



**Arizona Cancer Registry**  
**Index Guide** for the:  
 Commission on Cancer Facility Oncology Registry Data Standards, Revised for 2010 and  
 the Arizona Cancer Registry Supplement  
 Effective for Cases Diagnosed January 1, 2010

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
<b>Patient Identification</b>				
Type of Reporting Source	500	Y	36A	67
Casefinding Source	501	Y	36B	68
Accession Number	550	Y	37	69
Sequence Number	560	Y	38	70
Medical Record Number	2300	Y	40	72
Social Security Number	2320	Y	41	73
Military Medical Record Number Suffix	2310	N	42	74
Last Name	2230	Y	43	75
First Name	2240	Y	44	76
Name-Maiden	2390	Y	44A	77
Name-Alias	2280	Y	44B	78
Name-Suffix	2270	N	44C	79
Middle Name (Middle Initial)	2250	Y	45	81
Patient Address (Number and Street) at Diagnosis	2330	Y	46	82
Patient Address at Diagnosis-Supplemental	2335	Y	47	87
City/Town at Diagnosis (City or Town)	70	Y	48	88
State at Diagnosis (State)	80	Y	49	89
Postal Code at Diagnosis (Zip Code)	100	Y	51	91
County at Diagnosis	90	Y	52	92
Patient Address (Number and Street)-Current	2350	Y	53	93
Patient Address-Current-Supplemental	2355	N	54	94
City/Town-Current	1810	Y	55	95
State-Current	1820	Y	56	96
Postal Code-Current (Zip Code)	1830	Y	58	98
Telephone	2360	N	59	99
Place of Birth	250	Y	60	100
Date of Birth	240	Y	61	103
Date of Birth Flag	241	Y	62	104
Age at Diagnosis	230	Y	63	105
Race 1	160	Y	64	106
Race 2	161	Y	66	108
Race 3	162	Y	67	109
Race 4	163	Y	68	110
Race 5	164	Y	69	111
Spanish Origin-All Sources (Spanish/Hispanic Origin)	190	Y	70	112
Marital Status at Dx	150	Y	70C	115
Sex	220	Y	71	117
Primary Payer at Diagnosis	630	Y	72	118
Comorbidities and Complications #1	3110	N	74	120
Comorbidities and Complications #2	3120	N	76	122
Comorbidities and Complications #3	3130	N	77	123
Comorbidities and Complications #4	3140	N	78	124
Comorbidities and Complications #5	3150	N	79	125

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
Comorbidities and Complications #6	3160	N	80	126
Comorbidities and Complications #7	3161	N	81	127
Comorbidities and Complications #8	3162	N	82	128
Comorbidities and Complications #9	3163	N	83	129
Comorbidities and Complications #10	3164	N	84	130
Text-Usual Occupation	310	Y	84A	131
Occupation Code-Census	270	ACR Use Only	84B	132
Text-Usual Industry	320	Y	84C	133
Industry Code-Census	280	ACR Use Only	84D	134
Name-Spouse/Parent	2290	Y	84E	135
Follow-up Contact-Name	2394	Supplemental	84F	136
Follow-up Contact-Phone Num	N/A	Supplemental	84F	136
Follow-up Contact-Phone Type	N/A	Supplemental	84F	136
Follow-up Contact-Relation	N/A	Supplemental	84F	136
Follow-up Contact-No&St	2392	Supplemental	84F	136
Follow-up Contact-Suppl	2393	Supplemental	84F	136
Follow-up Contact-City	1842	Supplemental	84F	136
Follow-up Contact-State	1844	Supplemental	84F	136
Follow-up Contact-Postal	1846	Supplemental	84F	136
NPI-Managing Physician	2465	N	85	137
Following Physician (Follow-Up Physician)	2470	Y	86	138
NPI-Following Physician	2475	Y	87	139
Primary Surgeon	2480	N	88	140
NPI-Primary Surgeon	2485	N	89	141
Physician #3 (Other Physician)	2490	N	90	142
NPI-Physician #3 (Radiation Oncologist-CoC Preferred)	2495	N	91	143
Physician #4 (Other Physician)	2500	N	92	144
NPI-Physician #4 (Medical Oncologist-CoC Preferred)	2505	N	93	145
<b>Cancer Identification</b>				
Class of Case	610	Y	97	151
Facility Referred From	2410	N	99	153
NPI-Institution Referred From	2415	N	100	154
Facility Referred To	2420	N	101	155
NPI-Institution Referred To	2425	N	102	156
Date of Inpatient Adm	590	Y	102A	157
Date of Inpt Adm Flag	591	Y	102B	158
Date of Inpatient Disch	600	Y	102C	159
Date of Inpt Disch Flag	601	Y	102D	160
Date of First Contact	580	Y	103	161
Date of First Contact Flag	581	Y	104	162
Date of Initial Diagnosis	390	Y	105	165
Date of Diagnosis Flag	391	Y	106	166
Text-Primary Site Title	2580	Y	106A	167
Primary Site	400	Y	107	173
Laterality	410	Y	108	174
Text-Histology Title	2590	Y	108A	175
Histology	522	Y	109	177
Behavior Code	523	Y	110	178
Grade/Differentiation	440	Y	112	180
Grade Path System	449	N	114	182
Grade Path Value	441	N	115	183
Lymph-Vascular Invasion	1182	Y	116	184

Lymph-Vascular Invasion only required for specific primary sites.

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
Other Primary Tumors	N/A	Y	116D	189
Text-Dx Proc-Path	2570	Y	116E	190
Diagnostic Confirmation	490	Y	117	191
Ambiguous Terminology Diagnosis	442	Y	120	194
Date of Conclusive Diagnosis	443	Y	121	195
Date Conclusive Dx Flag	448	Y	122	196
Date of Multiple Tumors	445	Y	124	198
Date of Mult Tumors Flag	439	Y	125	199
Multiple Tumors Reported as One Primary	444	Y	127	201
Multiplicity Counter	446	Y	128	202
Tumor Size	780	Y	128A	203
Description of Size	N/A	Y	128C	205
Regional Lymph Nodes Examined	830	Y	129	207
Regional Lymph Nodes Positive	820	Y	130	208
<b>Stage of Disease at Diagnosis</b>				
Date of Surgical Diagnostic & Staging Procedure	1280	Y	133	211
Rx Date-Dx/Stg Proc Flag	1281	Y	134	212
Surgical Diagnostic & Staging Procedure	1350	Y	136	214
Surgical Diagnostic & Staging Procedure at this Facility	740	Y	138	216
Clinical T	940	Y*	139	217
Clinical N	950	Y*	140	218
Clinical M	960	Y*	141	219
Clinical Stage Group	970	Y*	142	220
Clinical Stage (Prefix/Suffix) Descriptor	980	N	143	221
Staged By (Clinical Stage)	990	Y*	144	222
Pathologic T	880	Y*	145	223
Pathologic N	890	Y*	146	224
Pathologic M	900	Y*	147	225
Pathologic Stage Group	910	Y*	148	226
Pathologic Stage (Prefix/Suffix) Descriptor	920	N	149	227
Staged By (Pathologic Stage)	930	Y*	150	228
SEER Summary Stage 2000	759	Y*	150A	229
Text-Staging	2600	Y	150B	231
Text-DX Proc-Xray/Scan	2530	Y	150C	232
Text-DX Proc-Lab Tests	2550	Y	150D	233
Text-DX Proc-PE	2520	Y	150E	234
Text-DX Proc-OP	2560	Y	150F	235
Text-DX Proc-Scopes	2540	Y	150G	236
CS Tumor Size	2800	Y	151	237
CS Extension	2810	Y	152	238
CS Tumor Size/Ext Eval	2820	Y	153	239
CS Lymph Nodes	2830	Y	154	240
CS Reg Nodes Eval	2840	Y	155	241
CS Mets at Dx	2850	Y	156	242
CS Mets at Dx-Bone	2851	N	157	243
CS Mets at Dx-Brain	2852	N	158	244
CS Mets at Dx-Liver	2853	N	159	245
CS Mets at Dx-Lung	2854	N	160	246
CS Mets Eval	2860	Y	161	247
CS Site-Specific Factor 1	2880	Y	162	248
CS Site-Specific Factor 2	2890	Y	165	251
CS Site-Specific Factor 3	2900	Y	167	253

\*See FORDS manual for complete requirements

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
CS Site-Specific Factor 4	2910	Y	169	255
CS Site-Specific Factor 5	2920	Y	171	257
CS Site-Specific Factor 6	2930	Y	172	258
CS Site-Specific Factor 7	2861	Y*	174	260
CS Site-Specific Factor 8	2862	Y*	175	261
CS Site-Specific Factor 9	2863	Y*	176	262
CS Site-Specific Factor 10	2864	Y*	177	263
CS Site-Specific Factor 11	2865	Y*	178	264
CS Site-Specific Factor 12	2866	Y*	179	265
CS Site-Specific Factor 13	2867	Y*	180	266
CS Site-Specific Factor 14	2868	Y*	181	267
CS Site-Specific Factor 15	2869	Y*	182	268
CS Site-Specific Factor 16	2870	Y*	183	269
CS Site-Specific Factor 17	2871	Y*	184	270
CS Site-Specific Factor 18	2872	Y*	185	271
CS Site-Specific Factor 19	2873	Y*	186	272
CS Site-Specific Factor 20	2874	Y*	187	273
CS Site-Specific Factor 21	2875	Y*	188	274
CS Site-Specific Factor 22	2876	Y*	189	275
CS Site-Specific Factor 23	2877	Y*	190	276
CS Site-Specific Factor 24	2878	Y*	191	277
CS Site-Specific Factor 25	2879	Y*	192	278
Derived AJCC-6 T	2940	Y	193	281
Derived AJCC-6 T Descriptor	2950	Y	194	282
Derived AJCC-6 N	2960	Y	195	283
Derived AJCC-6 N Descriptor	2970	Y	196	284
Derived AJCC-6 M	2980	Y	197	285
Derived AJCC-6 M Descriptor	2990	Y	198	286
Derived AJCC-6 Stage Group	3000	Y	199	287
Derived AJCC-7 T	3400	Y	200	288
Derived AJCC-7 T Descriptor	3402	Y	201	289
Derived AJCC-7 N	3410	Y	202	290
Derived AJCC-7 N Descriptor	3412	Y	203	291
Derived AJCC-7 M	3420	Y	204	292
Derived AJCC-7M Descriptor	3422	Y	205	293
Derived AJCC-7 Stage Group	3430	Y	206	294
Derived SS1977	3010	Y	207	295
Derived SS2000	3020	Y	208	296
<b>First Course of Treatment</b>				
Hospital	N/A	Y	210A	299
Date of First Course of Treatment	1270	Y	211	301
Date of 1st Crs Rx Flag	1271	Y	212	302
Rx Summ-Treatment Status	1285	Y	214	304
Date of First Surgical Procedure	1200	Y	215	305
Rx Date-Surgery Flag	1201	Y	216	306
Date of Most Definitive Surgical Resection of the Primary Site	3170	Y	218	308
Rx Date Mst Defn Srg Flag	3171	Y	219	309
Rx Text-Surgery	2610	Y	220A	311
Surgical Procedure of Primary Site	1290	Y	221	313
Surgical Procedure of Primary Site at This Facility	670	Y	222	314
Approach-Surgery of the Primary Site at This Facility	668	N	223	315
Surgical Margins of the Primary Site	1320	Y	224	316

\*See FORDS manual for complete requirements

<b>NAACCR Item Name</b>	<b>NAACCR Item #</b>	<b>Required</b>	<b>FORDS &amp; ACR Supplement Page #</b>	<b>PDF Page #</b>
Scope of Regional Lymph Node Surgery	1292	Y	225	317
Scope of Regional Lymph Node Surgery at this Facility	672	Y	227	319
Surgical Procedure/Other Site	1294	Y	229	321
Surgical Procedure/Other Site at This Facility	674	Y	231	323
Date of Surgical Discharge	3180	N	232	324
Rx Date Surg Disch Flag	3181	N	233	325
Readm. to the Same Hospital within 30 days of Surg. Disch.	3190	N	235	327
Reason for No Surgery of Primary Site	1340	Y	236	328
Date Radiation Started	1210	Y	237	329
Rx Date-Radiation Flag	1211	Y	238	330
Location of Radiation Treatment	1550	N	240	332
Rx Hosp-Radiation	690	Y	240A	333
Rx Summ-Radiation	1360	Y	240B	334
Rx Text-Radiation (Beam)	2620	Y	240C	335
Rx Text-Radiation (Other)	2630	Y	240D	336
Radiation Treatment Volume	1540	N	241	337
Regional Treatment Modality	1570	Y	245	343
Regional Dose: cGy	1510	N	248	346
Boost Treatment Modality	3200	N	249	347
Boost Dose: cGy	3210	N	252	350
Number of Treatments to This Volume	1520	N	253	351
Radiation/Surgery Sequence	1380	Y	254	352
Data Radiation Ended	3229	N	256	354
Rx Date Rad Ended Flag	3221	N	257	355
Reason for No Radiation	1430	N	259	357
Date Systemic Therapy Started	3230	Y	260	358
Rx Date Systemic Flag	3231	Y	261	359
Rx Text-Chemo	2640	Y	262A	361
Rx Date-Chemo	1220	Y	263	365
Rx Date-Chemo Flag	1221	Y	264	366
Chemotherapy	1390	Y	266	368
Chemotherapy at This Facility	700	Y	268	370
Date Hormone Therapy Started	1230	Y	270	372
Rx Date-Hormone Flag	1231	Y	271	373
Rx Text-Hormone	2650	Y	272A	375
Hormone Therapy	1400	Y	273	379
Hormone Therapy at This Facility	710	Y	275	381
Rx Text-BRM	2660	Y	276A	383
Date Immunotherapy Started	1240	Y	277	387
Rx Date-BRM Flag	1241	Y	278	388
Immunotherapy	1410	Y	280	390
Immunotherapy at This Facility	720	Y	282	392
Hematologic Transplant & Endocrine Procedures	3250	Y	283	393
Systemic/Surgery Sequence	1639	Y	285	397
Date Other Treatment Started	1250	Y	287	399
Rx Date-Other Flag	1251	Y	288	400
Other Treatment	1420	Y	290	402
Rx Text-Other	2670	Y	290A	403
Other Treatment at This Facility	730	Y	291	405
Palliative Care	3270	Y	292	406
Palliative Care at This Facility	3280	Y	294	408

**Outcomes**

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
Date of First Recurrence	1860	Y	297	411
Recurrence Date-1st Flag	1861	Y	298	412
Type of First Recurrence	1880	Y	300	414
Date of Last Contact or Death	1750	Y	303	417
Date of Last Contact Flag	1751	Y	304	418
Vital Status	1760	Y	305	419
Cancer Status	1770	Y	306	420
Following Registry	2440	N	307	421
NPI-Following Registry	2445	N	308	422
Follow-up Source	1790	N	309	423
Next Follow-up Source	1800	N	310	424
Follow-up Source Central	1791	ACR Use Only	310A	425
Describe Place of Death	N/A	Supplemental	310B	426
Place of Death	1940	Y	310C	427
Cause of Death	1910	Y	310D	428
Autopsy	1930	Y	310E	429
Letter Frequency	N/A	Y	310F	430
Text-Remarks	2680	*Y	310G	431
Suspense Case	N/A	Y	310H	432
<b>Case Administration</b>				
Abstracted By	570	Y	313	435
Facility Identification Number	540	Y	314	436
NPI-Reporting Facility	545	Y	315	437
Archive FIN	3100	Y	316	438
NPI-Archive FIN	3105	Y	317	439
Date Case Completed-COC	2092	N	318	440
Override ACSN/CLASS/SEQ	1985	Y	319	441
Override HOSPSEQ/DXCONF	1986	Y	320	442
Override CoC-SITE/TYPE	1987	Y	321	443
Override HOSPSEQ/SITE	1988	Y	322	444
Override SITE/TNM-STAGE GROUP	1989	Y	323	445
Override AGE/SITE/MORPH	1990	Y	324	446
Override SURG/DXCONF	2020	Y	325	447
Override SITE/TYPE	2030	Y	326	448
Override Histology	2040	Y	327	449
Override Leuk, Lymphoma	2070	Y	329	451
Override SITE/BEHAVIOR	2071	Y	330	452
Override SITE/LAT/MORPH	2074	Y	331	453
CoC Coding System-Current	2140	Y	332	454
CoC Coding System-Original	2150	Y	334	456
Race Coding System-Current	170	Y	336	458
Race Coding System-Original	180	Y	337	459
Site Coding System-Current	450	Y	338	460
Site Coding System-Original	460	Y	339	461
Morphology Coding System-Current	470	Y	340	462
Morphology Coding System-Original	480	Y	341	463
ICD-O-2 Conversion Flag	1980	Y	342	464
ICD-O-3 Conversion Flag	2116	Y	343	465
TNM Edition Number	1060	Y	344	466
ICD Revision Comorbidities and Complications	3165	N	345	467
RX Coding System-Current	1460	Y	346	468
Derived AJCC-Flag	3030	Y	347	469

\*See FORDS manual for complete requirements

NAACCR Item Name	NAACCR Item #	Required	FORDS & ACR Supplement Page #	PDF Page #
Derived SS1977-Flag	3040	Y	348	470
Derived SS2000-Flag	3050	Y	349	471
CS Version Input Original (CS Version First)	2935	Y	350	472
CS Version Input Current	2937	Y	351	473
CS Version Derived (CS Version Latest)	2936	Y	352	474
Over-ride SS/NODESPOS	1981	Y	352A	475
Over-ride SS/TNM-N	1982	Y	352B	476
Over-ride SS/TNM-M	1983	Y	352C	477
Over-ride SEQNO/DXCONF	2000	Y	352D	478
Over-ride SITE/LAT/SEQNO	2010	Y	352E	479
Over-ride Report Source	2050	ACR Use Only	352F	480
Over-ride ILL-Define Site	2060	ACR Use Only	352G	481
Over-ride SITE/EOD/DX DT	2072	N	352H	482
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