South Carolina Central Cancer Registry (SCCCR)

Data Reporting Manual

Recommendations for Implementation of Changes to Reporting Standards

Effective 2026

Record Layout and Data Standard

Recommendations are based on NAACCR Version 26

Revised 4/20/2026
Please visit SCCCR DPH Website for Cancer Data
Collection Standards and Reporting, Education, and Resources

NOTE: This document does not replace the SCCCR Reporting Source Manual. This document should be used in conjunction with it. This document may re-state some of its content and is specifically meant for 2026 or prior reporting guidance.

1. Preface

Important Notice to South Carolina Cancer Registrars Regarding Abstracting and Reporting of Cancer Cases Diagnosed in 2026 Prior to Release of North American Association of Central Cancer Registries (NAACCR) Volume (v) 26 Compliant Software.

There have been extensive changes to the NAACCR layout for 2026. Along with the NAACCR updates, we will implement changes associated with other data standard-setters for reporting.

Reporting facilities in South Carolina should direct any corrections, comments, and suggestions regarding this document to Kammy Rebl (reblkj@dhh.sc.gov). If individuals or facilities that are not part of the South Carolina reporting system need copies of the reporting manual, they may download the PDF from SCCCR website. (To open PDF, click on the SCCCR Reporting Manual link.)

Important reminders for 2026 cases submitted to SCCCR:

1. **SCCCR will not be able to accept 2026 cases (admit/dx) until mid-April 2026 If there are further delays, you will be notified.**
2. **2026 abstracts can be started in NAACCR v25 but must be completed using NAACCR v26 before submitting to SCCCR.**
3. SCCCR recommends facilities document details for the new data items for completion of the abstracts in v26 software with the new codes.
4. The SCCCR requires sufficient text to support all codes, especially the new codes (e.g., histology, grade, AJCC & Summary stage, etc.). Text will provide an easy reference for coding cases that require v26 software when it becomes available.
5. 2026 Reportable list: https://seer.cancer.gov/tools/casefinding/ICD-10-CM-casefinding-list.FY2026.pdf

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Reportable by Agreement Reminder: Class of Case 43 and Class Case 30

Please remember the SCCCR is here to be used as a resource and to support your team. If you have any questions, please email us at reblkj@dph.sc.gov or call 803-722-8479. We are here to help you.

Thank you for your continued commitment to ensure that the SCCCR data is of the highest quality. The data you provide remains the cornerstone of the South Carolina Cancer Registry.

Kammy Rebl, CTR
Quality Control Manager/ETC

South Carolina Central Cancer Registry Resources:

- SCCCR Website
  - Genedits, Electronic Reporting, Resource link Reporting Manual
- **Cancer Registrar Education**
  - FLccSc : Stand-alone, web-based learning management system (LMS) to customize a fully- functioning LMS to address our specific educational needs.
  - Webplus : currently all NAACCR webinars are uploaded to your account and general account. User ID: education Password: Educ@ti0n

SCCCR Contacts:

- **Stephanie Chiodini** – Director
  803-898-0698
  chiodisc@dph.sc.gov

- **Michael Catera** – Electronic Reporting Manager
  809-785-6606
  casterma@dph.sc.goc

- **Kammy Rebl** - QC Manager, ETC
  803-722-8479
  reblk@dph.sc.gov

NAACCR Version V26 Reference Page

Below is the main link for key resources, registries may find useful as they plan to transition to V26. Please click on this link: https://www.naaccr.org/implementation-guidelines/

v26 IMPLEMENTATION REFERENCE

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V26.

- NAACCR Implementation Guidelines
- NAACCR Data Standards and Data Dictionary – formerly Volume II
- NAACCR XML Dictionaries
- NAACCR v26 Edits Metafile – including Changes Spreadsheet *Coming soon*
- SEER Program Coding and Staging Manual – includes Summary of Changes
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.3 *Coming soon*
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.3 *Coming soon*
- Summary Stage 2018 – includes revision history
- Extent of Disease (EOD) 2018 Manual – includes change log
- Solid Tumor Rules – includes summary and changes
- ICD-O - New histologies, terms, and changes in behavior
- Cancer PathCHART - Morphology Validation List and Search tool
- Hematopoietic Manual and Database – see revision history on the left
- Surgery Codes and Surgery Code Crosswalks – no changes for 2026

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For Reporting Manuals from previous years, visit the SCCCR website

2. New Data Items

See Appendix A for the new data items table including the XML specifics. All new site-specific data item (SSDI) information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.1 Spread Through Air Spaces (STAS)

Spread Through Air Spaces (STAS) [1176] is added to Lung V9 (09360) to record micropapillary clusters, solid nests, or single cells of tumor extending beyond the edge of the tumor into the air spaces of the surrounding lung parenchyma. This SSDI applies to cases diagnosed on Jan. 1, 2026, or later; cases diagnosed prior to that must be left blank. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.2 Residual Cancer Burden and Residual Cancer Burden Class

Residual Cancer Burden [1178] and Residual Cancer Burden Class [1179] are added to Breast (00480) to record a score that measures the amount of cancer remaining in the breast and the regional lymph nodes after neoadjuvant therapy and surgical resection. This SSDI applies to cases diagnosed on January NAACCR 2026 Implementation Guidelines 61, 2026, or later; cases diagnosed prior to that must be left blank. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.3 RUCA 2020 and URIC 2020

As with previous decadal Census tracking, RUCA 2020 [342] and URIC 2020 [347] will follow the same conventions as earlier decades (RUCA 2010 and URIC 2010, etc).

2.4 Sex Assigned at Birth

Sex Assigned at Birth [225] replaces the existing data item Sex [220] for all cases regardless of diagnosis year. Data in Sex [220] will be converted to populate Sex Assigned at Birth [225], see section 14.1 for the conversion logic. Sex [220] is retired in v26, see section 4 for the list of retired data items.

3. Revised Data Items

3.1 Site-Specific Data Items

Some SSDI codes and code descriptions are changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018, and forward, but registrars will not be required to update previously coded information.

Microsatellite Instability (MSI) [3890], which is an existing SSDI for the Colon and Rectum (00200) schema, is added to the Corpus Carcinoma and Carcinosarcoma schema (00530). For Corpus Carcinoma and Carcinosarcoma cases diagnosed prior to January 1, 2026, Microsatellite Instability must be left blank.

Schema Discriminator 1 [3926] for Nasopharynx and Oropharynx schemas was revised to reflect the new names of the schemas (see section 5.4) and to limit the use of this discriminator with C11.1 to diagnosis years 2018-2024. This field was removed from Nasopharynx V9 (09090) which only includes cases diagnosed on January 1, 2025, or later.

Schema Discriminator 2 [3927] for Oropharynx schemas was revised to reflect the new names of the schemas (see section 5.4) and to include the Oropharynx HPV-Associated V9 schema in the validation table Schema ID column.

Percent Necrosis Post Neoadjuvant [3908] included in the Bone schemas (00381, 00382, 00382, 00383) will no longer be required by any standard setters as of January 1, 2026.

Oncotype DX Risk Level-Invasive [3906] and Oncotype Dx Risk Level – DCIS [3905] included in the Breast Schema (00480) will no longer be required by any standard setters as of January 1, 2026.

Finally, to streamline maintenance, several SSDIs in the Head and Neck related schemas were adjusted to share the same validation table and notes wherever they are included. These SSDIs include:

- Extranodal Extension Head and Neck Clinical [3831]
- Extranodal Extension Head and Neck Pathological [3832]
- LN Size [3883]
- LN Head and Neck Levels I-III [3876]
- LN Head and Neck Levels IV-V [3877]
- LN Head and Neck Levels VI-VII [3878]
- LN Head and Neck Other [3879]

New SSDIs and code changes are incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://apps.naaccr.org/ssdi/list/. Also, the SSDI Manual, Version 3.3 provides changes to existing notes, codes, and code descriptions.

3.2 RUCA 2010, URIC 2010, RUCA 2000 and URIC 2000 RUCA 2000 [339]

RUCA 2010 [341], URIC 2000 [345] and URIC 2010 [346] are derived using either NAACCR*Prep for the Call for Data or File*Pro. The data dictionary was updated to include all possible derived flavors of null codes (added codes A through D).

4. v26 Retired Data Items

A data item that is retired remains in the NAACCR Data Dictionary as a retired data item and the data item number is not reused. Retired means that the data item is not maintained by a standard setting agency and is no longer in the data transmission layout; however, it does not impact on the data previously collected and stored in a registry database. Registries that would like to continue collecting data of a retired data item can add the data item to their user-defined dictionary (For more information on custom user dictionaries, visit https://www.naaccr.org/xml-user-dictionary). The retired data items for v26 are listed on the table below.

v26 Retired Data Items		
Item #	**Item Name**	**Source of Standard**
3110	Comorbid/Complications 1	CoC
3120	Comorbid/Complications 2	CoC
3130	Comorbid/Complications 3	CoC
3140	Comorbid/Complications 4	CoC
3150	Comorbid/Complications 5	CoC
3160	Comorbid/Complications 6	CoC
3161	Comorbid/Complications 7	CoC
3162	Comorbid/Complications 8	CoC
3163	Comorbid/Complications 9	CoC
3164	Comorbid/Complications 10	CoC
3645	NPCR Derived AJCC 8 TNM Clin Stg Grp	NPCR
3646	NPCR Derived AJCC 8 TNM Path Stg Grp	NPCR
3647	NPCR Derived AJCC 8 TNM Post Therapy Stg Grp	NPCR
1120	Pediatric Stage	CoC
1130	Pediatric Staging System	CoC
1140	Pediatric Staged By	CoC
220	Sex	SEER/CoC

5. Other Changes

5.1 Solid Tumor Rules

The Solid Tumor Rules Reformatting Work Group has implemented the following changes for the 2026 Solid Tumor Rules.

- The Specific Histologies, NOS/NST, and Subtypes/Variants tables have been reformatted from three columns to two. Table notes have been moved to footnotes. Relevant M and H rules that refer to these tables have been updated.
- General Instructions have been reformatted. Redundant instructions from each site group module have been removed and added to the General Instructions.
- Ambiguous terminology for determining histology has been revised by a joint physician and oncology data specialist (ODS) panel. The associated instructions have been updated.
- Rule M10 in the breast site group has been removed, and subsequent rule numbering has been adjusted.

A history revision will be posted along with the manual. New site-specific modules are not planned for 2026.

5.2 ICD-O-3 and Reportability

There are no code changes for ICD-O-3 or changes to Reportability for cases diagnosed in 2026. New and related terms for ICD-O-3 are posted on the NAACCR website.

5.3 Hematopoietic and Lymphoid Neoplasms Manual and Database

The Hematopoietic Database was updated to reflect the new terms from the WHO 5th edition. A complete list of these terms can be found here: ICD O 3 Coding Updates for 2026. In addition, the same primaries for histologies 9811-9819 were changed to reflect that all ALL's are the same primary. This was confirmed with a hematopoietic expert.

The manual was also updated with new formatting, updated sections and additional information. See the Hematopoietic Manual for a complete listing of changes.

6. Cancer PathCHART

The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations, including the following tumor and histology cancer data standard setters.

- National Cancer Institute, Surveillance Research Program
- Center for Disease Control and Prevention, National Program of Cancer Registries
- Statistics Canada
- National Cancer Registrars Association
- North American Association of Central Cancer Registries
- College of American Pathologists
- American College of Surgeons, Commission on Cancer
- American Joint Committee on Cancer
- International Association of Cancer Registries
- International Collaboration on Cancer Reporting
- World Health Organization/International Agency for Research on Cancer

Cancer PathCHART aims to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology.

This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. In these reviews, experts decided whether a given site, histology, and behavior code combination is valid, unlikely, or impossible (Table 1 below). The results of these in-depth reviews are incorporated into the Cancer PathCHART database and the NAACCR Edits Metafile and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters.

Table 1: Cancer PathCHART validity statuses and registrar coding

Validity Status	Site-Type Edit Errors	Coding in Cancer Registry Database
Valid	Will not generate edit errors	Can be coded
Impossible	Will generate an edit error	Cannot be coded
Unlikely*	Will generate an edit error	Requires manual override or correction to site and/or morphology to be coded

* Unlikely tumor site-morphology combinations are included in CPC*Search but were not included in 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC*SMVL).

Each calendar year, additional sites/organ systems will be reviewed and aligned with newly released 5th World Health Organization Classification of Tumors books (see Table 2 below).

Table 2: Organ sites reviewed by implementation year		
Organ System	**Sites Reviewed**	**Implementation Year**
Bone & Soft Tissue	Bones & Joints; Connective, Subcutaneous & Other Soft Tissue	2024
Breast	Breast	
Digestive	Ampulla of Vater; Anus; Appendix; Biliary System; Colon & Rectum; Esophagus; Gallbladder; Liver; Pancreas; Small Intestine; Stomach	
Female Genital	Cervix; Endometrium; Fallopian Tube; Myometrium; Ovary; Vagina; Vulva; Adnexa & Other Female Genital; Placenta	
Male Genital	Penis; Prostate; Testis*	
Urinary	Kidney*	
CNS	Cerebral Hemispheres; Cerebellum; Brainstem; Ventricles; Meninges; Cranial Nerves; Spinal Cord	2025
Soft Tissue	Peripheral Nerves and Autonomic Nervous System; Retroperitoneum; Heart and Pericardium	
Male Genital	Epididymis, Paratesticular and Spermatic cord; Testis*	
Urinary	Urethra; Urothelial Sites; Paraurethral Gland; Kidney*	
Respiratory	Lung and Bronchus; Pleura	
Thorax	Thymus; Mediastinal Space	
Head and Neck	Lip; Gingiva; Oral Cavity and Mobile Tongue; Major Salivary Glands; Nasopharynx; Oropharynx; Branchial Cleft; Nasal Cavity and Paranasal Sinuses; Middle Ear; Larynx and Hypopharynx; Pharynx with Waldeyer Ring; Trachea and Upper Respiratory	2026

*For these primary sites, a subset of site-morphology combinations was reviewed for implementation in 2024, the remaining combinations were reviewed for implementation with cases diagnosed in 2025 calendar year.

6.1 Cancer PathCHART Site/Morphology Validation List

The Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVL) are comprehensive tables that replace the ICD-O-3 SEER Site/Histology Validation List (the basis of the Primary Site, Morphology Type, Beh ICDO3 (SEER IF25) (edit tag: N1254) edit) as well as the list of impossible site and morphology code combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) (edit tag: N0446) edit. Applicable for diagnosis years 2024, 2025, and 2026, respectively, the 2024, 2025, and 2026 Cancer PathCHART ICD-O-3 Site Morphology Validation Lists are freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML, JSON), along with associated release notes from the Cancer PathCHART website (Cancer PathCHART Product Downloads and Timelines).

Updated cancer site and morphology code combination validity standards will be implemented in a stepwise fashion by year of diagnosis as follows.

- For cases diagnosed in 2023 and earlier, the 2023 ICD-O-3 SEER Site/Histology Validation List
- (the basis for the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF38) (edit tag: N0446) edit)
- will be used to check site and morphology code combinations.

- For cases diagnosed on January 1, 2024, and later the CPC SMVLs will serve as the basis for the Primary Site, Morphology-Type, Beh ICDO3.
- 2024 (N7040) edit, which checks for valid, unlikely, and impossible site, histology, and
- behavior code combinations based on diagnosis year.
- For any sites/organ systems yet to be reviewed by CPC, the 2023 standards will continue to be applied.
- Version 2 of 2024 and 2025 CPC SMVLs were released in the 2025 calendar year.

The 2026 CPC SMVL will be released for implementation on January 1, 2026, for cases diagnosed beginning in 2026.

6.2 CPC*Search

CPC*Search is an interactive webtool that allows cancer registrars and other users to search the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC*SMVL) by tumor site, histology, and behavior terms and associated codes. (https://seer.cancer.gov/cancerpathchart/search/). This tool should not be the primary resource for determining site, histology, and behavior code combinations. Before using CPC*Search, registrars should rereview the medical record to confirm primary site, histology, and behavior code combinations; consult the SEER Hematopoietic and Lymphoid Neoplasm Database (https://seer.cancer.gov/seertools/hemelymph/) for hematolymphoid morphologies and the Solid Tumor Rules (https://seer.cancer.gov/tools/solidtumor/) for all other tumors; and then use CPC*Search to confirm site, histology, and behavior code combinations. Registrars are encouraged to take remaining questions to the pathologist or oncologist/hematologist. If the registrar still has a question, they should submit it to Ask a SEER Registrar (https://seer.cancer.gov/registrars/contact.html). An additional use is to explore similar terms that are different entities in another organ system. For example, 8550/3 acinar cell carcinoma is impossible in the prostate, but 8140/3 acinar adenocarcinoma is valid in the prostate.

7. Standard Setters Reporting Requirements 2026

7.2 CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2026, and forward, the Centers for Disease Control and Prevention National Program of Cancer Registries (CDC-NPCR) will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, v26. Refer to CDC-NPCR requirements listed in the Data Standards and Data Dictionary, v26, Required Status Table. Share these requirements with your software vendors and key stakeholders.

CDC-NPCR will require new data item Sex Assigned at Birth [225] to replace existing data item Sex [220] for all cases regardless of diagnosis year. Existing data in Sex [220] will be converted and used to populate the new data item.

Microsatellite Instability [3890], which was required for Colon and Rectum for 2018-2025, will be required for all Colon and Rectum and Corpus Carcinoma and Carcinosarcoma cases diagnosed January 1, 2026, forward.

7.2.1 Staging Requirements for 2026 Diagnosis

CDC-NPCR continues to require directly assigned Summary Stage 2018 [764] (most current version). NPCR requirements for Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM and/or SEER EOD stage data items, rules and requirements provided by those sources should be followed.

NPCR will not require the Pediatric Data Collection System; however, if NPCR-funded central cancer registries elect to capture these data items, rules and requirements provided by those sources should be followed. NOTE: Registry Plus will make these data items available in software applications; however, the content of the data items including definitions may not be available. NPCR is unable to provide IT support for PDCS data items.

Beginning with cases diagnosed 2026, NPCR will retire NPCR Derived AJCC 8 TNM Clin Stage Grp [3645], NPCR Derived AJCC 8 TNM Path Stg Grp [3646], and NPCR Derived AJCC 8 TNM Post Therapy Stg Grp [3647].

Central registries will inform state reporters of their individual state requirements.

Questions related to CDC-NPCR Stage requirements can be submitted to cancerstaging@cdc.gov.

8. Summary for Hospital Cancer Registrars and Reporting Facilities

8.1 Case Abstracting Considerations

Registrars should pay particular attention to the requirements of national standard setters, the state central registry to which they submit cases, and the Commission on Cancer (if applicable) for cases diagnosed January 1, 2026, and forward. Often these requirements will be similar, but occasionally data fields may be required by only one entity. Registrars should consult their reporting manuals and state central registry for instructions and updates on reportable and reportable-by-agreement cases. Hospital registries should also be aware of any completeness and timeliness guidelines established by their state central registry. Finally, registrars should be aware of the special interests of the hospitals for which they abstract cases. Hospitals can create their own reportable-by-agreement cases for data capture for internal reporting.

8.2 Communication with Central Cancer Registries and Software Vendors

Several new developments for 2026 will affect cancer reporting software requirements. New edits have been developed and updates to existing edits were necessitated by changes to data item names, changes in code structure in existing data items, and changes to coding instructions for the v26 NAACCR Edits Metafile. Use the v26 Edits Detail Report and the Changes Spreadsheet located on the NAACCR Volume IV (Standard Data Edits) webpage as a resource to resolve edits. Registrars should maintain open communications with their software vendor and state central registry to ensure their registry software is up to date with current edit files and guidelines. Dates and timelines should be communicated to all parties. Registrars should include their IT departments in communications if needed.

8.3 Education and Training

Continuing education is necessary to maintain a high level of knowledge and skills in cancer registry practice. New data field requirements for 2026 and the implementation of these new fields will likely enhance the education and training opportunities for registrars. Registrars should register for standard setter ListServs including **NAACCR, CoC,** and **NCI SEER.** In addition to state and regional professional organizations, **NAACCR, CoC, AJCC and NCRA**, regularly post educational opportunities on their websites and notify members of upcoming events. Consider following these organizations on social media to be aware of current training opportunities. Registrars should also check with their state central registry for additional opportunities or make suggestions for needed subjects. Many organizations offer a great deal of online training.

Appendix A New Data Items:

New Data Items for 2026					
Length	**Item #**	**Item Name**	**XML NAACCR ID**	**PARENT XML ELEMENT**	**Section**
1	225	Sex Assigned at Birth	sexAssignedAtBirth	Patient	Demographic
4	331	Geocoding Accuracy Score	geocodingAccuracyScore	Tumor	Demographic
21	332	Geocoding Accuracy Type	geocodingAccuracyType	Tumor	Demographic
1	342	RUCA 2020	ruca2020	Tumor	Demographic
1	347	URIC 2020	uric2020	Tumor	Demographic
1	1176	Spread Through Air Spaces (STAS)	spreadThroughAirSpacesStas	Tumor	Stage/Prognostic Factors
5	1178	Residual Cancer Burden (RCB)	residualCancerBurdenRCB	Tumor	Stage/Prognostic Factors
1	1179	Residual Cancer Burden Class	residualCancerBurdenClass	Tumor	Stage/Prognostic Factors

Appendix C Source References page 32, 33 and 34:
NAACCR 2026 Implementation Guidelines: **https://www.naaccr.org/wp-content/uploads/2025/10/2026-Implementation-Guidelines_20251014-2.pdf**