



Oregon State
Cancer Registry

*Cancer Reporting
Standards
Volume II*



**REPORTING PROCEDURES
FOR**

**PRACTITIONERS
SMALL HOSPITALS**

PURPOSE OF VOLUME II

Cancer Reporting Standards, Volume II, covers the procedures for reporting cases seen exclusively in practitioner offices or small hospitals. Please refer to the main body of Volume II for the basics on identifying what types of cases are reportable.

APPENDIX A Details reporting for practitioners

APPENDIX B Details mail-in reporting which is designed for small hospitals (fewer than 50 beds.)

Other options for hospitals and ambulatory surgical centers, not accredited by ACOS, are listed below. Please contact OSCaR for more information.

PRIVATE CONTRACTOR Hire a Certified Tumor Registrar (CTR) to abstract cases.

CONTRACT WITH OSCAR OSCaR staff will abstract cases at your facility. Please call OSCaR for current pricing schedule.

CONTACT INFORMATION

Oregon State Cancer Registry
800 NE Oregon Street
Suite 730
Portland, OR 97232

Tel: (971) 673-0986
Fax: (971) 673-0996
E-mail: oscar.ohd@state.or.us
Web: www.healthoregon.org/oscar

To receive this report in an alternate format, please contact us.



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INTRODUCTION

The Oregon State Cancer Registry (OSCaR) was established in 1995 by the Oregon Legislature to conduct statewide cancer surveillance and to impact cancer control program planning. The registry began collecting information on all reportable cancers diagnosed in Oregon as of January 1, 1996.

The legislation defines the purpose of OSCaR as providing information to design, target, monitor, facilitate, and evaluate efforts to determine the causes or sources of cancer among the residents of Oregon; and reducing the burden of cancer in Oregon.

Cancer reporting is now required from the following facilities.

- √ **hospitals**
- √ **physicians/practitioners**
- √ **ambulatory surgery centers**
- √ **other cancer treatment centers**

Oregon's hospital cancer registries, accredited by the American College of Surgeons Commission on Cancer, are expected to report at least 80% of the state's cancer cases. However, not all cancer cases are diagnosed and treated in one of these reporting facilities. As medical systems change, more patients are diagnosed exclusively in practitioner offices or outpatient clinics. It is the practitioners themselves who are required to report those newly diagnosed patients not admitted to a health care facility for diagnosis or treatment.

LIST OF REPORTABLE CONDITIONS

Reportable cases (with diagnosis date 2004 or later) include all invasive and in situ malignant neoplasms and specified benign neoplasms of brain and CNS as listed below:

ICD-9-CM	Terminology
140.0 – 208.9	Malignant neoplasms (primary and secondary diagnoses)
225.0	Benign neoplasm of brain, NOS
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equina
225.4	Benign neoplasm of spinal meninges; spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke's pouch, sella turcica
227.4	Benign neoplasm of pineal gland, pineal body
230.0 – 234.9	Carcinoma in situ (excludes 232-skin and 233.1-cervix uteri); see Non-Reportable Cases Pg 3
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges; NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen's Disease
237.71*	Neurofibromatosis, Type One von Recklinghausen's Disease
237.72	Neurofibromatosis, Type Two von Recklinghausen's Disease
237.9	Neoplasm of uncertain behavior of other/unspecified parts of nervous system; cranial nerves
238.4	Polycythemia vera
238.6	Solitary plasmacytoma, extramedullary plasmacytoma
238.7	Other lymphatic and hematopoietic tissue diseases: Chronic myeloproliferative disease Myelosclerosis with myeloid metaplasia Essential thrombocythemia Refractory cytopenia with multilineage dysplasia Myelodysplastic syndrome with 5q syndrome Therapy-related myelodysplastic syndrome
239.0 – 239.9*	Neoplasms of unspecified nature
273.2	Gamma heavy chain disease; Franklin disease
273.3	Waldenstrom's macroglobulinemia
284.9	Refractory anemia without sideroblasts Refractory anemia, unspecified
285.0	Refractory anemia with ringed sideroblasts Refractory anemia with excess blasts Refractory anemia with excess blasts in transformation
288.3	Hypereosinophilic Syndrome
289.8	Acute myelofibrosis

Note: Reportable diagnoses include VIN III, VAIN III, and AIN III, juvenile astrocytoma, pilocytic astrocytoma, and piloid astrocytoma.

* Codes 237.71 and Codes 239.0 - 239.9 may not be reportable; however, these diagnoses may indicate reportable conditions and should be reviewed.

NON-REPORTABLE CASES

- √ Cancer cases diagnosed or treated prior to January 1, 1996.
 - √ Basal cell and squamous cell carcinoma of the skin (except of the genitalia).
 - √ In situ carcinoma of the cervix uteri.
 - √ PIN III (Prostatic intraepithelial neoplasm).
-

CASEFINDING

Casefinding is the procedure used to identify all reportable cases. The following are the usual sources of casefinding information:

PATHOLOGY REPORTS

Histology and cytology reports
 Bone marrow biopsy reports
 Autopsy Reports

HEALTH INFORMATION

Billing information
 Disease indices for primary
 malignant diagnoses
 Death Certificates

ONCOLOGY RELATED SERVICES

Radiation and medical oncology

REPORTABLE (REQUIRED) DATA ITEMS

PATIENT INFORMATION

- √ Name
- √ Physical street address
 at time of diagnosis
- √ Mailing address (if different)
- √ Social security number
- √ Sex
- √ Date of birth
- √ Race
- √ Ethnicity (Hispanic origin)
- √ Occupation/Industry (if available)

CANCER INFORMATION

- √ Date of diagnosis
- √ Primary site and type of cancer
- √ Stage of disease at diagnosis
- √ Patient status
- √ Cancer treatment information
- √ Reporting practitioner's
 name/address
- √ Reporting hospital (if applicable)

AMBIGUOUS TERMS

If a diagnosis of cancer is vague or inconclusive, use the following terms to determine if the diagnosis is reportable:

Reportable	compatible with consistent with probable	suspect suspicious most likely
Non-reportable	equivocal possible questionable	suggest suggestive worrisome

For example: A discharge diagnosis of **probable** lung cancer would be reportable but a diagnosis of **possible** carcinoma would not be reportable.

QUALITY ASSURANCE

To achieve our goal of completeness and error-free records, a continuous quality assurance program is in effect.

“**Completeness in reporting**” refers to all reportable cases that must be reported to the central registry.

“**Timeliness in reporting**” refers to the requirement that cases must be reported (**identified and abstracted**) within 180 days of diagnosis.

OSCaR’s quality assurance audits include periodic review of pathology reports and medical indices. If the facility can accommodate the electronic submission of pathology logs and disease indices, this will allow easy confirmation of completeness in reporting. Otherwise, an OSCaR staff member will schedule an appointment at the convenience of the reporting facility to manually review pathology reports, malignant codes in the medical indices, and other potential sources of case ascertainment.

PRACTITIONER REPORTING

AS THE TERM IS DEFINED IN THE STATUTE, “PRACTITIONERS” ARE MEDICAL PRACTITIONERS, OUTPATIENT FACILITIES OPERATING UNDER THE LICENSE OF A PRACTITIONER, AND ANY PERSON WHOSE PROFESSIONAL LICENSE ALLOWS HIM/HER TO DIAGNOSE OR TREAT CANCER PATIENTS.

Practitioners are responsible for reporting all cancer cases diagnosed on or after January 1, 1996. Practitioner reportable cases are those that have been diagnosed and/or treated in a

√ physician/practitioner office

and have NOT been admitted to a health care facility for diagnosis or treatment of that cancer within 180 days of diagnosis.

Practitioners may meet their reporting responsibilities by submitting a Cancer Notification Form, Page 7, to the Oregon State Cancer Registry. Forms are to be submitted within 180 days of the cancer diagnosis.

DATA ITEMS FOR THE CANCER NOTIFICATION FORM

CASE IDENTIFICATION (PATIENT INFORMATION)

Patient's Name: Record the patient's last name, first name, and middle initial.

Birth Date: Record patient's birth date.

Social Security Number: Record the patient's SSN.

Physical Street Address (No P.O. Box): Record the physical street address at time the patient was diagnosed with cancer.

Mailing Address (If different): Record mailing address when different from physical street address. A P.O. Box would be listed here.

Sex: Record patient's sex.

Marital Status: Record marital status of patient at the time of diagnosis.

Occupation (Retired is not acceptable): Record the usual occupation/industry of the patient.

Race: Record the patient's race.

Ethnicity/Hispanic Origin: Record whether or not patient is of Hispanic origin.

CANCER DATA (DIAGNOSTIC INFORMATION)

Date of Diagnosis: Record the date this cancer was first diagnosed (either clinically or microscopically).

Primary Site: The anatomical site of origin of the cancer, which includes laterality (if a paired organ) and the subsite (if applicable), e.g. right UOQ breast.

Histology: Histological type of cancer should be documented accurately and recorded using standard tumor nomenclature, e.g. adenocarcinoma.

Stage of Disease: Record the stage of disease at the time of initial diagnosis.

CANCER DIRECTED TREATMENT

Please provide all information about the type and date of the patient's cancer directed treatment and where the treatment was administered.

PATIENT STATUS

Please record the date of last contact with the patient and the cancer status at that time. If the patient is deceased, please provide the date of death.

PRACTITIONER IDENTIFICATION

Practitioner: Record name of the practitioner diagnosing/treating the patient.

Practitioner Address: Record the office address of the reporting practitioner, including street, city, state, and zip.

CANCER NOTIFICATION FORM (CNF)

Please Print	Oregon State Cancer Registry Cancer Notification Form	Please Print			
CASE IDENTIFICATION (Patient Identifying Information)					
Last Name:	First Name:	MI:	Social Security Number:	Sex:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	
Birthdate:	Occupation/Industry:	Marital Status:			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Physical Street Address (NOT PO BOX):	City:	State:	Zipcode:	Race:	Ethnicity:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> NonHispanic
Mailing Address (if Different):	City:	State:	Zipcode:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
CANCER DATA (Diagnostic information)		STAGE OF DISEASE		CANCER DIRECTED TREATMENT	
Date of Diagnosis:		<input type="checkbox"/> In-situ <input type="checkbox"/> Localized <input type="checkbox"/> Regional, direct extension <input type="checkbox"/> Regional, lymph nodes <input type="checkbox"/> Distant <input type="checkbox"/> Unknown		SURGERY: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Type: _____	
Primary Site:				CHEMOTHERAPY: Yes <input type="checkbox"/> No <input type="checkbox"/> Date started: _____ Agents: _____	
Histology and Grade:				RADIATION THERAPY: Yes <input type="checkbox"/> No <input type="checkbox"/> Date started: _____ What facility: _____	
<input type="text"/>				HORMONE THERAPY: Yes <input type="checkbox"/> No <input type="checkbox"/> Date started: _____ Type: _____	
<input type="text"/>				OTHER: (Please explain) _____ _____	
PRACTITIONER IDENTIFICATION					
Telephone:	FAX:				
() _____	() _____				
Practitioner Name: _____					
Address _____					
City:	State:	Zipcode:			
_____	_____	_____			
Patient referred to: _____					
Person completing form and date completed: _____					
Please mail or fax this form, along with a pathology report (if available) to: Department of Human Services Tel: (971)673-0986 Oregon State Cancer Registry TTY-Nonvoice (971)673-0372 800 NE Oregon St., Suite 730 Fax: (971)673-0996 Portland, OR 97232 Email: oscar.ohd@state.or.us					
REPORTABLE NEOPLASMS					
<ul style="list-style-type: none"> • Diagnosis date of 1/1/96 or later. • All invasive malignant neoplasms (ICD 140-208.9), except basal and squamous cell carcinoma of the skin. • All in situ carcinomas (ICD 230-232.9, 233.0, 233.2-234.9) except carcinoma in situ of the cervix uteri. 		NOTE: Practitioners DO NOT need to report any case that is admitted to an Oregon reporting facility for a cancer diagnosis or for all or any part of the first course of therapy for that case within 180 days of diagnosis.			
PATIENT STATUS					
Date of last contact/death: _____					
(Please circle one)					
Evidence of cancer at last visit: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Patient status: Alive <input type="checkbox"/> Dead <input type="checkbox"/>					

PRACTITIONER REPORTING TO THE STATE

Return completed forms to the Oregon State Cancer Registry via mail or to the following confidential FAX. The Cancer Notification Form should be submitted no later than ***180 days from the time the case is diagnosed***. Additional forms are available from the OSCaR office.

Mail to:

***Oregon State Cancer Registry
800 NE Oregon Street
Suite 730
Portland, OR 97232***

Fax:

(971) 673-0996

If you have any questions, please contact us

Telephone:

(971) 673-0986

E-mail:

oscar.ohd@state.or.us

You may download additional copies of the Cancer Reporting Standards, Volume II, and the Cancer Notification Form from our web site:

www.healthoregon.org/oscar

HOSPITAL MAIL-IN REPORTING

THE OREGON STATE CANCER REGISTRY (OSCaR) HAS DESIGNED A SYSTEM OF MAIL-IN REPORTING FOR SMALL HOSPITALS (FEWER THAN 50 BEDS). THE MAIL-IN OPTION GIVES HOSPITALS THAT CURRENTLY DO NOT HAVE A CANCER PROGRAM, A COST EFFECTIVE ALTERNATIVE FOR REPORTING.

By using the mail-in option, the hospital contracts with the central registry to perform the abstracting portion of the hospital's case-reporting responsibility. The hospital must be able to effectively identify reportable cases (**See pages 3 and 10 for casefinding procedures.**) The hospital sends pertinent sections of a patient's medical record for the cancer case to be abstracted by OSCaR personnel. This option assures that hospitals meet all of the reporting requirements and the quality standards for reporting. However, casefinding completeness and timeliness of submissions remain the obligation of the hospital. **Hospitals will be billed for services supplied by state registry personnel in accordance with ORS 432.520.**

The mail-in option is available for hospitals with 50 or fewer licensed beds, excluding beds in psychiatric and chemical dependency treatment units and beds which are certified by Medicare or Medicaid as skilled nursing beds.

MAIL-IN REPORTING RESPONSIBILITY

Listed below are the steps to follow if your facility chooses this option.

The hospital is responsible for:

1. Identifying all reportable cases
2. Photocopying all relevant pages of the medical record
3. Sending copies of the cancer patient's abridged medical record to the central registry in the required time frame (within 180 days of the diagnosis of cancer)

The staff at the central registry will:

1. Review the patient's medical record
2. Complete a cancer abstract

MAIL-IN CASEFINDING

EXAMPLES IN DETERMINING REPORTABLE CASES

The case is reportable if a patient at your facility:

- √ is diagnosed with cancer, either clinically or pathologically
- √ undergoes a diagnostic procedure/treatment for cancer even if the pathology is reviewed at another hospital
- √ is diagnosed with cancer and receives any part of the "first course of treatment" at your hospital. (*First course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.*)
- √ meets the above criteria as either an inpatient or an outpatient

MAIL-IN DOCUMENTATION

Most cases are ready for abstracting within three months from the date of diagnosis. It is important for the submitted sections of the patient's chart to include all admissions related to diagnostic and treatment procedures at your facility. Basic information gathered from the medical record are listed below.

- √ patient demographics
- √ admission date
- √ diagnosis
- √ date of diagnosis
- √ stage of disease
- √ detailed treatment information
- √ follow-up information

All admissions pertaining to this cancer diagnosis should be included in the patient's record. Patients are often admitted more than once for the same cancer. A patient may be admitted for a biopsy, referred to another hospital for radiation therapy, and later re-admitted at your facility for chemotherapy. Both the admission for the biopsy and the admission for the chemotherapy should be included.

INCLUDE

Sections of the chart relating to the cancer, its evaluation, and treatment

Admission sheet	Endoscopic exam reports
History and physical	Autopsy report
Discharge summary	Death certificate
Consultations	Radiology reports
Operative reports	Pathology reports
Cytology reports	
Laboratory reports (exclude Urinalysis and Multiple CBC)	
Any report documenting race/ethnicity	

EXCLUDE

Sections of the chart not relating to the cancer

EKGs	Nursing records
Nursing flow sheets	Transfusion reports
Nursing notes	Physician's orders
Non-cancer related consultations	

MAIL-IN COVER SHEET



Oregon

Department of Human Services
Health Services
Oregon State Cancer Registry
800 NE Oregon Street, Suite 730
Portland, OR 97232-2162
(971) 673-0986 Telephone
(971) 673-0996 Fax
(503) 731-4031 TTY-Nonvoice

Mail-in Cover Sheet

Date: _____

Facility Name: _____

Contact Person/Dept _____

Address: _____

City, State Zip: _____

Tel: _____ Fax: _____

Admission Dates: 1.
 2.
 3.

***The Mail-in Cover Sheet may be
downloaded from our website
www.healthoregon.org/oscar/reporting.shtml***

Please include the following from each cancer admission:

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> Admission Sheet | <i>If applicable:</i> | <input type="checkbox"/> Autopsy Report |
| <input type="checkbox"/> History and Physical | | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Discharge Summary | | |
| <input type="checkbox"/> Consultations | | |
| <input type="checkbox"/> Operative Reports | | |
| <input type="checkbox"/> Radiology Reports | | |
| <input type="checkbox"/> Pathology Reports | | |
| <input type="checkbox"/> Cytology Reports | | |
| <input type="checkbox"/> Endoscopic Exams | | |

MAIL-IN REPORTING TO THE STATE

The mail-in cover sheet (see page 12) should be attached to the copy/copies of the patient's medical record. The record should be organized by the sequence of admissions with the latest admission at the front of the medical record.

Batches of cases should be submitted at least quarterly and each case must be reported within 180 days from the date of diagnosis.

EXAMPLE OF A REPORTING SCHEDULE

A case diagnosed on
January 1,
should be received by
July 1
i.e. within 180 days.

Please send reportable charts to:

**Oregon State Cancer Registry
800 NE Oregon Street, Suite 730
Portland, OR 97232**

**Telephone: (971) 673-0986
Fax: (971) 673-0996**

Additional forms may be downloaded from our website at:

www.healthoregon.org/oscar

MAIL-IN COST RECOVERY

The cancer reporting statute allows OSCaR to recover the actual cost for abstracting. Please contact OSCaR for the most current pricing schedule. Invoices will be sent to hospitals semiannually.

EXCERPTS FROM ORS 432.500 – 432.990

432.520 REPORTING REQUIREMENT; REVIEW OF RECORDS; SPECIAL STUDIES.

(3) Any practitioner diagnosing or providing treatment to cancer patients shall report each cancer case to the department or its authorized representative within a time period and in a format prescribed by the department. Those cases diagnosed or treated at an Oregon health care facility or previously admitted to an Oregon health care facility for diagnosis or treatment of that instance of cancer shall be considered to have been reported by the health care practitioner.

(4) For the purpose of assuring the accuracy and completeness of reported data, the department shall have the right to periodically review all records that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer or the medical status of any identified cancer patient.

432.900 CIVIL PENALTY.

(1) In addition to any other liability or penalty provided by law, the Director of Human Services may impose a civil penalty on any person for willful failure to comply with any part of ORS 432.520. A civil penalty may be imposed against a health care facility for each day compliance is refused. The penalty shall be \$50 per day for the first 30 days and \$500 per day thereafter. A civil penalty of \$50 may be imposed against a practitioner for each day compliance is refused.

432.530 CONFIDENTIALITY OF INFORMATION.

(1) All identifying information regarding individual patients, health care facilities and practitioners reported pursuant to ORS 432.520 shall be confidential and privileged. Except as required in connection with the administration or enforcement of public health laws or rules, no public health official, employee or agent shall be examined in an administrative or judicial proceeding as to the existence or contents of data collected under the cancer registry system.

432.550 ACTION FOR DAMAGES; LICENSE; DISCIPLINARY ACTION PROHIBITED FOR GOOD FAITH PARTICIPATION IN REPORTING OF DATA.

(1) No action for damages arising from the disclosure of confidential or privileged information may be maintained against any person, or the employer or employee of any person, who participates in good faith in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with ORS 432.510 to 432.540 and 432.900.

(2) No license of a health care facility or practitioner may be denied, suspended or revoked for the good faith disclosure of confidential or privileged information in the reporting of cancer registry data or data for cancer morbidity or mortality studies in accordance with ORS 432.510 to 432.540 and 432.900.