Appendix K - Race Coding Rules and Tables

(Effective with 2004 diagnoses)

Race (and ethnicity) is defined by specific physical, hereditary and cultural traditions or origins, not necessarily by birthplace, place of residence, or citizenship. 'Origin' is defined by the US Census Bureau as the heritage, nationality group, lineage, or in some cases, the country of birth of the person or the person's parents or ancestors before their arrival in the United States.

The five race data items (Race 1 – Race 5) make it possible to code multiple races for one person, consistent with the 2000 Census. All resources in the facility, including the medical record, face sheet, physician and nursing notes, photographs, and any other sources, must be used to determine race. If a facility does not print race in the medical record but does maintain it in electronic form, the electronic data must also be reviewed.

Recommendation: Document how the race code(s) was (were) determined in a text field.

Priorities for Coding Multiple Races
1. Code **07** takes priority over all other codes

> **Example:** Patient is described as Japanese and Hawaiian. Code Race 1 as 07 (Native Hawaiian), Race 2 as 05 (Japanese).

2. Codes 02-32, 96-98 take priority over code 01

3. Code only the specific race when both a specific race code and a non-specific race code apply

   a. Codes 04-17 take priority over code 96
   b. Codes 16-17 take priority over code 15
   c. Codes 20-32 take priority over code 97
   d. Codes 02-32 and 96-97 take priority over code 98
   e. Code 98 takes priority over code 9

Coding Instructions
1. Do not use patient name as the basis for coding race
   a. See Coding Instruction 15, Exception, for the only situation in which name is taken into account when coding race

 2. Code race using the highest priority source available according to the list below (a is the highest and c is the lowest) when race is reported differently by two or more sources. Use self-reported information as first priority.

   a. Self-reported race information takes precedence over genetic testing and over information obtained through linkages. Generally, race information is used from linkages when race data are missing or unknown, or to enhance data. Self-reported information is the highest priority for coding race because the race information for the U.S. population comes from census data and that information is self-reported. For national cancer statistics, in order for the numerator (cancer cases) and the denominator (population) to be comparable, use self-reported race information whenever it is available.

Sources in Priority Order

   a. The patient's self-declared identification
   b. Documentation in the medical record
   c. Death certificate

3. Assign the same race code(s) for all tumors for one patient

4. Code the race(s) of the patient in data items Race 1, Race 2, Race 3, Race 4, and Race 5

   a. Code **88** for the remaining race data items (Race 2 – Race 5) when at least one race, but fewer than five races, are reported

5. Use the associated text field to document

   a. Why a particular race code was chosen when there are discrepancies in race information

   > **Example:** The patient is identified as Black in nursing notes and White in a dictated physical exam. Use a text field to document why one race was coded rather than the other.

   b. That no race information is available

6. Code as **01** (White) when:

   a. The race is described as White or Caucasian regardless of place of birth

   b. There is a statement that the patient is Hispanic or Latino(a) and no further information is available

   > i. A person of Spanish origin may be any race; however, for coding race when there is no further information other than "Hispanic" or "Latino(a)," assign race as White as a last resort instead of coding unknown.

Example: Sabrina Fitzsimmons is a Latina. No further information is available. Code race as 01 (White).

Note 1: Do not code 98 (Other) in this situation.

Note 2: Persons of Spanish or Hispanic origin may be of any race, although persons of Mexican, Central American, South American, Puerto Rican, or Cuban origin are usually White.

7. Code race as **02** (Black or African American) when the stated race is African-American, Black, or Negro

8. Assign code **03** for any person stated to be

a. Native Alaskan (western hemisphere) OR

b. American Indian, whether from North, Central, South, or Latin America

9. Assign a specific code when a specific Asian race is stated. Do not use code **96** when a specific race is known.

Example: Patient is described as Asian in a consult note and as second generation Korean-American in the history. Code Race 1 as 08 (Korean) and Race 2 through Race 5 as 88.

Note: Do not code 96 (Other Asian including Asian, NOS) in a subsequent race data item when a specific Asian race has been coded.

10. Code the race based on birthplace information when the race is recorded as Oriental, Mongolian, or Asian and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation

Example 1: Race is recorded as Asian and the place of birth is recorded as Japan. Code race as 05 (Japanese) because it is more specific than 96.

Example 2: The person describes himself as an Asian-American born in Laos. Code race as 11 (Laotian) because it is more specific than 96.

11. Use the appropriate non-specific code 96 (Other Asian including Asian, NOS), 97 (Pacific Islander, NOS), or 98 (Some other race) when there is no race code for a specific race

Note: Document the specified race in a text field.

12. Do not use code 96, 97, or 98 for "multi-racial." See Coding Examples below.

13. All race data items must be coded 99 (Unknown by patient) when Race 1 is coded 99 (Unknown by patient)

Note: Assign code 99 in Race 2 –Race 5 **only when** Race 1 is coded 99.

14. Assign code 99 for death certificate only (DCO) cases when race is unknown

15. Refer to Appendix D "Race and Nationality Descriptions" when race is unknown or not stated in the medical record and birth place is recorded

a. In some cases, race may be inferred from the nationality. Use Appendix D to identify nationalities from which race codes may be inferred.

Example 1: Record states: "this native of Portugal..." Code race as 01 (White) per the Appendix.

Example 2: Record states: "this patient was Nigerian..." Code race as 02 (Black or African American) per the Appendix.

Exception: Code Race 1 through Race 5 as 99 (Unknown by patient) when patient's name is incongruous with the race inferred on the basis of nationality. Do not code the inferred race when the patient's name is incongruent with the race inferred on the basis of nationality.

Example 1: Patient's name is Siddhartha Rao and birthplace is listed as England. Code Race 1 through Race 5 as 99 (Unknown).

Example 2: Patient's name is Ping Chen and birthplace is Ethiopia. Code Race 1 through Race 5 as 99 (Unknown)

16. When the patient face-sheet indicates "Race Other," look for other descriptions of the patient's race. When no further race information is available, code race as 99 (Unknown by patient) and document that patient face-sheet indicates "Race Other," and no further race information is available.

17. Patient photographs may be used with caution to determine race in the absence of any other information

a. Use caution when interpreting a patient photograph to assist in determining race. Review the patient record for a statement to verify race. The use of photographs alone to determine race may lead to misclassification of race.

18. Code the race data items in the order stated when no other priority applies

19. The race of parents, when known, may be used with caution to determine patient's race in the absence of other more specific information (see coding examples 5 and 7)

Coding Examples

Example 1: Patient is stated to be Japanese. Code as 05 (Japanese).

Example 2: Patient is stated to be German-Irish. Code as 01 (White).

Example 3: Patient is described as Arabian. Code as 01 (White).

Example 4: Patient described as a black female. Code as 02 (Black or African American).

Example 5: Patient states she has a Polynesian mother and Tahitian father. Code Race 1 as 25 (Polynesian), Race 2 as 26 (Tahitian) and Race 3 through Race 5 as 88.

Example 6: Patient describes herself as multi-racial (nothing more specific) and nursing notes say "African-American." Code Race 1 as 02 (Black or African American) and Race 2 through Race 5 as 88.

Example 7: The patient is described as Asian-American with Korean parents. Code race as 08 (Korean) because it is more specific than 96 (Asian) [-American].

Example 8: Race 1 through Race 5 in the cancer record are coded as 99 (Unknown by patient). The death certificate states race as black. Change cancer record for Race 1 to 02 (Black or African American) and Race 2 through Race 5 to 88.

Example 9: Race 1 is coded in the cancer record as 96 (Asian). Death certificate gives birthplace as China. Change Race 1 in the cancer record to 04 (Chinese) and code Race 2 through Race 5 as 88.

Example 10: Patient is stated to be Chinese and black. Code Race 1 as 04 (Chinese), code Race 2 as 02 (Black or African American). Code in the order stated when no other priority applies.

Example 11: Patient described as Middle Eastern. Code as 01 (White).

Example 12: Patient described as Greek. Code as 01 (White).

Example 13: Race 1 is coded by one facility as 02 (Black or African American) and Race 1 is coded by a different facility as 03 (American Indian or Alaska Native); no further documentation is provided. When consolidating records at the central cancer registry, code Race 1 as 98 (Some other race). If the patient is identified as Native American via the IHS linkage, follow usual procedures.

Example 14: Patient is from Guyana. Patient's race is coded differently in multiple source records using codes such as 02 (Black or African American) for Race 1 or 98 (Some other race) or 15 (Asian Indian, NOS or Pakistani, NOS) for example; no further documentation is provided. When consolidating records at the central cancer registry, code Race 1 as 98 (Some other race).

History
1. Race 1 is the data item used to compare with race data on cases diagnosed prior to January 1, 2000

2. Race codes must be identical on each record when the patient has multiple tumors

a. For cases with all diagnoses prior to January 1, 2000, Race 2 through Race 5 must be blank

b. For cases that have multiple tumors with at least one primary diagnosed **on or after January 1, 2000,** race codes in Race 1, Race 2, Race 3, Race 4, and Race 5 must be identical on all records

3. Codes **08-13** became effective with diagnoses on or after January 1, 1988

4. Code **09** was retired effective with diagnoses on or after January 1, 2010

5. Code **14** became effective with diagnoses on or after January 1, 1994

6. Codes **15, 16,** and **17** became effective with diagnoses on or after January 1, 2010

7. Codes **20-97** became effective with diagnoses on or after January 1, 1991

8. San Francisco, San Jose-Monterey, and Los Angeles are permitted to use codes 14 and 20-97 for cases diagnosed after January 1, 1987; Greater California is permitted to use codes 14 and 20-97 for cases diagnosed after January 1, 1988. Other SEER registries may choose to re-code cases diagnosed prior to 1991 using 14 and 20-97 if all cases in the following race codes are reviewed: 96 (Other Asian, including Asian, NOS); 97 (Pacific Islander, NOS); 98 (Some other race); and 99 (Unknown by patient).

https://seer.cancer.gov/manuals/2023/SPCSM_2023_Appendix_D.pdf