

Attachment 3b

Summary of Changes to NPCR CSS Submission Specifications from Diagnosis Year 2013 to 2017

Modified Submission Practices:

- **County at Dx [90]** was modified to adjust for changes in county boundaries over time. The County at Dx [90] data item was renamed to **County at Dx Reported [90]** and new data items were created to make use of standardized county codes derived when case records are geocoded. The new data items are **County at Dx Analysis [89]**, **County at Dx GeoCode 1990 [94]**, **County at Dx GeoCode 2000 [95]**, and **County at Dx GeoCode 2010 [96]**.
- The CS staging system was modified to adjust for changes that accommodate information currently used to determine the extent of disease. The **CS Tumor Size [2800]** data item is now applicable to diagnosis years 2004-2015 and the **Tumor Size Summary [756]** data item is applicable to diagnosis years 2016 and later. As a result of this change in staging systems, the data items **CS Version Input Original [2935]** and **CS Version Derived [2936]** are no longer required.

New Variables:

- **Census Tract Poverty Indicator [145]** assigns a code for neighborhood poverty level based on the census tract of the resident address at diagnosis. The data item helps to evaluate the association with socioeconomic status.
- **Primary Payer at DX [630]** assigns a standardized code for the primary payer or insurance carrier at the time of diagnosis or treatment. This data item may be used in financial analyses and may serve as a proxy for socioeconomic status.
- Additional **CS Site-Specific Factors** were added to the data submission file to incorporate additional cancer stage information or prognostic information that have an effect on stage or survival. These data items [**2862, 2863, 2864, 2865, 2867, 2868**] can be used to further evaluate differences in treatment and survival.
- **AJCC TNM Clinical and Pathologic stage data items** were added to the data submission file to incorporate individual pieces of stage information used by the medical community in determining an individual's stage group, or extent of disease. Information in these data items are recorded directly from the medical record or by the cancer registrar. As with the additional stage or prognostic information, these data items [**880, 890, 900, 920, 940, 950, 960, 980, 1060**] can be used to further evaluate differences in treatment and survival.
- **NPCR Derived Clin Stage Group [3650]** and **NPCR Derived Path Stage Group [3655]** record the results of NPCR's algorithmic calculation of the stage group based on the individual AJCC TNM and site-specific data items. The purpose of the derived stage fields is to segregate the data values for the stage groups from those directly entered from the medical record or by the cancer registrar (see previous bullet), and to consolidate relevant stage information from all reporting sources for individual tumors into a single report.
- **Survival Months Active Followup [1784]** and **Survival Months Presumed Alive [1787]** provide the pre-calculated survival interval for each record and are calculated using an algorithm implemented at the time data are submitted. The two data items indicate the method in which patient follow-up information is obtained and provides information needed to conduct survival analyses. Accurate survival estimates are based on complete dates and these data items allow registries to provide that information when they are not able to provide complete dates due to state restrictions.
- Data items – **Height [9960]**, **Weight [9961]**, **Tobacco Use Cigarettes [9965]**, **Tobacco Use Smoke [9966]**, **Tobacco Use Smokeless [9967]**, **Tobacco Use NOS [9968]** – previously created by NPCR for the Enhanced Data Collection project were released to all NPCR-supported cancer registries to collect and report as the information was available. These data items are useful when evaluating differences in incidence and outcomes.

- **IHS Purchased/Refereed Care Delivery Area [9990], Urban Indian Health Organization [9991], and Urban Indian Health Organization Facility [9992]** were created to facilitate creation of a national dataset to respond to data inquiries from Federally-Recognized Tribes and Tribal Organizations. These data items are useful when evaluating incidence and outcomes for American Indians/Alaskan Natives at various geographic levels.