairmont	023 Washington
Fays Corner	007 Chittenden
Fayston	023 Washington
Felchville (Reading P.O.)	027 Windsor
Ferdinand	009 Essex
Ferrisburg/Ferrisburgh	001 Addison
Ferrisburg Station/Ferrisburgh Station	001Addison
Fletcher	011 Franklin
Florence	021 Rutland
Forest Dale	021 Rutland
Foxville	017 Orange
Franklin	011 Franklin
Gageville	025 Windham

Gallup Mills	009 Essex
Gassetts	027 Windsor
Gaysville	027 Windsor
Georgia	011 Franklin
Georgia Center	011 Franklin
Georgia Plains	011 Franklin
Gilead	027 Windsor
Gilman	009 Essex
Glastenbury	003 Bennington
Glover	019 Orleans
Goose Green	017 Orange
Gordon Landing	013 Grand Isle
Goshen	001 Addison
Goshen Four Corners	001 Addison
Goulds Mills	027 Windsor
Grafton	025 Windham
Granby	009 Essex
Grand Isle	013 Grand Isle
Grand Isle Station	013 Grand Isle
Graniteville	023 Washington
Granville	001 Addison
Green River	025 Windham
Greensboro	019 Orleans
Greensboro Bend	019 Orleans
Groton	005 Caledonia
Guildhall	009 Essex
Guilford	025 Windham
Guilford Center	025 Windham
Halifax	025 Windham
Hancock	001 Addison
Hanksville	007 Chittenden
Hardwick	005 Caledonia
Harmonyville	025 Windham
Hartford	027 Windsor
Hartland	027 Windsor
Hartland Four Corner	027 Windsor
Hartwellville	009 Essex
Harvey	005 Caledonia
Healdville	021 Rutland

Heartwellville	003 Bennington
Hewetts Corners	027 Windsor
Highgate	011 Franklin
Highgate Center	011 Franklin
Highgate Falls	011 Franklin
Highgate Springs	011 Franklin
Hinesburg	007 Chittenden
Holden	021 Rutland
Holland	019 Orleans
Hortonia	021 Rutland
Hortonville	021 Rutland
Houghtonville	025 Windham
Hubbardton	021 Rutland
Huntington	007 Chittenden
Huntington Center	007 Chittenden
Hyde Park	015 Lamoille
Hydeville	021 Rutland
Ira	021 Rutland
Irasburg	019 Orleans
Irasville	023 Washington
Island Pond	009 Essex
Isle La Motte	013 Grand Isle
Jacksonville	025 Windham
Jamaica	025 Windham
Jay	019 Orleans
Jeffersonville	015 Lamoille
Jericho	007 Chittenden
Jericho Center	007 Chittenden
Jerusaleum	001 Addison
Johnson	015 Lamoille
Jonesville	007 Chittenden
Kansas	003 Bennington
Keeler Bay	013 Grand Isle
Kelley Stand	003 Bennington
Kents Corners	023 Washington
Killington	021 Rutland
Kirby	005 Caledonia
Lake Elmore	015 Lamoille
Lake Dunmore	001 Addison

Landgrove	003 Bennington
Larrabees Point	001 Addison
Leicester	001 Addison
Leicester Junction	001 Addison
Lemington	009 Essex
Lewis	009 Essex
Lewiston	027 Windsor
Lincoln	001 Addison
Londonderry	025 Windham
Lowell	019 Orleans
Lower Cabot	023 Washington
Lower Granville	001 Addison
Lower Plain	017 Orange
Lower Waterford	005 Caledonia
Ludlow	027 Windsor
Lunenburg	009 Essex
Lympus	027 Windsor
Lyndon	005 Caledonia
Lyndon Center	005 Caledonia
Lyndonville	005 Caledonia
Mackville	005 Caledonia
Maidstone	009 Essex
Mallett's Bay	007 Chittenden
Manchester	003 Bennington
Manchester Center	003 Bennington
Manchester Depot	003 Bennington
Maple Corner (Calais P.O.)	023 Washington
Maquam	011 Franklin
Marlboro	025 Windham
Marshfield	023 Washington
Mc Indoe Falls	005 Caledonia
Mechanicsville	007 Chittenden
Melville Landing	011 Franklin
Mendon	021 Rutland
Middlebury	001 Addison
Middlesex	023 Washington
Middlesex Center	023 Washington
Middletown Springs	021 Rutland
Miles Pond	009 Essex

Mill Village	017 Orange
Milton	007 Chittenden
Monkton	001 Addison
Monkton Boro	001 Addison
Monkton Ridge	001 Addison
Montgomery	011 Franklin
Montgomery Center	011 Franklin
Montpelier	023 Washington
Moretown	023 Washington
Moretown Common	023 Washington
Morgan	019 Orleans
Morgan Center	019 Orleans
Morristown	015 Lamoille
Morrisville	015 Lamoille
Morses Line	011 Franklin
Moscow	015 Lamoille
Mt. Tabor (Mount Tabor)	021 Rutland
Mt. Holly (Mount Holly)	021 Rutland
New Haven Junction	001 Addison
New Boston	027 Windsor
New Haven	001 Addison
New Haven Mills	001 Addison
Newark	005 Caledonia
Newbury	017 Orange
Newfane	025 Windham
Newport	019 Orleans
Newport Center	019 Orleans
Newport City	019 Orleans
Newport Town	019 Orleans
North Bennington	003 Bennington
North Calais	023 Washington
North Cambridge	015 Lamoille
North Clarendon	021 Rutland
North Concord	009 Essex
North Danville	005 Caledonia
North Derby	019 Orleans
North Dorset	003 Bennington
North Duxbury	023 Washington
North Enosburg	011 Franklin

North Fairfax	011 Franklin
North Fayston	023 Washington
North Ferrisburg/North Ferrisburgh	001 Addison
North Hartland	027 Windsor
North Hero	013 Grand Isle
North Hyde Park	015 Lamoille
North Kirby	005 Caledonia
North Landgrove	003 Bennington
North Montpelier	023 Washington
North Pawlet	021 Rutland
North Pomfret	027 Windsor
North Pownal	003 Bennington
North Randolph	017 Orange
North Rupert	003 Bennington
North Sheldon	011 Franklin
North Shrewsbury	021 Rutland
North Springfield	027 Windsor
North Thetford	017 Orange
North Troy	019 Orleans
North Tunbridge	017 Orange
North Walden	005 Caledonia
North Westminster	025 Windham
North Williston	007 Chittenden
North Windham	025 Windham
North Wolcott	015 Lamoille
Northfield	023 Washington
Northfield Center	023 Washington
Northfield Falls	023 Washington
Norton	009 Essex
Norwich	027 Windsor
Oakland	011 Franklin
Old Bennington	003 Bennington
Orange	017 Orange
Orleans	019 Orleans
Orwell	001 Addison
Panton	001 Addison
Passumpsic	005 Caledonia
Pawlet	021 Rutland
Peacham	005 Caledonia

Pearl	013 Grand Isle
Peasville	027 Windsor
Pekin	023 Washington
Perkinsville	027 Windsor
Peru	003 Bennington
Pikes Falls	025 Windham
Pittsfield	021 Rutland
Pittsford	021 Rutland
Pittsford Mills	021 Rutland
Plainfield	023 Washington
Pleasant Valley	015 Lamoille
Plymouth	027 Windsor
Plymouth Union	027 Windsor
Pomfret	027 Windsor
Pompanoosuc	027 Windsor
Post Mills	017 Orange
Poultney	021 Rutland
Pownal	003 Bennington
Pownal Center	003 Bennington
Prindle Corners	007 Chittenden
Proctor	021 Rutland
Proctorsville	027 Windsor
Prosper	027 Windsor
Putnamville	023 Washington
Putney	025 Windham
Quechee	027 Windsor
Randolph	017 Orange
Randolph Center	017 Orange
Rawsonville	025 Windham
Reading	027 Windsor
Readsboro	003 Bennington
Readsboro Falls	003 Bennington
Rhode Island Corners	007 Chittenden
Richford	011 Franklin
Richmond	007 Chittenden
Ricker Mills	005 Caledonia
Ripton	001 Addison
Riverton (West Berlin)	023 Washington
Robinson	027 Windsor

Rochester	027 Windsor
Rockingham	025 Windham
Rockville	001 Addison
Rocky Dale	001 Addison
Roxbury	023 Washington
Royalton	027 Windsor
Rupert	003 Bennington
Rutland	021 Rutland
Rutland City	021 Rutland
Rutland Town	021 Rutland
Ryegate	005 Caledonia
Ryegate Corner	005 Caledonia
Saint Albans	011 Franklin
Saint Albans Bay	011 Franklin
Saint Albans City	011 Franklin
Saint Albans Town	011 Franklin
Saint George	007 Chittenden
Saint Rocks	011 Franklin
Saint Johnsbury	005 Caledonia
Saint Johnsbury Center	005 Caledonia
Salisbury	001 Addison
Salisbury Station	001 Addison
Sandgate	003 Bennington
Saxtons River	025 Windham
Searsburg	003 Bennington
Shady Rill	023 Washington
Shaftsbury	003 Bennington
Shaftsbury Center	003 Bennington
Sharon	027 Windsor
Shawville	011 Franklin
Sheddsville	027 Windsor
Sheffield	005 Caledonia
Shelburne	007 Chittenden
Shelburne Falls	007 Chittenden
Sheldon Junction	011 Franklin
Sheldon Springs	011 Franklin
Sheldon	011 Franklin
Sherburne	021 Rutland
Sherburne Center (Killington P.O.)	021 Rutland

Shoreham	001 Addison
Shoreham Center	001 Addison
Shrewsbury	021 Rutland
Simonsville	027 Windsor
Simpsonville	025 Windham
Smithville	027 Windsor
Somerset	025 Windham
South Albany	019 Orleans
South Alburg/South Alburgh	013 Grand Isle
South Barre	023 Washington
South Burlington	007 Chittenden
South Cabot	023 Washington
South Cambridge	015 Lamoille
South Corinth	017 Orange
South Dorset	003 Bennington
South Duxbury	023 Washington
South Hero	013 Grand Isle
South Kirby	005 Caledonia
South Lincoln	001 Addison
South Londonderry	025 Windham
South Lunenburg	009 Essex
South Newbury	017 Orange
South Newfane	025 Windham
South Northfield	023 Washington
South Peacham	005 Caledonia
South Pomfret	027 Windsor
South Randolph	017 Orange
South Reading	027 Windsor
South Royalton	027 Windsor
South Ryegate	005 Caledonia
South Shaftsbury	003 Bennington
South Strafford	017 Orange
South Starksboro	001 Addison
South Tunbridge	017 Orange
South Vernon	025 Windham
South Vershire	017 Orange
South Walden	005 Caledonia
South Wallingford	021 Rutland
South Wardsboro	025 Windham

South Wheelock	005 Caledonia
South Windham	025 Windham
South Woodbury	023 Washington
South Woodstock	027 Windsor
Springfield	027 Windsor
St. Albans	011 Franklin
St. Albans Bay	011 Franklin
St. Albans City	011 Franklin
St. Albans Town	011 Franklin
St. George	007 Chittenden
St. Rocks	011 Franklin
St. Johnsbury	005 Caledonia
St. Johnsbury Center	005 Caledonia
Stamford	003 Bennington
Stannard	005 Caledonia
Starksboro	001 Addison
Stevens Mills	011 Franklin
Stockbridge	027 Windsor
Stowe	015 Lamoille
Strafford	017 Orange
Stratton	025 Windham
Sudbury	021 Rutland
Sunderland	003 Bennington
Sunderland Station	003 Bennington
Sutton	005 Caledonia
Swanton	011 Franklin
Taftsville	027 Windsor
Talcville	027 Windsor
Tarbellville	021 Rutland
Thetford	017 Orange
Thetford Center	017 Orange
Thetford Hill	017 Orange
Tinmouth	021 Rutland
Topsham	017 Orange
Topsham Four Corners	017 Orange
Townshend	025 Windham
Trow Hill	023 Washington
Troy	019 Orleans
Tunbridge	017 Orange

Tyson	027 Windsor
Underhill	007 Chittenden
Underhill Center	007 Chittenden
Underhill Flats	007 Chittenden
Union Village	017 Orange
Vergennes	001 Addison
Vernon	025 Windham
Vershire	017 Orange
Victory	009 Essex
Waits River	017 Orange
Waitsfield	023 Washington
Walden	005 Caledonia
Walden Station	005 Caledonia
Wallace Pond	009 Essex
Wallingford	021 Rutland
Waltham	001 Addison
Wardsboro	025 Windham
Wardsboro Center	025 Windham
Warners Grant	009 Essex
Warren	023 Washington
Warren Gore	009 Essex
Washington	017 Orange
Waterbury	023 Washington
Waterbury Center	023 Washington
Waterford	005 Caledonia
Waterville	015 Lamoille
Weathersfield	027 Windsor
Weathersfield Bow	027 Windsor
Weathersfield Center	027 Windsor
Websterville	023 Washington
Wells	021 Rutland
Wells River	017 Orange
West Addison	001 Addison
West Arlington	003 Bennington
West Barnet	005 Caledonia
West Berkshire	011 Franklin
West Berlin (Riverton P.O.)	023 Washington
West Bolton	007 Chittenden
West Braintree	017 Orange

West Brattleboro	025 Windham
West Bridgewater	027 Windsor
West Bridport	001 Addison
West Brookfield	017 Orange
West Burke	005 Caledonia
West Castleton	021 Rutland
West Charlestown/West Charleston	019 Orleans
West Corinth	017 Orange
West Cornwall	001 Addison
West Danville	005 Caledonia
West Dover	025 Windham
West Dummerston	025 Windham
West Enosburg	011 Franklin
West Fairlee	017 Orange
West Fairlee Center	017 Orange
West Glover	019 Orleans
West Groton	005 Caledonia
West Guilford	025 Windham
West Halifax	025 Windham
West Hartford	027 Windsor
West Haven	021 Rutland
West Lincoln	001 Addison
West Milton	007 Chittenden
West Newbury	017 Orange
West Norwich	027 Windsor
West Pawlet	021 Rutland
West Rupert	003 Bennington
West Rutland	021 Rutland
West Salisbury	001 Addison
West Swanton	011 Franklin
West Topsham	017 Orange
West Townshend	025 Windham
West Wardsboro	025 Windham
West Waterford	005 Caledonia
West Windsor	027 Windsor
West Woodstock	027 Windsor
Westfield	019 Orleans
Westford	007 Chittenden
Westminster	025 Windham

Westminster West	025 Windham
Westmore	019 Orleans
Weston	027 Windsor
Weybridge	001 Addison
Weybridge Hill	001 Addison
Wheelock	005 Caledonia
White River Junction	027 Windsor
Whiting	001 Addison
Whitingham	025 Windham
Wilder	027 Windsor
Williamstown	017 Orange
Williamsville	025 Windham
Williston	007 Chittenden
Wilmington	025 Windham
Windham	025 Windham
Windsor	027 Windsor
Winhall	003 Bennington
Winooski	007 Chittenden
Wolcott	015 Lamoille
Woodbury	023 Washington
Woodford	003 Bennington
Woodstock	027 Windsor
Worcester	023 Washington
Wrightsville	023 Washington

Appendix D

Reference Manuals Based on Diagnosis Date

NAACCR Version	Effective Date	Reference Manuals	Release/Revision Date
v23	1/1/2023	VCR HPM 2023	July 2023
		Standards for Oncology Registry Entry 2023 (STORE)	August 2022
		ICD-O-3.2	September 2022
		SEER Program Coding and Staging Manual 2023	November 2022
		SEER Summary Staging Manual 2018	October 2022
		Solid Tumor Rules	May 2023
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	August 2021
		Site-Specific Data Item (SSDI) Manual	October 2022
		Grade Manual	October 2022
		SEER*Rx - Interactive Drug Database	
v22	1/1/2022	VCR HPM 2022	June 2022
		Standards for Oncology Registry Entry 2022 (STORE)	2022
		ICD-O-3.2	December 2021
		SEER Program Coding and Staging Manual 2022	November 2021
		SEER Summary Staging Manual 2018	September 2021
		Solid Tumor Rules	September 2021
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	September 2021
		Site-Specific Data Item (SSDI) Manual	September 2021
		Grade Manual	August 2021
		SEER*Rx - Interactive Drug Database	
v21	1/1/2021	VCR HPM 2021	May 2022
		Standards for Oncology Registry Entry 2021 (STORE)	2021
		ICD-O-3.2	December 2020
		SEER Program Coding and Staging Manual 2021	September 2020
		SEER Summary Staging Manual 2021	September 2021
		Solid Tumor Rules	December 2020
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	August 2021
		Site-Specific Data Item (SSDI) Manual	September 2021
		Grade Manual	August 2021

		SEER*Rx - Interactive Drug Database	
		Standards for Oncology Registry Entry 2018 (STORE)	August 2018
		ICD-O-3, 3rd ed.	
v18	1/1/2018	VCR HPM 2018-2020	
		SEER Program Coding and Staging Manual 2018	January 2019
		SEER Summary Staging Manual 2018	May 2018
		Solid Tumor Rules	April 2019
		Multiple Primary and Histology Coding Rules	
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	January 2019
		Site-Specific Data Item (SSDI) Manual	February 2019
		Grade Manual	February 2019
		SEER*Rx - Interactive Drug Database	
v16.1	1/1/2017	same as v16	
v16	1/1/2016	VCR HPM 2016	
		CoC Fords Manual 2016	
		Multiple Primary and Histology Coding Rules	
		SEER Program Coding and Staging Manual 2016	
		SEER Summary Staging Manual 2000	
		AJCC Cancer Staging Manual 7th ed.	
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual	
		ICD-O-3, 3rd ed.	
		SEER*Rx - Interactive Drug Database	
		VCR Required SSF Table	
v15	1/1/2015	VCR HPM 2015	
		CoC FORDS Manual 2015	
		ICD-O-3, 3rd ed.	
		Collaborative Stage Data Collection System v0205	
		SEER Summary Staging Manual 2000, updated 12/2012	
		Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual v3.1.0	2014
		Multiple Primary and Histology Coding Rules	
		SEER*Rx – Interactive Drug Database v2.2.0,	
		AJCC Cancer Staging Manual 7th ed.	
		VCR HPM 2015	
		2015 VCR Required SSF Table	
v14	1/1/2014	VCR HPM v8.1	

		CoC FORDSManual 2013 ICD-O-3, 3rd ed. Collaborative Stage Data Collection System v0205 SEER Summary Staging Manual 2000, updated 12/2012 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual v2.3.1 Multiple Primary and Histology Coding Rules SEER*Rx – Interactive Drug Database v2.2.0, AJCC Cancer Staging Manual 7th ed. VCR HPM 8.1 2014 VCR Required Site-Specific Table
v13	1/1/2013	VCR HPM v8 CoC Fords: Revised for 2013 Collaborative Stage Data Collection System, Version 02.04 AJCC Staging Manual, Seventh Edition, 2010 Multiple Primary and Histology Coding Rules, revised 2012 NCI Hematopoietic Database version 2.2 SEER Program Coding and Staging Manual 2013 NPCR SSF Grid 2011
v12.2	1/1/2012	VCR HPM 7.2 CoC FORDS 2012 Collaborative Stage Data Collection System, Version 02.04.00 WHO ICD-O-3, 2000 AJCC Staging Manual, Seventh Edition, 2010 Multiple Primary and Histology Coding Rules, revised 2012 NCI Hematopoietic Database version 2.1 SEER Program Coding and Staging Manual 2011 NPCR SSF Grid 2011
v12.1	1/1/2011	VCR HPM 7.1 CoC FORDS 2011 Collaborative Stage Data Collection System, Version 02.03.02 WHO ICD-O-3, 2000 AJCC Staging Manual, Seventh Edition, 2010 Multiple Primary and Histology Coding Rules, revised November 5, 2010 NCI Hematopoietic Database version 1.6.2 SEER Program Coding and Staging Manual 2010

		VCR Required SSF for CSv02_03
v12	1/1/2010	VCR HPM 7 CoC FORDS Revised for 2010 SEER Program Coding and Staging Manual WHO ICD-O-3, 2000 SEER Summary Staging Manual, 2000 AJCC Staging Manual, Seventh Edition, 2010 Collaborative Stage Data Collection System, Version 02.00.00 VCR Required SSF for CSv2
v11.3	1/1/2009	VCR HPM 6 CoC FORDS Revised for 2007 SEER Program Coding and Staging Manual 2007, Revision 1 WHO ICD-O-3, 2000 SEER Summary Staging Manual, 2000 AJCC Staging Manual, Sixth Edition, 2002 Collaborative Staging Manual and Coding Instruction, Version 01.04.00
v11.2	1/1/2008	VCR HPM 6 COC/FORDS Manual: Revised for 2007 Multiple Primary and Histology Coding Rules, 2007 SEER Program Code Manual, 2007 Collaborative Stage Manual and Coding Instructions, Version 01.04.00 VCR HPM, 6th Edition, 2008 WHO/ICD-O-3, 2000 AJCC Staging Manual, 6th Edition, 2002 Data Collection of Primary Central Nervous System Tumors, 2004 Abstracting and Coding Guide for the Hematopoietic Diseases, 2002
v11.1	1/1/2007	VCR HPM 5 COC/FORDS Manual: Revised for 2007 Multiple Primary and Histology Coding Rules, 2007 SEER Program Code Manual, 2007 Collaborative Stage Manual and Coding Instructions, Version 01.03.00 VCR HPM, 5th Edition, 2003 WHO/ICD-O-3, 2000 AJCC Staging Manual, 6th Edition, 2002

		Data Collection of Primary Central Nervous System Tumors, 2004 Abstracting and Coding Guide for the Hematopoietic Diseases, 2002
v11	1/1/2006	VCR HPM 5 COC/FORDS Manual: Revised for 2004 SEER Program Code Manual, 1998 Collaborative Stage Manual and Coding Instructions, Version 01.02.00 WHO/ICD-O-3, 2000 AJCC Staging Manual, 6th Edition, 2002 Data Collection of Primary Central Nervous System Tumors, 2004 Abstracting and Coding Guide for the Hematopoietic Diseases, 2002
v10.2	1/1/2005	same as v10.1
v10.1	1/1/2004	VCR HPM 5 COC/FORDS Manual, Revised for 2004 SEER Program Code Manual, 1998 Collaborative Stage Manual and Coding Instructions, Version 1.0 (implementation 1/1/2004) WHO/ICD-O-3, 2000 AJCC Staging Manual, 6th Edition, 2002 Data Collection of Primary Central Nervous System Tumors, 2004 Abstracting and Coding Guide for the Hematopoietic Diseases, 2002
v10	1/1/2003	VCR HPM 5 COC/FORDS Maual, 2003 SEER Program Code Manual, 1998 SEER Summary Stage Manual, 2000 WHO/ICD-O-3, 2000 AJCC Staging Manual, 6th Edition, 2002 SEER Extent of Disease Manual, 1998 Abstracting and Coding Guide for the Hematopoietic Diseases, 2002
v9.1	1/1/2002	same as v9
v9	1/1/2001	VCR HPM 4 COC/ROADS Manual, 1996 Rev. 1998

		SEER Program Code Manual, 1998 WHO/ICD-O-3, 2000 SEER Summary Stage Manual, 2000 AJCC Staging Manual, 5th Edition, 1997 SEER Extent of Disease Manual, 1998 VCR HPM, 3rd Edition, 2000 Same as Version 6 & 7 for all other references SEER Extent of Disease Manual, 1998
v8	1/1/2000	VCR HPM 3 same as Version 6 & 7 for all other references SEER Extent of Disease Manual
v7	1/1/1999	VCR HPM 2 COC/ROADS Manual, 1996 Rev. 1998 SEER Program Code Manual, 1998 WHO/ICD-O-2, 1990 SEER Summary Stage Guide, 1977 AJCC Staging Manual, 5th Edition, 1997 SEER Extent of Disease Manual, 1998
v6	1/1/1998	VCR HPM 1 COC/ROADS Manual, 1996 SEER Program Code Manual, 1992 WHO/ICD-O-2, 1990 SEER Summary Stage Guide, 1977 AJCC Staging Manual, 5th ed. SEER Extent of Disease Manual, 1992
v5.1	1/1/1997	same as Version 5
v5	1/1/1996	VCR HPM 1 COC/ROADS Manual, 1996 SEER Program Code Manual, 1992 WHO/ICD-O-2, 1990 SEER Summary Stage Guide, 1977 AJCC Staging Manual, 4th ed. SEER Extent of Disease Manual, 1992
v4	1/1/1994	VCR HPM 1 COC/ACOS Data Acquisition Manual SEER Program Code Manual, 1992 WHO/ICD-O-2, 1990 SEER Summary Stage Guide, 1977

AJCC Staging Manual, 4th ed.
SEER Extent of Disease Manual, 1992