

Required Data Items for Reporting Analytic and Non-Analytic Cases to the LTR

Report Source

1. reporting facility or physician
(ACoS-assigned Facility Identification Number or CMS-assigned National Provider Identifier)
2. date of admission or first contact
3. medical record number
4. hospital accession number
5. class of case
6. institutions referred to and from
7. physicians and their Louisiana medical license numbers: managing, follow-up, and referring physicians, surgeon, oncologist
8. Case-finding source

Patient Information

9. patient's name: first, last, middle, maiden, alias, prefix, suffix
10. date and place of birth
11. age at diagnosis
12. sex*
13. race*
14. address at diagnosis: building name, number and street, city, parish, state, zip code
15. telephone number
16. Social Security number
17. marital status
18. religion
19. Spanish/Hispanic origin
20. usual occupation *
21. usual industry *
22. Forever Seven Data Items*:
 - Height
 - Weight
 - Tobacco use—cigarette, other smoking products, smokeless tobacco products, tobacco NOS
 - Source comorbidity
23. type of health insurance
24. comorbid condition
 - ICD-9 codes (*required for cases diagnosed 2004-2013*)
25. secondary diagnoses
 - ICD-10 codes (*optional for cases diagnosed 2013; required for cases diagnosed 2014*)

Description of Disease

26. history and physical exam*
27. date of first diagnosis
28. primary site *
29. dates and descriptions of diagnostic/staging procedures*:
physical exam, X-rays, scans, scopes, lab tests, and operative, and pathological reports
30. pathology report number and name of laboratory
31. type of diagnostic confirmation*
32. ambiguous terminology at diagnosis (**required** for cases diagnosed 2007-2012; **OPTIONAL** for cases diagnosed 1/1/13 forward)
33. date of conclusive diagnosis (**required** for cases diagnosed 2007-2012; **OPTIONAL** for cases diagnosed 1/1/13 forward)
34. laterality*
35. histology *
36. neoplasm behavior*
37. grade/differentiation* and grading system: (grade path value/ grade path system--**no longer collected for cases diagnosed 2014 forward**)
38. tumor size*
39. lymph system: nodes examined, nodes positive, and lymph-vascular invasion*
40. tumor extension, lymph node involvement, and vascular invasion*
41. metastasis at diagnosis*
42. sites of distant metastasis*
43. extent of disease* (**required** for cases diagnosed before 2004)
44. summary stage*, directly coded (**required** for cases diagnosed before 2004) or derived (**required** for cases diagnosed 2004-2015)
45. Collaborative Staging, including mode of evaluation and site-specific factors* (**required** for cases diagnosed 2004-2015; **CSv2 will be discontinued for cases diagnosed 2016**)
46. types of evaluation procedures
47. coding systems for site, morphology, comorbidities, and treatment
48. sequence number
49. tumor markers*
50. multiplicity data for multiple primaries (**required** for cases diagnosed 2007-2012; **OPTIONAL** for cases diagnosed 1/1/13 forward)
51. **TNM clinical and pathologic data items: (all required when applicable, for cases diagnosed 1/1/14 forward, except where indicated below)**
 - TNM Path T
 - TNM Path N
 - TNM Path M
 - TNM Path Stage Group (**required**, for cases diagnosed 1995 forward)
 - TNM Path Descriptor
 - TNM Clin T
 - TNM Clin N
 - TNM Clin M
 - TNM Clin Stage Group (**required**, for cases diagnosed 1995 forward)
 - TNM Clin Descriptor
 - TNM Edition Number
52. **SEER Summary Stage 2000 (required, for cases diagnosed 1/1/2015 forward)**

Treatment

53. dates of first course of treatment
54. **descriptions, dates, and summaries of treatments***:
 - surgery (including primary site, regional and distant lymph nodes, and other sites)
 - chemotherapy
 - hormone
 - biological response modification
 - hematologic transplant
 - endocrine procedures
 - regional and boost radiation (including to central nervous system)
 - active surveillance ("watchful waiting")
 - other modalities
55. **reason for no treatment***
56. surgery/radiation sequence
57. systemic treatment/surgery sequence
58. complications from surgery

Survival

59. name, address, phone number of parent/spouse/follow-up contact
60. date of last contact
61. patient's current address: building name, number and street, city, parish, state, zip code
62. vital status
63. recurrence date and site/type
64. place (state), date and cause of death
65. death certificate file number
66. International Classification of Diseases revision
67. follow-up source

Administration

68. abstractor's initials
69. date case put in file to transmit to LTR
70. **remarks***

***these date items MUST include text to substantiate ALL related CODED fields, including but not limited to CS codes & Site- Specific Factors in order to permit quality assurance evaluation of coding decisions**

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