

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Disease	Patient Chart Number	Patient identifier code that is unique within the healthcare facility.	CHAR 10 Alpha-numeric	Consistent with CIHI NACRS and DAD definition and format.	Uniquely identifies a patient within an RCC. Necessary to determine a case. Foundational to most measures and indicators.	Mandatory	
Disease	Submitting Hospital Number	The MOHLTC healthcare facility that submits activity to CCO.	CHAR 4 Numeric	Valid MOHLTC facility numbers only. Same 3-digit number that is used for MIS submissions. An additional leading zero is acceptable. For current valid MOHLTC facility numbers, see <a href="#">Appendix A</a> .	Allows the hospital organization submitting the data to be distinguished from the hospital site where the service was delivered.	Mandatory	
Disease	Diagnosis Code	The primary disease site, or whatever other condition caused this patient to be registered at the healthcare facility. Note that this is NOT the same as the Primary Problem field in NACRS. All newly diagnosed patients must have an ICD-10-CA code. For patients diagnosed in prior years, submit this code using the ICD version in effect at that time. Note: This should not be used to report Cancer Diagnosis. Topography and Morphology must be used. (Applies to RCCs only)	CHAR 7	Only valid ICD-8, -9, -9CM, or -10 codes accepted. See <a href="#">Appendix 1.18</a> for detailed list and descriptions of ICD-10-CA. For patients diagnosed in prior years, use the ICD version in effect at that time and submit the appropriate Diagnosis Code Version. Effective April 1, 2008 for new cases use the ICD10CA.	Used to report activity by disease site group. Used to report incidence and mortality rates by cancer type, ALR, Wait Times, and funding.	Conditionally Mandatory	
Disease	Diagnosis Code Version	ICD version of the diagnosis code.	CHAR 3	8 = ICD-8 9 = ICD-9 9CM = ICD-9-CM 10 = ICD-10-CA	Used for patients registered in prior years. Allows the original diagnosis to be used in historical analyses if necessary.		

Disease	Topography Code	<p>In accordance with ICDO standards, indicates the disease site of origin of a neoplasm.</p> <p>All newly diagnosed patients must have an ICD-O-3 Topography code. For patients diagnosed in prior years, submit this code using the ICD version in effect at that time. Topography code describing the site of the neoplasm at time of diagnosis*</p> <p>*<a href="#">International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3)</a>.</p>	CHAR 4 alphanumeric	Please refer to <a href="#">Appendix 1.2</a> .	To facilitate T, N, M validation and derivation of best stage.	Conditionally Mandatory	Applies to RCC only.
Disease	Morphology Code	<p>In accordance with ICDO coding standards, code structure describes (4 digit) Histology (Tumour/cell type), (5th digit) Behaviour, (6th digit) Grade or Cell lineage (leukemia's).</p>	CHAR 5	<p>New diagnoses should use the morphology codes from ICD-O-3. Recurrences of cancers diagnosed in prior years can be reported using whatever version of ICD-O was originally used.</p> <p>Note: Version 3 to be used for NEW registrations effective April 1, 2008</p> <p>Exclude non-numeric symbols, such as slashes (/).</p>	Used for calculating incidence rates. Also used for linking, planning and Ontario Cancer Registry.	Conditionally Mandatory	
Disease	Topography/Morphology Code Version	Version of ICD-O that was used for the Topography/Morphology Code.	CHAR 2	<p>M - MOTNAC</p> <p>1 - ICD-O-1</p> <p>FT - ICD-O Field Trial (1988-92)</p> <p>2 - ICD-O-2</p> <p>3 - ICD-O-3</p> <p>Note: Version 3 to be used for NEW registrations effective April 1, 2008</p>	Used for calculating incidence rates, Ontario Cancer Registry		Applies to RCC only.
Disease	Basis of Diagnosis	The method used for diagnosis confirmation.	CHAR 1	See <a href="#">Appendix 1.23</a> for possible values.	Analysis of incidence and survival may be confined to micro-confirmed cases only, Ontario Cancer Registry.		Applies to RCC only.

Disease	Date of Initial Diagnosis	Date of initial diagnosis by a physician for this disease. May be clinical or pathological, but should be chosen with the following priority listing: 1) Date of first histology or cytology confirmation of malignancy (date specimen taken); 2) Date of admission to hospital, or date of first outpatient consultation.	YYYYMMDD	Valid dates only. If diagnosis is made at another facility and is not known, use an approximation.	Used for incidence rate calculations, Ontario Cancer Registry.		Applies to RCC only.
Disease	Diagnosis Hospital Number	MOHLTC Master Number and name for the reporting healthcare facility where the diagnosis was made (known by CIHI as Institution Numbers).	CHAR 4	Numeric, valid MOHLTC master numbers or NULL only. Same as CIHI's Institution Number for NACRS submissions, but does not include CIHI's provincial identifier digit. For current valid MOHLTC master numbers, see <a href="#">Appendix A</a> .	Used for linking patient records in the Ontario Cancer Registry.		
Disease	Diagnosis Hospital Chart Number	Unique patient identifier assigned by the reporting healthcare facility (MOHLTC Master Number) where the diagnosis was made.	CHAR 10 Alpha-numeric.	Consistent with CIHI NACRS and DAD definition and format.	Used for linking patient records in the Ontario Cancer Registry.		Applies to RCC only.
Disease	Patient Postal Code at Diagnosis	Patient's postal code of their home address on the date of diagnosis.	CHAR 10	Canadian postal codes must be in the format ANANAN (no space), where A is a letter and N is a number. For US zip codes, use either NNNNN or NNNNN-NNNN. CIHI's two-letter province/state codes are also acceptable if full code not known or for non-Canadian residence. See <a href="#">Appendix B</a> .	Used for generating incidence rates by geographic region, and for registry linking, Planning, Ontario Cancer Registry	Mandatory	
Disease	Registration Date	Date this patient was first registered at this RCC and/or hospital for this disease	YYYYMMDD	Valid dates only. Date must be equal to or before patient's first visit at this centre for this disease.	Used as a surrogate for date of initial diagnosis when date of initial diagnosis is not available. Additional purpose: Used to derive disease sequence number for sites who do not submit the disease sequence number. Therefore used to link clinic visit activity to patient's disease.	Mandatory	

Disease	Disease Sequence Number	The numeric sequence assigned to a primary cancer for a patient at a specific healthcare facility.	INTEGER	1 through 99.	When combined with a patient identifier, disease sequence number uniquely defines a cancer case. Disease Sequence Number must be either entered or left blank on ALL records in ALL entities from a submitting site, and that must remain consistent from month to month. If left blank, CCO will derive a value from the Registration Date. If this is the case, the field must be unique amongst Diseases within the Patient. Used in ALR, Ontario Cancer Registry, Wait Times, Planning, and funding.		
Disease	First Definitive Cancer Surgery Treatment or Biopsy Flag	<p>Patient receives cancer surgical treatment or biopsy at the RCC host hospital without a referral to the RCC cancer centre*</p> <p>Flag should be indicated for newly diagnosed cancer patient receiving definitive surgery for first course of cancer treatment or a biopsy only if no additional surgery is done.</p> <p>For example, if a patient has a hemicolectomy at the host hospital a flag of 'Yes' should be assigned.</p> <p><i>*This applies to cases with most responsible diagnoses included in the list of qualifying cancer ICD-10 codes provided (attached) and surgical procedures listed in the CCI codes provided (see Appendix 1.12). When multiple surgeries are performed on the patient, the stage should be assigned based on the information associated with the most definitive surgery (in which the greatest amount of disease or potential disease was removed). If only a biopsy is done on the case with no resections, then the stage should be assigned based on the information from the biopsy. Note that</i></p>	CHAR 1	<p>Yes - patient receives surgical treatment or biopsy as defined in the list of qualifying ICD-10 and CCI codes (see Appendix 1.12) without a referral to the RCC cancer centre.</p> <p>No or Null - patient did not receive surgical treatment or biopsy as defined in the list of qualifying ICD-10 and CCI codes or patient had a referral to the RCC cancer centre.</p>	To be used to identify cancer cases where only surgery (resection or biopsy) is performed for the purposes of expansion of stage data capture.	Not Applicable for reporting. (This data element is pending formal decommission for FY 2019/20)	Applies to RCC only.

		surgeries or biopsies performed on in situ cases within stageable diseases are considered stageable and should be included.					
Disease	First Definitive Surgical Treatment or Biopsy Date	The date that the definitive cancer-related surgery was performed. Alternatively, if only a biopsy is performed (and no other surgery) the date of the biopsy. This date corresponds with the First Definitive Cancer Surgery Treatment or Biopsy Flag and should be indicated for newly diagnosed cancer patient receiving definitive surgery for first course of cancer treatment (or a biopsy in the absence of definitive surgery).	YYYYMMDD	Valid Dates Only. Required Only If Cancer Surgical Treatment Flag Is Value Of 'Y'.	To identify the date for which the 6 month stage at diagnosis rule will be applied.	Not Applicable for reporting. (This data element is pending formal decommission for FY 2019/20)	Applies to RCC only.
Disease	Clinical Stage at Diagnosis	The extent or severity of the cancer at the time of diagnosis most recently reported by clinicians before cancer surgery has been performed.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. 2A or 2 If Clinical Stage at Diagnosis is present, then Topography and Morphology Code should not be Null.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Clinical Stage, T Category at Diagnosis	The extent of the primary tumour reported by clinicians before cancer directed surgery has been performed; submitted during the first 6 months after visiting a RCC.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. TX, T1, T1a, etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Clinical Stage, T Suffix at Diagnosis	Detailed site-specific codes for the clinical T category suffix as defined by AJCC and recorded by the physician.	CHAR 1	m – multiple synchronous tumours or for thyroid differentiated and anaplastic only, Multifocal tumours – for thyroid differentiated and anaplastic only, Solitary tumour blank – no information available; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Clinical Stage, N Category at Diagnosis	The absence or presence and extent of regional lymph node metastasis reported by clinicians before cancer surgery has been performed; submitted	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. NX, N0, N1, N1a, etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.

		during the first 6 months after visiting a RCC.					
Disease	Clinical Stage, N Suffix at Diagnosis	Detailed site-specific codes for the clinical N category suffix as defined by AJCC and recorded by the physician.	CHAR 2	sn – sentinel node procedure without resection of nodal basin f – FNA or core needle biopsy without resection of nodal basin blank – no suffix needed or appropriate; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Clinical Stage, M Category at Diagnosis	The absence or presence of distant metastasis reported by clinicians before cancer directed surgery has been performed; submitted during the first 6 months after visiting a RCC.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. MX, M0, M1, M1a, etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC.
Disease	Pathological Stage at Diagnosis	Pathologic Staging is applied to cases where surgery was completed to remove or explore the extent of the cancer. Stage data at the time of diagnosis reported by a pathologist after cancer surgery.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. 2A, 2 etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Pathological Stage, T Category at Diagnosis	The extent of the primary tumour reported by a pathologist after cancer directed surgery has been performed.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. T1, T1a etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.		Applies to RCC only.
Disease	Pathological Stage, T Suffix at Diagnosis	Detailed site-specific codes for the pathological T category suffix as defined by AJCC and recorded by the physician.	CHAR 1	m – multiple synchronous tumours or for thyroid differentiated and anaplastic only, Multifocal tumour s – for thyroid differentiated and anaplastic only, Solitary tumour blank – no information available; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Pathological Stage, N Category at Diagnosis	The absence or presence and extent of regional lymph node metastasis reported by a pathologist after cancer surgery has been performed.	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. N1, N1a etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Pathological Stage, N Suffix at Diagnosis	Detailed site-specific codes for the pathological N category suffix as defined by AJCC and recorded by the physician.	CHAR 2	sn – sentinel node procedure without resection of nodal basin f – FNA or core needle biopsy without resection of nodal basin blank – no suffix needed or appropriate; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.

Disease	Pathological Stage, M Category at Diagnosis	The absence or presence of distant metastatic reported by a pathologist or other physician the finding may be clinical or pathologic after cancer surgery has been performed”	CHAR 15	See <a href="#">Appendix 1.9</a> for CCO Cancer Staging Policy and AJCC website. e.g. MX, M0, M1, M1a etc.	Used to comply with CCO staging policy. Concordance with evidence-based practice guidelines. Disease staging report. Ontario Cancer Registry.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Post Therapy Stage	Detailed site-specific codes for the post neoadjuvant therapy stage group as defined by AJCC and recorded by the physician.	CHAR 15	See Appendix 1.9 for CCO Cancer Staging Policy and AJCC website. e.g. 0, 0a, 0is, 1, etc.	Identifies the remaining anatomic extent of disease based on the T and N following the completion of neoadjuvant therapy (satisfying the definition for that disease site) and planned post neoadjuvant therapy surgical resection, and the M status defined during the diagnostic workup. This new staging dimension has become a mandatory part of the AJCC 8 <sup>th</sup> edition system for relevant cases. It is necessary to collect this information to remain compliant with AJCC rules.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Post Therapy Stage, T Category	Detailed site-specific codes for the post neoadjuvant therapy tumor (T) as defined by AJCC and recorded by the physician.	CHAR 15	See Appendix 1.9 for CCO Cancer Staging Policy and AJCC website. e.g. ypTX, ypT0, ypTa, etc.	Evaluates the primary tumor (T) and reflects the tumor size and/or extension of the tumor known following the completion of neoadjuvant therapy (satisfying the definition for that disease site) and planned post neoadjuvant therapy surgical resection. This new staging dimension has become a mandatory part of the AJCC 8 <sup>th</sup> edition system for relevant cases. It is necessary to collect this information to remain compliant with AJCC rules.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Post Therapy Stage, T Suffix	Detailed site-specific codes for the post neoadjuvant therapy T category suffix as defined by AJCC and recorded by the physician.	CHAR 1	m – multiple synchronous tumours or for thyroid differentiated and anaplastic only, Multifocal tumour s – for thyroid differentiated and anaplastic only, Solitary tumour blank – no information available; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.

Disease	Post Therapy Stage, N Category	Detailed site-specific codes for the post neoadjuvant therapy nodes (N) as defined by AJCC and recorded by the physician.	CHAR 15	See Appendix 1.9 for CCO Cancer Staging Policy and AJCC website. e.g. ypNX, ypN0, ypN0 (i+), etc.	Identifies the absence or presence of regional lymph node (N) metastasis and describes the extent of lymph node metastasis of the tumor known known following the completion of neoadjuvant therapy (satisfying the definition for that disease site) and planned post neoadjuvant therapy surgical resection. This new staging dimension has become a mandatory part of the AJCC 8 <sup>th</sup> edition system for relevant cases. It is necessary to collect this information to remain compliant with AJCC rules.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Post Therapy Stage, N Suffix	Detailed site-specific codes for the post neoadjuvant therapy N category suffix as defined by AJCC and recorded by the physician.	CHAR 2	sn – sentinel node procedure without resection of nodal basin f – FNA or core needle biopsy without resection of nodal basin blank – no suffix needed or appropriate; not recorded	Vital for evaluation of cancers within the affected AJCC schema.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Post Therapy Stage, M Category	Detailed site-specific codes for the post neoadjuvant therapy category metastases (M) as defined by AJCC and recorded by the physician.	CHAR 15	See Appendix 1.9 for CCO Cancer Staging Policy and AJCC website. e.g. cM0, cM0(i+), cM1, cM1a, etc.	M category for post neoadjuvant therapy staging remains the same as that assigned in the clinical stage before initiation of neoadjuvant therapy, cM or pM. This new staging dimension has become a mandatory part of the AJCC 8 <sup>th</sup> edition system for relevant cases. It is necessary to collect this information to remain compliant with AJCC rules.	Conditionally Mandatory (i.e. case is analytic and AJCC stageable)	Applies to RCC only.
Disease	Staging Version	Version of the AJCC TNM staging manual used for staging this disease. AJCC 7th Edition (07) or (FF) must be used for all diseases registered on or after Jan. 1, 2011. AJCC 8th Edition (08) or (FF) must be used for all diseases registered on or after Jan. 1, 2019. Note: Staging Version 07 will continue to be accepted for the reporting period Jan. 1, 2018 – Dec. 31, 2018 to allow a grace period for sufficient staff training	CHAR 2	06 - AJCC 6 <sup>th</sup> Edition 07 - AJCC 7th Edition FF - FIGO (per AJCC 6th) 08 – AJCC 8 <sup>th</sup> Edition	Identifies the staging version that was used for this patient. Current cases should be staged using version 06, but those staged in prior years may have used an earlier version. FIGO code added to identify Gynecology related Stage capture		Applies to RCC only.



		completion and vendor system implementation.					
Disease	Analytic Flag	Identifies a neoplastic case, and if it qualifies for stage analysis. It identifies if the diagnosis or primary course of treatment is done at the RCC.	CHAR 1	0 = Class of case Unknown/Reason for referral 1 = Analytic Case 2 = Non Analytic Case 9 = There is not enough information at this time to choose values 0, 1 or 2. See <a href="#">Appendix 1.16</a>	To identify the reason the case was referred to the RCC		Applies to RCC only.
Disease	Date of Referral to a Medical Oncologist	The date on which a request (fax/phone call) for consultation with a Medical Oncologist is received at the Regional Cancer Centre/hospitals from the referring physician. Note: Date of Fax received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program. Wait Times reports		
Disease	Date of Referral to a Radiation Oncologist	The date on which a request (fax/phone call) for consultation with a Radiation Oncologist is received at the Regional Cancer Centre/hospitals from the referring physician. Note: Date of Fax received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program. Wait Times reports		
Disease	Date of Referral to a Surgical Oncologist	The date on which a request (fax/phone call) for consultation with a Surgical Oncologist is received at the Regional Cancer Centre/hospitals from the referring physician. Note: Date of Fax received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program. Wait Times reports		Applies to RCC only.
Disease	Date of Referral to Palliative Care Program	The date on which a request (fax/phone call) for consultation with a Palliative Care Clinician is received at the Regional Cancer Centre/hospital from the referring clinician. Note: Date of Fax received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only	Calculation of wait times by program.		Applies to RCC only.

Disease	Date of Referral to Social Work	The date on which a request for consultation to a Social Worker is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Dietitian	The date on which a request for consultation to a Dietitian is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Physiotherapy	The date on which a request for consultation to a Physiotherapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Psychiatry	The date on which a request for consultation to a Psychiatrist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Psychology	The date on which a request for consultation to a Psychologist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Occupational Therapy	The date on which a request for consultation to an Occupational Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.

Disease	Date of Referral to Speech Language Pathology	The date on which a request for consultation to a Speech Language Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Laterality	Identifies the side of a paired organ or the side of the body on which the reportable tumour originated. This applies to the primary disease site only. See <a href="#">FORDS manual</a> , page 139	CHAR 1	0 = Organ is not considered to be a paired side. 1 = Origin of primary is right. 2 = Origin of primary is left. 3 = Only one side involved, right or left origin not specified. 4 = Bilateral involvement, side of origin unknown, stated to be a single primary. 5 = Paired site: midline tumor 9 = Paired site, but lateral origin unknown	To capture laterality where ICD-03 Topography codes currently do not.	Conditionally Mandatory	Applies to RCC only.

NOTE: Please note that the 'Applies to' column has been replaced with 'Completion Requirement' column. Please refer to [Appendix 1.40: ALR activity by Reporting Facility](#) for additional details on facility-specific ALR activity data submission requirements.