

NICER Core Dataset (NCD) Abbreviated Online Version

NATIONAL INSTITUTE FOR CANCER EPIDEMIOLOGY AND REGISTRATION

VERSION 4.1 – APPROVED VERSION

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1. Introduction

Cancer is the second most frequent cause of death in Switzerland. Annually more than 35,000 people are diagnosed with cancer and approximately 40% of the population will experience at least one cancer diagnosis in their lifetime. Furthermore, cancer treatment is one of the most complex, time, and resource demanding care services the healthcare industry provides.

Given cancer's importance there is a high societal value for the collection of epidemiological information. Patients, practitioners, public health and health policy experts must rely (at least in part) on populationbased cancer monitoring for evidence-based decision-making. By international standard the burden of cancer and monitoring of improvements from prevention and care can only be sufficiently measured by complete accurate, detailed, and timely population-based coverage and assessment of cancer information.

Recognizing these needs NCC and Swiss cancer registries have created a necessary list of variables to ensure that standard, comprehensive, and appropriate information is collected on all cancers in Switzerland. The NICER Core Dataset includes the minimum set of epidemiologic information for valid national cancer prevention and control.

According to current contracts with the FOPH, NICER is responsible for central coordination of cancer registration in Switzerland. One of the tasks is to harmonise data registration processes and contents and to carry out quality assurance measures according to international standards. This continuous work will guarantee that a coherent national cancer monitoring is in place as soon as the planned national cancer act is entering into force.

2. Purpose of the Dataset

The primary purposes of the NICER Core Dataset are to:

- Include the minimum necessary list of variables for national cancer monitoring (incidence, prevalence, mortality, survival including important descriptive characteristics) in Switzerland
- Provide a formally agreed upon and consistently defined set of nationally available variables
- Build consensus of cantonal registration experts for national perspective of cancer registration
- Provide critical epidemiological information for thorough, valid national cancer monitoring
- Provide essential data for promoting national cancer epidemiology research in Switzerland

The NICER Core Dataset comprises three categories of information (personal characteristics, cancer characteristics: diagnosis & treatment related, and follow-up status). The NCD is subject to continuous formal documented review and amendment by participants. Thus it is not intended to be a fixed and/or final document. It is instead a living document; based on latest international standards, consensus of national and cantonal experts revised as necessary in chronologically numbered versions.



3. Data Collection and Delivery

Years of Coverage and Level of Data available by Canton

Fribourgfrom 2006Genevafrom 1970Graubuendenfrom 1989Glarusfrom 1992Jurafrom 2005Jurafrom 2010
Graubuendenfrom 1989Glarusfrom 1992Jurafrom 2005
Glarusfrom 1992Jurafrom 2005
Jura from 2005
fram 2010
Luzern from 2010
Neuchatel from 1974
Nidwalden from 2011
Obwalden from 2011
St. Gallen and Appenzell from 1980
Ticino from 1996
Uri from 2011
Vaud from 1974
Wallis from 1989
Zug from 2011
Zurich from 1980

3.1 Criteria for Inclusion in the NICER Core Dataset

Tumour data as described below are to be submitted to NCC for the permanent resident population and main place of residence in the registry canton at the time of diagnosis¹. Tumour data of individuals with non-permanent or secondary residence are NOT to be included. All tumour data from 1st year of available registry data up to 24 months before the most current incidence year shall be included (e.g. data delivered in 2009 includes tumour data through 2007, 2 year delay in incidence reporting).

¹ Ordinance of 19 December 2008 on the Federal Population Census, Article 2 letter d: The permanent resident population comprises: (1) all Swiss citizens whose main place of residence is in Switzerland; (2) foreign citizens with an annual or a permanent residence permit for at least twelve months (Permit B or C or FDFA-ID [international civil servants, diplomats and their family members]); (3) foreign citizens with a short-term residence permit (Permit L) for a cumulative length of stay of at least twelve months; (4) foreign citizens seeking asylum (Permit F or N) with a total length of stay of at least twelve months.



Specific tumour-related inclusion criteria are based on IACR and ENCR recommendations for registration and include following cases: the dataset submitted to NCC must include all registered diagnoses falling in one of the following groups (ICD-O-3 topography in brackets):

- All registered malignant tumours, behaviour/3: (C00-C80, exempt basal cell carcinoma (C44)).
- All intracranial and –spinal neoplasms irrespective of behaviour (C70 C72).
- Tumours of the urinary bladder, behaviour/1 and /2 (C67).
- In situ melanomas and squamous cell carcinomas, behaviour/2 of the skin (C44).
- In situ tumours, behaviour/2 of the breast (C50).
- In situ tumours, behaviour/2 of the cervix uteri (CIN2 and 3) (C53).
- In situ tumours, behavior /2 of colon and rectum (C18 C20).

Note 1: It is the decision of each registry, whether to collect all available diagnoses (without reference to multiple primary rules) or to restrict collection to primary diagnoses according to International rules for multiple primary cancers (IARC, 2004). NCC recommends to collect all available diagnoses and to submit primary as well as non-primary diagnoses (according to IARC rules) to NCC.

Note 2: It is permissible to submit diagnoses not falling in one of the groups mentioned to NCC.

3.2 Vital status follow-up and DCO identification

The official vital statistics issued annually by the Swiss Federal Statistical Office (SFSO) must have been linked to the registry dataset before data submission to NCC. It is also expected that, whenever possible, active vital status follow-up has been performed up to the year of the date of reference for incidence submission (or later).

Years or diagnostic groups for which the linkage to SFSO official vital statistics or active vital status follow-up has not been performed must be listed in a separate notification document (see section 3.4 "Data Transfer").

3.3 Data Quality Checks

Data quality assurance is an ongoing NICER field of activity. Therefore this document will be updated as needed.

3.3.1 Data Quality Checks at Registry Level

Before data transmission to NCC all datasets must be quality checked by the registries. The minimum quality check includes:

• Format and coding checks to ensure NCD-compatibility



- Content-related checks following the rules implemented in the newest version of JRC-ENCR-QCS (Quality Check Software developed by the European Commission Joint Research Centre).
- Completeness checks of case ascertainment (for estimation of missed diagnoses). As a minimum, this includes reviewing for unexpected or implausible trends in incidence.
- Completeness checks on dataset level (i.e. all required data per case included). Missing data is not permissible in the following variables: patid (item 1.01), tumid (item 1.02), home canton (item 1.03), sex (item 1.04), month and year of birth (items 1.05, 1.06), basis of diagnosis (item 1.08), month and year of incidence (items 1.10, 1.11), ICD-O topography, morphology and behavior (items 1.14, 1.15, 1.16), ICD-O version (item 1.17).

Additional checks recommended and currently performed by NCC are listed in Appendix 5.

3.3.2 Data Quality Checks at NICER

All tumour data transmitted to NCC by Swiss cancer registries is data quality checked by NCC using the steps described below.

Step 1: Before inclusion in the NICER database

• Basic format check (variable names, data type, variable length)

Data deliveries with incorrect variable names, data types or incompatible variable length according to the definitions in the NCD may not be accepted. If data fails to pass the basic format check then a new data delivery will be requested from the registry. All data must pass basic format check (unless previously agreed exceptions are made and documented according to NCD <u>Section 3.4</u>) before it can be included in the NICER database or proceeding with any subsequent data quality checks.

Step 2: After inclusion in the NICER database

The following is a list of coding, content-related and completeness checks performed by NCC:

- Coding checks for invalid entries (e.g. invalid nationality code) and missing values in mandatory fields (e.g. topography, morphology, behaviour)
- Content-related checks using the newest version of JRC-ENCR-QCS (Quality Check Software developed by the European Commission Joint Research Centre).

Additional checks recommended and currently performed by NCC are listed in Appendix 5.

Step 3: Registry-specific NICER data delivery quality reports

The following information about failed checks will be transmitted to each registry submitting data after NICER quality checks are completed:



- Results from JRC-ENCR-QCS check (data previously marked as checked by the registries are excluded, see NCD variable 1.24)
- Results from coding checks and plausibility checks

3.4 Data Transfer

Swiss cancer registries transmit all data fulfilling the criteria for inclusion (<u>Section 3.1</u> above) following the data export specification as described in Appendix 1.

Data not adherent to the agreed upon NCD standard definitions can be refused by NICER. It is required to list and comment any exceptions or deviations from the criteria, definitions or calendar dates listed in NCD section three ("Data Collection and Delivery"), section eight ("Data Dictionary") in a separate document ("Notification document") to be transmitted together with the data file. [Note: These notifications typically include issues which cannot be resolved immediately. Examples from the past are diagnosis periods not present in the dataset, or selected groups of patients or cancer sites without active vital status follow-up or without linkage of death certificate information. Other examples are data items which cannot be transmitted due to specific cantonal data protection guidelines or issues related to individual contracts between NICER and cantonal registries]. Upon receipt of the data NCC preforms data quality checks (Section 3.3.2 and Appendix 5) and returns registry-specific data delivery quality reports within two weeks after data delivery. Each registry corrects and modifies its data, within an agreed upon deadline. The data correction process should be conducted with minimal iterations as possible (preferably <2 times).

4. Future Outlook

As mentioned in <u>Section 2</u> the NCD is not intended to be a fixed and/or final document. It is instead a living document; based on latest international standards, consensus of national and cantonal experts.

In order to achieve the goal of high quality national cancer monitoring in Switzerland, the development and implementation of a comprehensive Quality Assurance Plan (QAP) is intended. The QAP will define and standardize the process of data collection, transmission, and management as well as optimizing the reporting process for routine statistics and quality indices. The QAP will include systematic quality-related measurements, comparisons with standards, monitoring of processes and associated feedback loops for error prevention.

5. Chronological List of Document Revisions

The following table documents the approved revision status of the NICER Core Dataset from initial implementation to most current version.



Action	Comments
Approval of Version 1.1	All variables discussed at NRAB
Approval of Version 2.x	All variables discussed at NRAB & new sections added
Approval of Version 3.0	All changes discussed at NRAB
Approval of Version 4.0	All changes discussed at NRAB
Publication of Version 4.1	Inclusion of corrections/updates
	Approval of Version 1.1 Approval of Version 2.x Approval of Version 3.0 Approval of Version 4.0

6. Primary Sources of Coding Standards

The following is a list of the primary sources of internationally based cancer coding used in the development and updating of the NICER Core Dataset. The versions of the international coding standards detailed below reflect those collectively agreed upon and used for cantonal cancer registration in Switzerland.

- Cancer Registration: Principles and Methods. Jensen OM, Parkin DM, Maclennan R, Muir CS, Skeet RG. International Agency for Research on Cancer (IARC) Scientific Publications Number 95. Lyon, France, 1991. <u>http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/index.php</u>
- International Classification of Diseases for Oncology, 1st Edition (ICD-O-1). World Health Organization. Geneva, Switzerland, 1976.
- 3. International Classification of Diseases for Oncology, 2nd Edition (ICD-O-2). World Health Organization. Geneva, Switzerland, 1990.
- International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3). Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin DM, Whelan S. World Health Organization. Geneva, Switzerland, 2000. <u>http://www.who.int/classifications/icd/adaptations/oncology/en/</u>
- International Classification of Diseases for Oncology, 3rd Edition first revision (ICD-O-3.1). Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin DM, Whelan S. World Health Organization. Geneva, Switzerland, 2011. <u>http://codes.iarc.fr/</u>
- TNM Classification of Malignant Tumours, 1st Edition. International Union Against Cancer (UICC). Geneva, Switzerland, 1968.
- TNM Classification of Malignant Tumours, 2nd Edition. International Union Against Cancer (UICC). Geneva, Switzerland, 1974.
- 8. TNM Classification of Malignant Tumours. 3rd Edition. *Harmer M.* International Union Against Cancer (UICC).Geneva, Switzerland, 1978, 1982.
- 9. TNM Classification of Malignant Tumours. 4th Edition. Hermanek P, Sobin L. International Union Against Cancer (UICC). Berlin, *Heidelberg, Germany, New York, USA,* 1987, 1992.



- 10. TNM Classification of Malignant Tumors. 5th Edition. Sobin L, Wittekind C. International Union Against Cancer (UICC). New York, USA, 1997.
- 11. TNM Classification of Malignant Tumours, 6th Edition. Sobin L, Wittekind C. International Union Against Cancer (UICC). Geneva, Switzerland, 2002.
- 12. TNM Classification of Malignant Tumours, 7th Edition. Sobin L, M. Gospodarowicz, Wittekind C. International Union Against Cancer (UICC). Geneva, Switzerland, 2009.
- 13. International Association of Cancer Registries (IARC). <u>http://www.iarc.fr/</u>
- 14. TNM Classification of Malignant Tumours, 7th Update Edition. Sobin L, M. Gospodarowicz, Wittekind
 C. International Union Against Cancer (UICC).
 Erratum: http://www.wiley-vch.de/publish/en/books/bySubjectMD00/ISBN3-527-32759-2/
- 15. European Network of Cancer Registries (ENCR). http://www.encr.eu/index.php/activities/recommendations

7. Participants

The following is a list of the current members of the NICER collaborative network participating in the development and approval of the NICER Core Dataset.

Name (alphabetic)	Organization	First Participation
Martin Adam, Dr. sc. nat.	Cancer registry AG, 5001 Aarau	Version 3.0
Volker Arndt, Dr. med. MPH	NICER, 8001 Zurich	Version 4.0
Murielle Bochud, Prof. Dr.	Cancer registry JU/NE/VD, 1011 Lausanne	Version 4.0
Andrea Bordoni, Dr. med.	Cancer registry TI, 6601 Locarno	Version 1.1
Christine Bouchardy, Prof. Dr.	Cancer registry GE, 1205 Geneva	Version 1.1
Bertrand Camey, Dr. med.	Cancer registry FR, 1709 Fribourg	Version 1.1
Ivan Curjuric, Dr. med.	Cancer registry AG, 5001 Aarau	Version 3.0
Silvia Dehler, Dr. med.	Cancer registry ZH/ZG, 8091 Zurich	Version 1.1
Joachim Diebold, Prof. Dr.	Cancer registry LU/NW/OW/UR, 6000 Luzern	Version 3.0
Silvia Ess, Dr. med.	Cancer registry SG/AI/AA, 9000 St. Gallen Cancer registry GR/GL, 7000 Chur	Version 1.1*
Anita Feller, DiplPsych., M.Sc	NICER, 8001 Zurich	Version 1.0
Harald Frick, Dr. med.	Cancer registry SG/AI/AA, 9000 St. Gallen Cancer registry GR/GL, 7000 Chur	Version 1.0
Andrea Jordan	Cancer registry BE, 3010 Bern	Version 3.0



Isabelle Konzelmann, Dr. med.	Cancer registry VS, 1950 Sion	Version 1.1
Matthias Lorez, Dr. sc. nat.	NICER, 8001 Zurich	Version 1.0
Mohsen, Mousavi, Dr. med	Cancer registry BL/BS, 4001 Basel	Version 4.0
Isabelle Neyroud-Caspar, Dr. med. David Pfeiffer, Dr. med.	Cancer registry GE, 1205 Geneva Cancer registry LU/NW/OW/UR, 6000	Version 1.1
David Flemer, Dr. med.	Luzern	Version 1.1
Anne Schmidt, Dr. med.	Cancer registry TG, 8280 Kreuzlingen	Version 3.0

*with deviations regarding the data transfer of date and age information, and the official causes of death



8. Data Dictionary (abbreviated)

8.1 General Variables

<u>Colour coding</u>: Yellow highlighted item numbers denote variables of high relevance for the defined purposes of the NICER core dataset. Grey-shaded items are derived variables generated by NCC (NOT submitted or sent by registries to NCC).

Item No:	1.01	Label of data item:	Patient Identifier Registry	
		Name of the data item:	Patid	
		Character length:	10	
Data format:	Numeric 🗵 Text 🗆 Date 🗆			
Definition:	Unique registry-specific patient identifier.			
Description:	Unique number generated at each registry to identify the patient.			
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf			

Item No:	1.02		Label of data item:	Tumour Identifier Registry
		Nan	ne of the data item:	Tumid
			Character length:	10
Data format:	Numeric 🗵 Text 🗆 Date 🗆			
Definition:	Unique registry-specific tumour identifier.			
Description:	Unique number generated at each registry to identify the tumour.			
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf			

Item No:	2.01	Label of data item:	Patient Identifier Nicer	
		Name of the data item:	n_patid	
		Character length:	10	
Data format:	Numeric 🗵 Text 🗆 Date 🗆			
Definition:	Unique NCD-specific patient identifier.			
Description:	Unique number generated at NCC to identify the patient.			
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf			

Item No:	2.02	Label of data item:	Tumour Identifier Nicer	
		Name of the data item:	n_tumid	
		Character length:	10	
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗆		
Definition:	Unique NCD-specific tumour identifier.			
Description:	Unique number generated at NCC to identify the tumour.			
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf			



Item No:	1.03	Label of data item:	Home Canton Identifier					
item No.	1.05	Name of the data item:						
			cant 2					
	N	Character length:	Ζ					
Data format:		Numeric 🗵 Text 🗆 Date 🗆						
Definition:		canton of the main residence of	•					
Description:		d by Swiss Federal Office of Sta	itistics for each canton.					
Codes:	1= Zürich							
	2= Bern/Berne							
	3= Luzern							
	4= Uri							
	5= Schwyz							
	6= Obwalden							
	7= Nidwalden							
	8= Glarus							
	9= Zug							
	10= Fribourg	5						
	11= Solothurn							
	12= Basel-Stadt							
	13= Basel-Landschaft							
	14= Schaffhausen							
	15= Appenzell Ausserrh	oden						
	16= Appenzell Innerrhoo	den						
	17= St. Gallen							
	18= Graubünden/Grigio	ni						
	19= Aargau							
	20= Thurgau							
	21= Ticino							
	22= Vaud							
	23= Valais/Wallis							
	24= Neuchâtel							
	25= Genève							
	26= Jura							
Reference:	http://www.bfs.admin.ch/bf	s/portal/de/index/infothek/nomenkl	aturen/blank/blank/raum_glied/01.html					
	http://www.bfs.admin.ch/bf	s/portal/de/index/news/00/00/04/0	<u>1.html</u>					

² Main residence in German: Niedergelassene Personen haben ihre Schriften in der Gemeinde deponiert (Hauptwohnsitz); in French: Les personnes établies dans une commune sont celles qui y ont déposé leurs papiers (domicile principal).



Item No:	1.04	Label of data item:	Gender		
		Name of the data item:	sex		
		Character length:	1		
Data format:	Numeric 🗵 Text 🗆 Date 🗆				
Definition:	Identifies gender of patient.				
Codes:	1= male				
	2= female				
	9= unknown				
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf				

Item No:	1.05	Label of data item:	Month of birth		
		Name of the data item:	mmb		
		Character length:	2		
Data format:	Numeric 🗵 Text 🗆 Date 🗆				
Definition:	Identifies the month the patient was born.				
Codes:	from 1 to 12; 99 if unknown				
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf				

Item No:	1.06	Label of data item:	Year of birth		
		Name of the data item:	yyb		
		Character length:	4		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗆 Date 🗆			
Definition:	Identifies the calendar year the patient was born.				
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap6.pdf				

Item No:	1.07		Label of data item:	Nationality	
		N	ame of the data item:	nat	
			Character length:	4	
Data format:	Numeric 🗵	Text 🛛	Date 🗖		
Definition:	Principal citizenship at time of diagnosis.				
Description:	4-digit (beginning with 8) that BFS assigned for nationality.				
Codes:	see Swiss Federal Office of Statistics document in Appendix 2				
Reference:	http://www.bfs.admin.ch/bfs/portal/de/index/infothek/nomenklaturen/blank/blank/sg/				
	<u>02.html</u>				



Item No:	1.08	Label of data item:	Basis of diagnosis		
		Name of the data item:	bd		
		Character length:	1		
Data format:	Numeric 🗵 🛛 Te	ext 🛛			
Definition:	Records the most valid	diagnostic procedure by which	the tumour was confirmed.		
Description:	It is the best method of confirmation during the entire course of the disease. Basis of diagnosis must be updated if tumour diagnosis is confirmed by a more valid procedure, irrespective of the point in time after diagnosis at which this procedure takes place. The date of incidence is not altered. "Death Certificate Only" (DCO-case) refers to cases where the only information to the registry is from a death certificate. Cases which are registered on the basis of the cancer diagnosis appearing on the death certificate, but for which the diagnosis is later proved to be wrong have to be excluded. For DCO-cases				
Codes:	date of incidence is equal to date of follow-up and date of death.0= Death Certificate Only1= Clinical2= Clinical investigation4= specific tumour markers5= cytology6= histology of metastasis7= histology of primary tumour9= unknown				
Reference:		ages/docs/recommendations/	basisd.pdf		

Item No:	1.09	Label of data item:	Death Certificate Notification			
		Name of the data item:	dcn			
		Character length:	1			
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗆 Date 🗆				
Definition:	Identification of cases t	hat first come to attention of the	e registries from death certificate			
	(Death Certificate Notifi	ication).				
Description:	Identification of cases that first come to attention of the registries from death certificate.					
	This refers to cases where the only information to the registry is from a death certificate					
	(DCOs) AND cases with	efficient trace back of death cert	ificate notification. For cases with			
	efficient trace back, dat	e of incidence is before date of t	follow-up. The information has to			
	be provided for all cases after incidence year 2010. If data is available for previous years					
	transmitting this inform	ation is highly recommended.				
Codes:	0 = no					
	1 = yes					
Reference:	Cancer Incidence in Five	Continents. Volume IX, IARC Sci	entific Publication, No. 160, p.69-			
	70.					



Itom No.	1 10	Label of data item.	Month of incidence		
Item No:	1.10	Label of data item:	Month of incidence		
		Name of the data item:	mmi		
		Character length:	2		
Data format:		ext 🛛 🛛 Date 🗆			
Definition:		e tumour was diagnosed.			
Description:	chosen as incidence dat date initially chosen, the	e. If an event of higher priority c e date of the higher priority ever	occur chronologically should be occurs within three months of the nt should take precedence.		
	Order of declining prior	ity:			
	 Date of first histological or cytological confirmation of this malignancy (with the exception of histology or cytology at autopsy). This date should be, in the following order: a) date when the specimen was taken (biopsy) b) date of receipt by the pathologist c) date of the pathology report. Date of admission to the hospital because of this malignancy. When evaluated at an outpatient clinic only: date of first consultation at the outpatient clinic because of this malignancy. Date of diagnosis, other than 1, 2 or 3. Date of death, if no information is available other than the fact that the patient has died because of a malignancy. Date of death, if the malignancy. 				
	 Whichever date is selected, the date of incidence should not be later than the date of the start of the treatment, or decision not to treat, or date of death. The choice of the date of incidence does not determine the coding of the item "basis of diagnosis". ENCR clarification: Incidence is the "date of diagnosis i.e. the date of confirmation of the invasive cancer". Only this cancer may be counted as "incidence". However, there are cases where "in situ" or "highly suspicious" is reported first (e.g. breast) and later on this changes to invasive cancer (e.g. during the operation invasive parts are found or as a result of the first cytology/second biopsy). Some colleagues prefer to use the date of "in situ" or "highly suspicious" diagnosis. It is the view of the ENCR Steering Committee that only the latter is in compliance with ENCR/IARC. 				
Codes:	from 1 to 12; 99 if unkn	• •			
Reference:	,	ages/docs/recommendations/in	cideng ndf		
nererence.	incert www.crici.cu/in	and a contraction of the contraction of the	Ciden <u>s</u> , pur		

³ If mmi=6 is registered in cases of unknown mmi, the NCC must receive the list of these tumour IDs as part of the Notification document.



Item No:	1.11	Label of data item:	Year of incidence		
		Name of the data item:	ууі		
		Character length:	4		
Data format:	Numeric 🗵 🛛 Text 🗆 🛛 Date 🗆				
Definition:	Identifies the calendar year the tumour was diagnosed.				
Description:	see month of incidence (Item No 1.10)				
Reference:	http://www.encr.eu/images/docs/recommendations/incideng.pdf				

Item No:	1.12	Label of	data item:	Age at incidence	
		Name of the	data item:	age_i	
		Charact	er length:	5	
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🛛 Date 🛙]		
Definition:	The age in days of the patient at diagnosis.				
Description:	Allows the calculation of intervals in days in the absence of exact dates. For the definition				
	of date of incidence see month of incidence (Item No 1.10)				
Codes:	0 to 99999				
Reference:	http://www.encr.eu/images/docs/recommendations/incideng.pdf				

Item No:	1.14		Label of data item:	Topography	
		Na	me of the data item:	topo	
			Character length:	4	
Data format:	Numeric 🗆 🛛 Te	ext 🗵	Date 🗖		
Definition:	ICD-O (International	Classificatio	n of Diseases for Onc	cology) coding of primary site of	
	cancer based on best source of information.				
	All cases after incidence year 2003 have to be coded in ICD-O-3 without any exception				
Description:	For incidence cases before that date all ICD-O-versions are accepted. Every tumour has to				
	be coded in one version (same version for topography and morphology).				
Codes:	ICD-O-topography-codes without decimal point.				
Reference:	ICD-O-, WHO, Geneva, 1976, 1990, 2000, 2001, 2003, 2011				
	http://www.who.int/classifications/icd/adaptations/oncology/en/				
	http://codes.iarc.fr/us	ingicdo.php	-		



Item No:	1.15	Label of data item:	Morphology		
		Name of the data item:	mph		
		Character length:	4		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗖			
Definition:	ICD-O coded histologic	term of primary cancer.			
Description:	The histologic composition of cancer cells within the primary cancer. The 1 st four numerical digits of the morphology code in ICD-O (exclude the leading M). All cases after incidence year 2003 have to be coded in ICD-O-3 without any exception. For incidence cases before that date all ICD-O-versions are accepted (same version for topography and morphology).				
Codes:	ICD-O-morphology-codes without leading M. (8000 to 9992)				
Reference:	http://codes.iarc.fr/ ICD-O, WHO, Geneva, 1976, 1990, 2000, 2001, 2003, 2011 http://www.who.int/classifications/icd/adaptations/oncology/en/ http://codes.iarc.fr/usingicdo.php				

Item No:	1.16	Label of data item:	Behaviour		
		Name of the data item:	beh		
		Character length:	1		
Data format:	Numeric 🗵 🛛 To	ext 🛛 🛛 Date 🗆			
Definition:	Describes the way the	tumour acts inside the body base	d on ICD-O coding.		
Description:	A tumour can grow in place without the potential for spread (benign); it can be malignant but still growing in place (non-invasive or in situ); it can invade surrounding tissues (malignant, primary site). It consists of the 5 th numerical digit, the one after the slash, of the complete morphology code. ICD-O code 6 (malignant, metastatic site) is not used and code 9 (malignant, uncertain whether primary or metastatic site) is redefined (see below).				
Codes:	potential, and unce	ertain malignant potential ntraepithelial; non-infiltrating; no	line malignancy, low malignant n-invasive		
Reference:	ICD-O-3, WHO, Genev	n/publications/pdfs-online/epi/sp a, 2000, 2001, 2003, 2011 classifications/icd/adaptations/ond			



Item No:	1.17	Label of data item:	ICD-O-Version		
		Name of the data item:	icd_o_v		
		Character length:	2		
Data format:	Numeric 🗵 🛛 To	ext 🛛 🛛 Date 🗖			
Definition:	Version of the ICD-O-0	coding system exported to NICER	for this tumour. All cases should		
	have been coded in IC	D-O-3 or converted to ICD-O-3 fro	om earlier versions.		
Codes:	1= Version ICD-O-1				
	2= Version ICD-O-2				
	30 = ICD-O-3, WHO 2000				
	31 = ICD-O-3, Errata 2001				
	32 = ICD-O-3, Errata 2003				
	33 = ICD-O-3, Update 2011 (applied to incidence years starting 2012)				
Reference:	ICD-O, WHO, Geneva, 1976, 1990, 2000, 2001, 2003, 2011				
	http://www.who.int/classifications/icd/adaptations/oncology/en/				
	http://www.who.int/c	lassifications/icd/updates/icd03u	pdates/en/		

Item No:	2.04	Label of data item:	ICD-10	
		Name of the data item:	icd10	
		Character length:	2	
Data format:	Numeric 🛛 Text 🗵 Date 🗆			
Definition:	ICD-10 (International Statistical Classification of Diseases and Related Health Problems,			
	10th Revision) coding of the tumour.			
Codes:	ICD-10-codes without decimal point.			
Reference:	http://www.who.int/classifications/icd/en/			

Item No:	1.18	Label of data item:	Month of Registration	
		Name of the data item:	mmr	
		Character length:	2	
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗖		
Definition:	Identifies the month the tumour was registered (when case is opened in the database).			
Codes:	from 1 to 12			

Item No:	1.19	Label of data item:	Year of Registration
		Name of the data item:	yyr
		Character length:	4
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗆 Date 🗆	
Definition:	Identifies the calendar	year the tumour was register	red (when case is opened in the
	database).		



Item No:	1.20	Label of data item:	Age at Registration		
		Name of the data item:	age_r		
		Character length:	5		
Data format:	Numeric 🗵 Text 🗆 Date 🗆				
Definition:	The age in days of the patient at registration.				
Description:	Allows the calculation of intervals in days in the absence of exact dates.				
Codes:	0 to 99999				

Item No:	1.24	Label of data item:	Checked		
		Name of the data item:	checked		
		Character length:	1		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗆			
Definition:	Indicator for whether or not the tumour was checked by the registry according to the JRC- ENCR-QCS (Quality Check Software developed by the European Commission Joint				
	Research Centre).				
Description:	This indicator helps the registry to check and clean cases not more than once. The registry				
	is responsible for updating the indicator once the case has been cleaned.				
Codes:	0= not yet checked and cleaned; default				
	1= checked and cleaned	1			

Item No:	1.27	Label of dat	a item:	Pathological tumour size
		Name of the dat	a item:	pathsize
		Character	length:	4
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🛛 Date 🗆		
Definition:	Defines the size of the tumour from pathology record.			
Description:	The largest reported size, in millimetres with one decimal place (e.g. 2.3).			



Item No:	1.28	Label of data item:	Version of UICC TNM		
		Name of the data item:	vtnm		
		Character length:	2		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗖 Date 🗖			
Definition:	Defines the UICC TNM v	version used for the coding of TN	NM. All cases after incidence year		
	2009 have to be coded	in version 7.0 (7 th Edition, 2009)	or higher without any exception.		
	For incidence cases befo	pre that date TNM-versions are a	accepted.		
Codes:	10= 1 st Edition, 1968				
	20= 2 nd Edition, 1974				
	30= 3 rd Edition, 1978				
	31= 3 rd Edition, enlarged and revised 1982				
	40= 4 th Edition, 1987				
	42= 4 th Edition, 2 nd revision, 1992				
	50= 5 th Edition, 1997				
	60= 6 th Edition, 2002				
	70=7 th Edition, 2009				
	71= 7 th Edition reprint, 2	2011			
	80= 8 th Edition, 2017				
Reference:	UICC : TNM Classificatio	n of Malignant Tumours			

Itom No:	1 20	Labol of data itom:	Clinical primary tymour		
Item No:	1.29	Label of data item:	· · · · ·		
		Name of the data item:	ct		
		Character length:	8		
Data format:	Numeric 🛛 🛛 Te	ext 🗵 🛛 Date 🗖			
Definition:	Pre-therapeutic clinical	assessment of tumour size acco	ording to UICC TNM.		
Description:	Tumour size based or	n clinical investigation, imaging	g, endoscopy, biopsy or surgical		
	exploration.				
Codes:	For TNM site specific codes defined by the UICC please check the current TNM version				
	and the document provided by the ENCR (2014): A proposal on cancer data quality checks:				
	one common procedure for European cancer registries. In section 3.1 Table 2 and				
	Appendix II and III the site specific codes are displayed.				
	Example: T1				
	•				
	If unknown code 99.				
	Note: case sensitive and without prefixes or spaces.				
Reference:	UICC: TNM Classification of Malignant Tumours ; ENCR: A proposal on cancer data quality				
	checks: one comm	on procedure for Europe	an cancer registries (2014)		
	http://publications.jrc.e	ec.europa.eu/repository/bitstre	am/JRC93456/lbna27008enn.pdf		



Item No:	1.30	Label of data item:	Clinical regional lymph nodes	
		Name of the data item:	cn	
		Character length:	3	
Data format:	Numeric 🛛 🛛 Te	xt 🗵 🛛 Date 🗖		
Definition:	Pre-therapeutic clinical	assessment of regional lymph	nodes involvement according to	
	UICC TNM.			
Description:	Tumour size based on	clinical investigation, imaging	g, endoscopy, biopsy or surgical	
	exploration.			
Codes:	For TNM site specific codes defined by the UICC please check the current TNM version			
	and the document pro	vided by the ENCR (2014): A	proposal on cancer data quality	
	checks: one common procedure for European cancer registries. In section 3.1 Table 2 and			
	Appendix II and III the site specific codes are displayed.			
	Example: N1			
	If unknown code 99.			
	Note: case sensitive and without prefixes or spaces.			
Reference:	UICC: TNM Classification of Malignant Tumours ; ENCR: A proposal on cancer data quality			
	checks: one commo	on procedure for Europe	an cancer registries (2014).	
	http://publications.jrc.e	c.europa.eu/repository/bitstre	eam/JRC93456/Ibna27008enn.pdf	

Item No:	1.31	Label of data item:	Clinical distant metastases	
		Name of the data item:	cm	
		Character length:	3	
Data format:	Numeric 🛛 🛛 Te	xt 🖾 🛛 Date 🗖		
Definition:	Pre-therapeutic clinical	assessment of distant metasta	ses according to UICC TNM.	
Description:	Assessment of distant	metastases based on clinical i	investigation, imaging, endoscopy,	
	biopsy or surgical explo	ration.		
Codes:	For TNM site specific codes defined by the UICC please check the current TNM version and the document provided by the ENCR (2014): <i>A proposal on cancer data quality checks:</i> <i>one common procedure for European cancer registries.</i> In section 3.1 Table 2 and			
	Appendix II and III the site specific codes are displayed. Example: M1			
	If unknown code 99.			
	Note: case sensitive and without prefixes or spaces.			
Reference:	UICC: TNM Classification	n of Malignant Tumours ; ENCR	R: A proposal on cancer data quality	
	checks: one commo	on procedure for Europe	ean cancer registries (2014).	
	http://publications.jrc.e	c.europa.eu/repository/bitstre	eam/JRC93456/lbna27008enn.pdf	



Item No:	1.32	Label of data item:	y symbol for pTNM classification
		Name of the data item:	y_ptnm
		Character length:	1
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗖	
Definition:	Timing of TNM classifica	ation	
Description:	For cases in which TNM-classification is performed during or following initial multimodality therapy to categorise the extent of tumour actually present at time of examination.		
Codes:	 1= no, if pTNM provided has been estimated before any therapy 2= yes, if pTNM provided has been estimated during or after neoadjuvant therapy (any mono or multimodality) 9= missing, it cannot be assessed whether pTNM was assigned before, during or after therapy 		
Reference:	UICC : TNM Classification of Malignant Tumours		

Item No:	1.33	Label of data item:	Pathological primary tumour
		Name of the data item:	pt
		Character length:	9
Data format:	Numeric 🛛 Te	xt 🖾 🛛 Date 🗖	
Definition:	Postoperative assessme	nt of tumour size according to	UICC TNM.
Description:	Tumour size based on h	istopathological assessment (t	umour resection or biopsy allowing
	for the assessment of the	ne highest pT category). Only i	f available during the first phase of
	treatment.		
Codes:	•	<i>'</i> '	se check the current TNM version
	and the document provided by the ENCR (2014): A proposal on cancer data quality checks:		
	one common procedure for European cancer registries. In section 3.1 Table 2 and		
	Appendix II and III the site specific codes are displayed.		
	Example: T1		
	If unknown code 99.		
	Note: case sensitive and	I without prefixes or spaces.	
Reference:	UICC: TNM Classification	n of Malignant Tumours ; ENCR	R: A proposal on cancer data quality
	checks: one commo	on procedure for Europe	ean cancer registries (2014).
	http://publications.jrc.e	c.europa.eu/repository/bitstre	eam/JRC93456/lbna27008enn.pdf



			· · · · · · · · · · · · · · · · · · ·
Item No:	1.34	Label of data item:	Pathological regional lymph nodes
		Name of the data item:	pn
		Character length:	5
Data format:	Numeric 🗆 Tex	xt 🗵 🛛 Date 🗖	
Definition:	Postoperative assessme	nt of regional lymph nodes inv	volvement according to UICC TNM.
Description:	Regional lymph nodes in	volvement based on histopath	nological investigation (lymph node
	resection allowing for th	e assessment of pN0 to the hig	ghest pT category). Only if available
	during the first phase of	treatment.	
Codes:	For TNM site specific codes defined by the UICC please check the current TNM version		
	and the document provided by the ENCR (2014): A proposal on cancer data quality checks:		
	one common procedure for European cancer registries. In section 3.1 Table 2 and		
	Appendix II and III the site specific codes are displayed.		
	Example: N1		
	If unknown code 99.		
	Note: case sensitive and without prefixes or spaces.		
Reference:	UICC: TNM Classificatior	of Malignant Tumours ; ENCR	R: A proposal on cancer data quality
	checks: one commo	on procedure for Europe	ean cancer registries (2014).
	http://publications.jrc.e	c.europa.eu/repository/bitstre	eam/JRC93456/lbna27008enn.pdf

Item No:	1.35		Label of data item:	pn based on sentinel lymph node
		Na	me of the data item:	pn_sn
			Character length:	1
Data format:	Numeric 🗵 🛛 Te	ext 🗆	Date 🗖	
Definition:	Assessment of sentinel	lymph nod	es.	
Description:				
Codes:	UICC TNM Classification	UICC TNM Classification		
	1= sentinel lymph node involved (if pN1-pN3(sn))			
	2= sentinel lymph node not involved (if pN0(sn))			
	3= sentinel lymph node not found (codes 1-3 come to be derived from the path report)			
	7= result from sentinel l	ymph nod	e procedure unknown	(i.e. sentinel lymph node
	examined but result unl	examined but result unknown)		
	8= sentinel lymph node exam not performed			
	9= unknown whether se	entinel lym	ph node procedure pe	erformed or not
Reference:	UICC: TNM Classification	n of Maligr	ant Tumours	



Item No:	1.36	Label of data item:	Pathological distant metastases
		Name of the data item:	pm
		Character length:	3
Data format:	Numeric 🛛 🛛 Te	xt 🗵 🛛 Date 🗖	
Definition:	Postoperative assessme	ent of distant metastases accor	ding to UICC TNM.
Description:	Assessment of distant r	netastases based on microsco	pic histopathological investigation.
	Only if available during	the first phase of treatment.	
Codes:	For TNM site specific co	odes defined by the UICC plea	ase check the current TNM version
	and the document provided by the ENCR (2014): A proposal on cancer data quality checks:		
	one common procedure for European cancer registries. In section 3.1 Table 2 and		
	Appendix II and III the site specific codes are displayed.		
	Example: M1		
	If unknown code 99.		
	Note: case sensitive and without prefixes or spaces.		
Reference:	UICC: TNM Classification	n of Malignant Tumours ; ENC	R: A proposal on cancer data quality
	checks: one commo	on procedure for Europ	ean cancer registries (2014).
	http://publications.jrc.e	c.europa.eu/repository/bitstr	eam/JRC93456/lbna27008enn.pdf

Item No:	1.37	Label of data item:	Histological grade		
		Name of the data item:	h_grd		
		Character length:	1		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗆 Date 🗆			
Definition:	Assessment of histologi	cal grade			
Description:	This variable describes,	how much or how little, a tun	nour resembles the normal tissues		
	from which it arose and	is also used to denote cell line	eage for leukaemia and lymphoma.		
	Grading should generall	y follow the recommendations	s of the		
	WHO Classification of T	umours (see ICD-O-3):			
	Grade I Well differentiated, Differentiated, NOS				
	Grade II Moderately differentiated,				
	Moderately well differentiated, Intermediate differentiation				
	Grade III Poorly differentiated				
	Grade IV Undifferentiated Anaplastic				
	-	For Leukaemia and Lymphomas:			
		T-cell			
	B-cell Pre-B B-precursor				
	Null cell Non T-non B				
	NK cell Natural killer cel	I			



	When a diagnosis indicates two different degrees of grading or differentiation, the higher number should be used as the grading code. The grading codes can be applied to all the malignant neoplasms listed in ICD-O if the diagnosis includes information about grade or differentiation. Urological tumours: penis, prostate, kidney, renal pelvis, ureter, urinary bladder, urethra (histopathological grading is not applicable for testicular cancer), differ from the WHO recommended grading system, as they are divided in Grade 1, 2 and a summarized category 3-4. In this case it is recommended to code 3, as listed below.
	Exceptions from the WHO grading classification according to the TNM (UICC): The TNM 7 th edition recommends that exceptions are to be made for tumours of the liver, corpus uteri and breast. Liver tumours (C 22) are recommended to be graded according to Edmondson/Steiner and are numbered grades I, II, III, and IV. Tumours of the corpus uteri (C54) are recommended to be graded according to Creasman et al. grades 1 through 3. Breast tumours (C50) are recommended to be graded according to Elston/Ellis (also known as Nottingham Grading System) and are numbered grades 1, 2 and 3.
	Grade 4 is not applicable to every tumour site. Gynaecological tumours, except the gestational trophoblastic tumours (C58), are graded from grade 1 through 3, for example. Further bone (C40; C41) and soft tissue tumours (C38.1-3; C47; C48.0, C49), as well as GIST are split into a two level grading system (low grade/high grade). The ICD-O makes special recommendations for the grading of central nervous tumours. Please refer to chapter "The WHO grading system of central nervous system tumors and the ICD-O grade code" in the ICD-O-3 classification. Please consult the current UICC TNM version for a comprehensive overview of all
Codes:	exceptions. 1 = Grade I WHO; 1 Urological tumours (WHO), without Testicular Cancer; I Edmondson/Steiner (Liver) ; 1 Creasman (Corpus Uteri); 1 Elston/Ellis (Breast); Bone&SoftTissues and GIST: Low grade (Grade 1 or Grade 2 of the more detailed four level grading systems; Grade 1 of the more detailed three level grading system).
	2 = Grade II WHO; 2 Urological tumours (WHO), without Testicular Cancer; II Edmondson/ Steiner (Liver) ; 2 Creasman (Corpus Uteri); 2 Elston/Ellis (Breast) ; Bone&SoftTissues and GIST: High grade (Grade 3 or Grade 4 of the more detailed four level grading system; Grade 2 or Grade 3 of the more detailed three level grading system).
	3 = Grade III WHO; 3-4 Urological tumours (WHO), without Testicular Cancer; III Edmondson/ Steiner (Liver); 3 Creasman (Corpus Uteri); 3 Elston/Ellis (Breast.
	4 = Grade IV WHO ; IV Edmondson/Steiner (Liver);
	5 = T-cell
	6 = B-cell



	7 = Null cell
	8 = NK cell
	9 = Unknown, not determined, not stated, or not applicable (also use this code if grade assessed
	based on material collected during/after neoadjuvant therapy)
Reference:	ICD-O-3; UICC: TNM Classification of Malignant Tumours; UICC: TNM Supplement
	Edmondson/Steiner-Grading; Cancer 1954:7:462-504
	Creasman WT, Odicino F, Maisoneuve P, Beller U, Benedet JL, Heintz APM, Ngan HYS, Sideri M,
	Pecorelli S. FIGO Annual Report on the results of treatment in gynaecological cancer. Vol. 24.
	Carcinoma of the corpus uteri. J Epidemiol Biostat 2001; 6:45-86.
	Elston/Ellis, Histopathology 1991;19: 403-410

Item No:	1.50	Label of data item:	Life Status
		Name of the data item:	sfu
		Character length:	1
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 🗆 Date 🗆	
Definition:	Information about patie	ent's vital status at the date of	last follow-up.
Description:	Vital status based on canton(s) of registration		
Codes:	1= alive and resident in canton(s) of registration		
	2= died while resident in canton(s) of registration		
	3= lost to follow-up (no longer residing in canton(s) of registration)		
	9= unknown (could not be traced by any active follow-up procedure)		
Reference:	http://www.iarc.fr./en/	publications/pdfs-online/epi/s	p95/sp95-chap12.pdf

Item No:	1.51	Label of data item:	Month of follow-up
		Name of the data item:	mmf
		Character length:	2
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗆	
Definition:	Identifies the month of the last follow-up date. If sfu=2, use the date of death.		
Codes:	from 1 to 12; 99 if unknown		
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap12.pdf		



Item No:	1.52	Label of data item:	Year of follow-up
		Name of the data item:	yyf
		Character length:	4
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗆	
Definition:	Identifies the calendar year of the last follow-up date. If sfu=2, use the date of death.		
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap12.pdf		

Item No:	1.53	Label of data item:	Age at follow-up
		Name of the data item:	age_f
		Character length:	5
Data format:	Numeric 🗵 Text 🗆 Date 🗆		
Definition:	The age in days of the patient at the date of the last follow-up. If sfu=2, use the age at		
	death.		
Description:	Allows the calculation of intervals in days in the absence of exact dates.		
Codes:	0 to 99999		
Reference:	http://www.iarc.fr./en/publications/pdfs-online/epi/sp95/sp95-chap12.pdf		

Item No:	1.55	Label of data item:	Principal cause of death
		Name of the data item:	bfs_cod
		Character length:	4
Data format:	Numeric 🛛 Text 🗵 Date 🗆		
Definition:	Principal cause of death according to Swiss Federal Office of Statistics.		
Description:	ICD-10 coding. Allows calculation of cancer-specific statistics.		
Codes:	First letter plus three digits. Leave out the decimal point (A000 to U999)		
Reference:	Variable ENDG_U_CD_GES_T in Appendix 4		

Item No:	1.56	Label of data item:	Primary cause of death	
		Name of the data item:	dc_cod1	
		Character length:	4	
Data format:	Numeric 🗆 Text 🗵 Date 🗆			
Definition:	Primary cause of death according to Swiss Federal Office of Statistics.			
Description:	ICD-10 coding. Allows decision, whether cancer was mentioned in the death certificate.			
Codes:	First letter plus three digits. Leave out the decimal point (A000 to U999)			
Reference:	Variable GRUND_KRANK_GES_T in Appendix 4			



Item No:	1.57	Label of data item:	Secondary cause of death	
		Name of the data item:	dc_cod2	
		Character length:	4	
Data format:	Numeric 🗆 Text 🗵 Date 🗆			
Definition:	Secondary cause of death according to Swiss Federal Office of Statistics.			
Description:	ICD-10 coding. Allows decision, whether cancer was mentioned in the death certificate.			
Codes:	First letter plus three digits. Leave out the decimal point (A000 to U999)			
Reference:	Variable FOLGE_KRANK_GES_T in Appendix 4			

Item No:	1.58	Label of data item:	1 st tertiary cause of death	
		Name of the data item:	dc_cod3	
		Character length:	4	
Data format:	Numeric 🛛 🛛 Tex	kt 🗵 🛛 Date 🗖		
Definition:	First tertiary cause of death according to Swiss Federal Office of Statistics.			
Description:	ICD-10 coding. Allows decision, whether cancer was mentioned in the death certificate.			
Codes:	First letter plus three digits. Leave out the decimal point (A000 to U999)			
Reference:	Variable BEGLEIT_KRANK_A_GES_T in Appendix 4			

Item No:	1.59	Label of data item:	2 nd tertiary cause of death	
		Name of the data item:	dc_cod4	
		Character length:	4	
Data format:	Numeric 🛛 Text 🗵 Date 🗆			
Definition:	Second tertiary cause of death according to Swiss Federal Office of Statistics.			
Description:	ICD-10 coding. Allows decision, whether cancer was mentioned in the death certificate.			
Codes:	First letter plus three digits. Leave out the decimal point (A000 to U999)			
Reference:	Variable BEGLEIT_KRANK_B_GES_T in Appendix 4			

Item No:	1.60	Label of data item: ICD-version cause of death		
		Name of the data item: vicd_cod		
		Character length: 2		
Data format:	Numeric 🗵 🛛 Te	ext 🛛 🛛 Date 🗖		
Definition:	ICD-version (International Statistical Classification of Diseases and Related Health			
	Problems): cause of death coding BFS.			
Description:				
Codes:	8 - 10			
Reference:	http://www.who.int/classifications/icd/en/			



Item		Label of data item: Primary tumour indicator			
		Nan	ne of the data item:	n_prim	
		Character length: 1			
Data format:	Numeric 🗵 🛛 Te	ext 🗆	Date 🗖		
Definition:	Indicates whether or not the diagnosis is a primary tumour.				
Description:	Based on IARC coding rules (see reference below) a primary cancer is one that originates				
	in a primary site or tissue and is not an extension, nor a recurrence, nor a metastasis.				
Codes:	0= not a primary tumour				
	1= primary tumour				
	9= unknown				
Reference:	http://www.iacr.com.fr/MPrules_july2004.pdf				