# PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

# LCB File No. R057-16

Section 1. Chapter 457 of NAC is hereby amended by adding thereto the following provision:

- 1. The Division may impose an administrative penalty of \$5,000 against any person or organization who is responsible for reporting information on cancer who violates the provisions of NRS 457. 230 and 457.250.
- 2. The Division shall give notice in the manner set forth in NAC 439.345 before imposing any administrative penalty
- 3. Any person or organization upon whom the Division imposes an administrative penalty pursuant to this section may appeal the action pursuant to the procedures set forth in NAC 439.300 to 439. 395, inclusive.

# Section 2. NAC 457.010 is here by amended to read as follows:

As used in NAC 457.010 to 457.150, inclusive, unless the context otherwise requires:

1. "Cancer" has the meaning ascribed to it in NRS 457.020.

2. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

- 3. "Health care facility" has the meaning ascribed to it in NRS 457.020.
- 4. "[Malignant neoplasm" means a virulent or potentially virulent tumor, regardless of the tissue of origin.

"Medical laboratory" has the meaning ascribed to it in NRS 652.060.

5. "Neoplasm" means a virulent or potentially virulent tumor, regardless of the tissue of origin.

6. "[Physician] *Provider of health care*" means a [physician] *provider of health care* licensed pursuant to chapter [630 or 633] 629.031 of NRS.

7. "Registry" means the office in which the Chief Medical Officer conducts the program for reporting information on cancer and maintains records containing that information.

## Section 3. NAC 457.040 is hereby amended as follows:

- 1. Except as otherwise provided in NAC 457.045, the types of [malignant] neoplasms which must be reported pursuant to NRS 457.240 [are as follows:] shall be in conformance with the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) standard classification system used to determine report ability which include:
  - a) All diseases with a behavior code of in situ and malignant disease; and
  - b) All solid tumors of brain and central nervous system, including the meninges and intracranial endocrine structures with behavior code of benign, uncertain malignant potential, in situ, or malignant disease.

2. The Chief Medical Officer shall review any revision or amendment to the standards specified in subsection 1 to determine whether the revision or amendment is appropriate for this State. Ten days after the standards specified in subsection 1 are revised or amended, a

health care facility, a provider of health care, a medical laboratory, and other facilities that provide screening, diagnostic or therapeutic services shall report information in conformance with the revision or amendment unless the Chief Medical Officer files an objection to the amendment or revision with the State Board of Health within 30 days after the standards are revised or amended.

<u>[1</u>	Neoplasms, not otherwise specified:
	Neoplasm, malignant
	- Neoplasm, metastatic
	<ul> <li>Neoplasm, malignant, uncertain whether primary or metastatic</li> <li>Tumor cells, malignant</li> </ul>
	Malignant tumor, small cell type
	- Malignant tumor, giant cell type
	- Malignant tumor, fusiform cell type
	- Malignant tumor, spindle cell type
	Epithelial neoplasms, not otherwise specified:
	Carcinoma, in situ, not otherwise specified
	Intraepithelial carcinoma, not otherwise specified
	Carcinoma, not otherwise specified
	Epithelial tumor, malignant
	Carcinoma, metastatic, not otherwise specified
	<u>Carcinomatosis</u>
	Epithelioma, malignant
	Large cell carcinoma, not otherwise specified
	Carcinoma, undifferentiated type, not otherwise specified
	Carcinoma, anaplastic type, not otherwise specified
	- Pleomorphic carcinoma
	Giant cell and spindle cell carcinoma
	Giant cell carcinoma
	Spindle cell carcinoma
	Pseudosarcomatous carcinoma
	Polygonal cell carcinoma
	Spheroidal cell carcinoma
	Small cell carcinoma, not otherwise specified
	Resolve cell carcinoma
	<u>— Oat cell carcinoma</u>
	Small cell carcinoma, fusiform cell type
3	Papillary and squamous cell neoplasms:
5.	Papillary carcinoma, in situ
	- Papillary carcinoma
	<u>Verrucous carcinoma</u>
	<ul> <li>Papillary squamous cell carcinoma</li> <li>Papillary epidermoid carcinoma</li> </ul>
	Squamous cell carcinoma, in situ
	<u>— Epidermoid carcinoma, in situ</u>
	Intraepidermal carcinoma

	Intraepithelial squamous cell carcinoma
	Squamous cell carcinoma
	Epidermoid carcinoma
	- Squamous cell carcinoma, metastatic
	Squamous cell carcinoma, keratinizing type
	Squamous cell carcinoma, large cell, nonkeratinizing type
	Squamous cell carcinoma, small cell, nonkeratinizing type
	Squamous cell carcinoma, spindle cell type
	Adenoid squamous cell carcinoma
	Squamous cell carcinoma, micro-invasive
	<u>Queyrat's erythroplasia</u>
	Bowen's disease
	Intraepidermal squamous cell carcinoma, Bowen's type
	<ul> <li>Lymphoepithelial carcinoma</li> </ul>
	<u>Lymphoepithelioma</u>
<u>    4.   </u>	Basal cell neoplasms:
	Basal cell carcinoma, not otherwise specified
	Multicentric basal cell carcinoma
	Basal cell carcinoma, morphea type
	Basal cell carcinoma, fibroepithelial type
	Basosquamous carcinoma
	- Metatypical careinoma
<u> </u>	Transitional cell papillomas and carcinomas:
	<u>Transitional cell carcinoma, in situ</u>
	- Transitional cell carcinoma
	Transitional carcinoma
	<u>Urothelial carcinoma</u> <u>Schneiderian carcinoma</u>
	<ul> <li>Transitional cell carcinoma, spindle cell type</li> <li>Basaloid carcinoma</li> </ul>
	<u>Cloacogenic carcinoma</u> <u>Papillary transitional cell carcinoma</u>
6	<u>Adenocarcinomas:</u>
	- Adenocarcinoma
	Adenocarcinoma, metastatic
	- Scirrhous adenocarcinoma
	<u>— Linitis plastica</u>
	Superficial spreading adenocarcinoma
	Adenocarcinoma, intestinal type
	- Carcinoma, diffuse type
	- Islet cell carcinoma
	Islet cell adenocarcinoma
	Insulinoma, malignant
	, <b>U</b>

 Beta-cell tumor, malignant Glucagonoma, malignant Alpha-cell tumor, malignant Gastrinoma, malignant G cell tumor, malignant Mixed islet cell and exocrine adenocarcinoma Bile duct carcinoma Bile duct adenocarcinoma Bile duct cystadenocarcinoma Hepatocellular carcinoma Liver cell carcinoma Hepatocarcinoma Hepatoma, malignant Combined hepatocellular carcinoma and cholangiocar-cinoma <u>Hepatocholangiocarcinoma</u> Trabecular adenocarcinoma Trabecular carcinoma Adenoid cystic carcinoma Adenocarcinoma, cylindroid type Adenocarcinoma in adenomatous polyp Adenocarcinoma in tubular adenoma Carcinoma in adenomatous polyp Adenocarcinoma in polypoid adenoma Tubular carcinoma Adenocarcinoma in adenomatous, polyposis coli Solid carcinoma Carcinoma simplex Carcinoid tumor, argentaffin, malignant Argentaffinoma, malignant Carcinoid tumor, nonargentaffin, malignant Goblet cell carcinoid -Composite carcinoid Bronchiolo-alveolar adenocarcinoma Alveolar cell carcinoma Bronchiolo-alveolar carcinoma Bronchiolar adenocarcinoma Bronchiolar carcinoma Terminal bronchiolar carcinoma Alveolar adenocarcinoma Alveolar carcinoma

— Papillary adenocarcinoma Adenocarcinoma in villous adenoma Villous adenocarcinoma Chromophobe carcinoma Chromophobe adenocarcinoma Acidophil carcinoma Acidophil adenocarcinoma Eosinophil carcinoma Eosinophil adenocarcinoma Mixed acidophil-basophil carcinoma Oxyphilic adenocarcinoma Oncocytic carcinoma Oncocytic adenocarcinoma Hurthle cell carcinoma Hurthle cell adenocarcinoma Basophil carcinoma Basophil adenocarcinoma Mucoid cell adenocarcinoma Clear cell adenocarcinoma, mesonephroid type Clear cell carcinoma Renal cell carcinoma Renal cell adenocarcinoma Grawitz tumor Granular cell carcinoma Granular cell adenocarcinoma Water-clear cell adenocarcinoma Water-clear cell carcinoma Follicular adenocarcinoma Follicular adenocarcinoma, well differentiated type Follicular adenocarcinoma, trabecular type Wuchernde Struma Langhans Papillary and follicular adenocarcinoma Nonencapsulated sclerosing carcinoma - Nonencapsulated sclerosing adenocarcinoma Nonencapsulated sclerosing tumor Adrenal cortical carcinoma Adrenal cortical adenocarcinoma Endometrioid carcinoma Endometrioid adenocarcinoma - Endometrioid cystadenocarcinoma Endometrioid adenofibroma, malignant

	Endometrioid cystadenofibroma, malignant
	Adnexal and skin appendage neoplasms:
	- Skin appendage carcinoma
	Adnexal carcinoma
	- Sweat gland adenocarcinoma
	Sweat gland carcinoma
	Sweat gland tumor, malignant
	- Apocrine adenocarcinoma
	- Sebaceous adenocarcinoma
	Sebaceous carcinoma
	Ceruminous adenocarcinoma
	Ceruminous carcinoma
<u>8.</u>	Mucoepidermoid neoplasms:
	- Mucoepidermoid carcinoma
<u> </u>	Cystic, mucinous and serous neoplasms:
	Serous cystadenocarcinoma
	Serous adenocarcinoma
	— Papillary cystadenocarcinoma
	Papillocystic adenocarcinoma
	Papillary serous cystadenocarcinoma
	Papillary serous adenocarcinoma
	Serous surface papillary carcinoma
	<u>Mucinous cystadenocarcinoma</u>
	Pseudomucinous adenocarcinoma
	Pseudomucinous cystadenocarcinoma
	- Papillary mucinous cystadenocarcinoma
	Papillary pseudomucinous
	Cystadenocarcinoma
	<u>Mucinous adenocarcinoma</u>
	<u>Mucinous carcinoma</u>
	Colloid adenocarcinoma
	<u>Colloid carcinoma</u>
	Gelatinous adenocarcinoma
	Gelatinous carcinoma
	Mucoid adenocarcinoma
	<u>Mucoid carcinoma</u>
	Mucous adenocarcinoma
	Mucous carcinoma
	<u>Pseudomyxoma peritonei</u>
	<u>Mucin producing adenocarcinoma</u>
	<ul> <li>Mucin-producing carcinoma</li> <li>Mucin-secreting adenocarcinoma</li> </ul>
	<b>e</b>
	<u> Mucin-secreting carcinoma</u> Signet ring cell carcinoma
	Signet ring cell adenocarcinoma

	Metastatic signet ring cell carcinoma
	Krukenberg tumor
<u> </u>	- Ductal, lobular and medullary neoplasms:
	Intraductal carcinoma, noninfiltrating
	Intraduct carcinoma, in situ
	Infiltrating duct carcinoma
	Infiltrating duct adenocarcinoma
	— Duct adenocarcinoma
	— Duct carcinoma
	Duct cell carcinoma
	— Ductal carcinoma
	-Comedocarcinoma, noninfiltrating
	- Comedocarcinoma
	- Juvenile carcinoma of the breast
	Secretory carcinoma of the breast
	Noninfiltrating intraductal papillary adenocarcinoma
	- Noninfiltrating intracystic carcinoma
	- Medullary carcinoma
	Parafollicular cell carcinoma
	C cell carcinoma
	- Medullary carcinoma with amyloid stroma
	Solid carcinoma with amyloid stroma
	- Medullary carcinoma with lymphoid stroma
	<u>Lobular carcinoma, in situ</u>
	<u>Lobular carcinoma, noninfiltrating</u>
	- Lobular carcinoma
	Lobular adenocarcinoma
	Infiltrating lobular carcinoma
	Infiltrating ductular carcinoma
	Inflammatory carcinoma
	Inflammatory adenocarcinoma
	Paget's disease, mammary
	Paget's disease of breast
	Paget's disease and infiltrating duct carcinoma of breast
	- Paget's disease, extramammary
	Acinar cell carcinoma
	Acinic cell adenocarcinoma
	Acinar adenocarcinoma
	Acinar carcinoma
<u>—11.</u>	Complex epithelial neoplasms:
	- Adenosquamous carcinoma
	- Adenocarcinoma with squamous metaplasia
	Adenoacanthoma
	Adenocarcinoma with cartilaginous and osseous metaplasia
	- Adenocarcinoma with spindle cell metaplasia
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	Adenocarcinoma with apocrine metaplasia
	- Thymoma, malignant
	Thymic carcinoma
<u>     12.  </u>	- Specialized gonadal neoplasms:
	Theca cell carcinoma
	- Granulosa cell tumor, malignant
	Granulosa cell carcinoma
	Androblastoma, malignant
	Arrhenoblastoma, malignant
	- Sertoli cell carcinoma
	Leydig cell tumor, malignant
	Interstitial cell tumor, malignant
<u>—13.</u>	Paragangliomas and glomus tumors:
	- Paraganglioma, malignant
	Extra-adrenal paraganglioma, malignant
	Nonchromaffin paraganglioma, malignant
	<u>Pheochromocytoma, malignant</u>
	- Glomangiosarcoma
	Glomoid sarcoma
<u> </u>	Nevi and melanomas:
	<u>Malignant melanoma</u>
	Melanocarcinoma
	Melanosarcoma
	<del>Nodular melanoma</del>
	Balloon cell melanoma
	Amelanotic melanoma
	Malignant melanoma in junctional nevus
	Precancerous malanosis
	Malignant melanoma in precancerous melanosis
	Hutchinson's melanotic freckle
	<u>Lentigo maligna</u>
	Malignant melanoma in Hutchinson's melanotic freckle
	<u>Lentigo maligna melanoma</u>
	- Superficial spreading melanoma
	- Malignant melanoma in giant pigmented nevus
	Epithelioid cell melanoma
	Epithelioid cell melanosarcoma
	- Spindle cell melanoma
	- Spindle cell melanoma, type A
	- Spindle cell melanoma, type B Mined arithaliaid and aringle cell malanama
	- Mixed epithelioid and spindle cell melanoma
	Blue nevus, malignant

15. Soft tissue tumors and sarcomas: -Sarcoma Mesenchymal tumor, malignant Spindle cell sarcoma — Pleomorphic cell sarcoma Small cell sarcoma -Round cell sarcoma Epithelioid cell sarcoma <u>16. Fibromatous neoplasms:</u> ------Fibrosarcoma Periosteal fibrosarcoma -Periosteal sarcoma Infantile fibrosarcoma -Myxosarcoma Liposarcoma Liposarcoma, well differentiated type <u>Myxoid liposarcoma</u> — Myxoliposarcoma Embryonal liposarcoma Round cell liposarcoma - Mixed type liposarcoma <u>Angiomyoliposarcoma</u> 17. Myomatous neoplasms: -Leiomyosarcoma **Epithelioid leiomyosarcoma** <u>Angiomyosarcoma</u> <u>Myosarcoma</u> Rhabdosarcoma Pleomorphic rhabdomyosarcoma Mixed type rhabdomyosarcoma - Embryonal rhabdomyosarcoma 

	Botryoid sarcoma
	Alveolar rhabdomyosarcoma
<u>—18.</u>	Complex mixed and stromal neoplasms:
	Endometrial stromal sarcoma
	Endometrial sarcoma
	Stromal sarcoma
	Mixed tumor, malignant
	Mixed tumor, salivary gland type malignant
	Carcinoma in pleomorphic adenoma
	- Mullerian mexed tumor
	Mesodermal mexed tumor
	- Nephroblastoma
	Adenosarcoma
	- Epithelian nephroblastoma
	- Mesenchymal nephroblastoma
	<u>Hepatoblastoma</u>
	Embryonal hepatoma
	- Carcinosarcoma
	- Careinosarcoma, embryonal type
	- Mesenchymoma, malignant
	Embryonal sarcoma
<u>—19.</u>	Fibroepithelial neoplasms:
	Brenner tumor, malignant
	- Cystosarcoma phyllodes, malignant
<u> </u>	Synovial neoplasms:
	- Synovial sarcoma
	<u>Synovioma</u>
	-Synovial sarcoma, spindle cell type
	Synovial sarcoma, epithelioid cell type
	- Synovial sarcoma, biphasic type
	Clear cell sarcoma of tendons and aponeuroses
<u>—21.</u>	<u>Mesothelial neoplasms:</u>
	<u>Mesothelioma, malignant</u>
	<u>Mesothelioma</u>
	Fibrous mesothelioma, malignant
	Fibrous mesothelioma
	Epithelioid mesothelioma, malignant
	Mesothelioma, biphasic type, malignant
	<u>Mesothelioma, biphasic type</u>
<u> </u>	Germ cell neoplasms:

	- Dysgerminoma
	- Seminoma
	<u>– Seminoma, anaplastic type</u> – Spermatocytic seminoma
	· ·
	- Spermatocytoma
	- Germinoma
	<u> </u>
	Embryonal adenocarcinoma
	Endodermal sinus tumor
	<u>Yolk sac tumor</u>
	Polyvesicular vitelline tumor
	Orchioblastoma
	Embryonal carcinoma, infantile type
	- Polyembryoma
	Embryonal carcinoma, polyembryonal type
	Teratoma, malignant
	Embryonal teratoma
	- Teratoblastoma, malignant
	Immature teratoma
	- Teratocarcinoma
	Mixed embryonal carcinoma and teratoma
	Malignant teratoma, undifferentiated type
	Malignant teratoma, anaplastic type
	Malignant teratoma, intermediate type
	Dermoid cyst with malignant transformation
	Struma ovarii, malignant
<u> </u>	Trophablastic neoplasms:
	<u>Malignant hydatidiform mole</u>
	- Choriocarcinoma
	- Choriocarcinoma combined with teratoma
	Choriocarcinoma combined with embryonal carcinoma
	- Malignant teratoma, trophoblastic type
<u> </u>	<u>Mesonephromas:</u>
	<u>Mesonephroma, malignant</u>
	Mesonephric adenocarcinoma
	Mesometanephric carcinoma
	Wolffian duct carcinoma
	- Hemangiosarcoma
	Angiosarcoma
	Kupffer cell sarcoma
	Hemangioendothelioma, malignant
	Hemangioendothelial sarcoma
	Kaposi's sarcoma
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 Multiple hemorrhagic sarcoma Hemangiopericytoma, malignant 25. Lymphatic vessel tumors: Lymphangioendothelial sarcoma Lymphangioendothelioma, malignant 26. Osteomas and osteosarcomas: -----Osteosarcoma Osteoblastic sarcoma - Chondroblastic osteosarcoma Fibroblastic osteosarcoma — Osteofibrosarcoma Osteosarcoma in Paget's disease of bone Juxtacortical osteosarcoma - Juxtacortical osteogenic sarcoma Parosteal osteosarcoma Periosteal osteogenic sarcoma 27. Chondromatous neoplasms: -Fibrochondrosarcoma Juxtacortical chondrosarcoma -Chondroblastoma, malignant <u>Mesenchymal chondrosarcoma</u> 28. Giant cell tumors: Giant cell tumor of bone, malignant Osteoclastoma, malignant Giant cell sarcoma of bone 29. Miscellaneous bone tumors: Ewing's sarcoma Endothelial sarcoma of bone Adamantinoma of long bones Tibial adamantinoma 30. Odontogenic tumors: -Odontogenic sarcoma Intraosseous carcinoma Ameloblastic odontosarcoma - Ameloblastoma, malignant <u>Adamantinoma, malignant</u> Ameloblastic fibrosarcoma

- Ameloblastic sarcoma **Odontogenic fibrosarcoma** <u>— 31. Miscellaneous tumors:</u> Pineloma -----Pinecytoma -Pineoblastoma 32. Gliomas: -Glioma, malignant Gliomatosis cerebri <u>Subependymal glioma</u> Subependymoma
Subependymal astrocytoma Subependymal giant cell astrocytoma Choroid plexus papilloma, malignant Choroid plexus papilloma, anaplastic type Epithelial ependymoma Ependymoma, anaplastic type - Papillary ependymoma <u>Myxopapillary ependymoma</u> -Astrocytoma Astrocytic glioma Cystic astrocytoma Astrocytoma, anaplastic type Protoplasmic astrocytoma Gemistocytic astrocytoma Fibrillary astrocytoma Fibrous astrocytoma **Pilocytic astrocytoma** <u>Juvenile astrocytoma</u> Spongioblastoma polare -Glioblastoma Glioblastoma multiforme - Spongioblastoma multiforme

	- Giant cell glioblastoma
	Glioblastoma with sarcomatous component
	Primitive polar spongioblastoma
	- Oligodendroglioma
	Oligodendroglioma, anaplastic type
	- Oligodendroblastoma
	<u>Medulloblastoma</u>
	- Desmoplastic medulloblastoma
	Circumscribed arachnoidal cerebellar sarcoma
	<u>Medullomyoblastoma</u>
	<u>Cerebral sarcoma</u>
	<u>Monstrocellular sarcoma</u>
<u>— 33.</u>	Neuroepitheliomatous neoplasms:
	- Ganglioneuroblastoma
	- Neuroblastoma
	- Medulloepithelioma
	— Diktyoma
	- Terotoid medulloepithelioma
	<u>Neuroepithelioma</u>
	- Retinoblastoma
	Olfactory neurogenic tumor
	- Esthesioneurocytoma
	- Esthesioneuroblastoma
	Olfactory neuroblastoma
	- Esthesioneuroepithelioma
	Olfactory neuriepithelioma
<u> </u>	- Meningiomas:
	Leptomeningeal sarcoma
	Meningothelial sarcoma
	<u>Meningeal sarcomatosis</u>
<u> </u>	Nerve sheath tumors:
	- Neurofibrosarcoma
	- Neurilemmoma, malignant
	Schwannoma, malignant
	Neurilemmosarcoma
<del>36.</del>	Granular cell tumors and alveolar soft part sarcoma:
	Granular cell tumor, malignant
	Granular cell myoblastoma, malignant

	Alveolar soft part sarcoma
<u> </u>	-Lymphomas, not otherwise specified or diffuse:
	- Malignant lymphoma
	<u> </u>
	<u>Malignant lymphoma, diffuse</u>
	- Malignant lymphoma, non-Hodgkin's type
	- Malignant lymphoma, undifferentiated cell type
	Malignant lymphoma, undifferentiated cell type, non-Burkitt's
	- Malignant lymphoma, stem cell type
	Stem cell lymphoma
	- Malignant lymphoma, convoluted cell type
	Malignant lymphoma, lymphoblastic, convoluted cell type
	-Lymphosarcoma
	- Malignant lymphoma, lymphoplasmacytoid type
	- Malignant lymphoma, immunoblastic type
	- Immunoblastic sarcoma
	Immunoblastic lymphosarcoma
	Immunoblastic lymphoma
	Malignant lymphoma, mixed lymphocytic-histiocytic, not otherwise specified
	- Malignant lymphoma, centroblastic-centrocystic, diffuse
	Germinoblastoma, diffuse
	- Malignant lymphoma, follicular center cell
	- Malignant lymphoma, lymphocytic, well differentiated
	- Malignant lymphoma, lymphocytic, intermediate differentiation
	<u>Malignant lymphoma, centrocytic</u>
	<u>Malignant lymphoma, germinocytic</u>
	- Malignant lymphoma, follicular center cell, cleaved
	- Malignant lymphoma, lymphocytic, poorly differentiated
	Prolymphocytic lymphosarcoma
	- Malignant lymphoma, centroblastic type
	- Malignant lymphoma, follicular center cell, noncleaved
<u>—38.</u>	Reticulosarcomas:
	- Reticulosarcoma
	Reticulosarcoma, pleomorphic cell type
	Reticulosarcoma, nodular
<u> </u>	Hodgkin's disease:
	Hodgkin's disease
	Lymphogranuloma, malignant
	<u>Lymphogranulomatosis, malignant</u>
	Malignant lymphoma, Hodgkin's type
	Hodgkin's disease, lymphocytic predominance
	Hodgkin's disease, mixed cellularity
	- Hodgkin's disease, lymphocytic depletion
	- Hodgkin's disease, lymphocytic depletion, diffuse fibrosis
	- Hodgkin's disease, lymphocytic depletion, reticular type
	Hodgkin's disease, nodular sclerosis

	Hodgkin's disease, nodular sclerosis, cellular phase
	Hodgkin's paragranuloma
	-Hodgkin's granuloma
	Hodgkin's sarcoma
	Lymphomas, nodular or follicular:
	- Malignant lymphoma, nodular
	Brill-Symmer's disease
	— Giant follicular lymphoma
	<u>— Lymphocytic lymphoma, nodular</u>
	- <u>Malignant lymphoma, mixed lymphocytic-histiocytic, nodular</u>
	- Malignant lymphoma, centroblastic-centrocytic, follicular
	<del>Germinoblastoma, follicular</del>
	-Malignant lymphoma, lymphocytic, well differentiated, nodular
	-Malignant lymphoma, lymphocytic, intermediate differentiation, nodular
	-Malignant lymphoma, follicular center cell, cleaved, follicular
	-Malignant lymphoma, lymphocytic, poorly differentiated, nodular
	-Malignant lymphoma, centroblastic type, follicular
	Malignant lymphoma, follicular center cell, noncleaved, follicular
<u>    41.  </u>	-Mycosis fungoides:
	- Mycosis fungoides
	-Sezary's disease
	<u>Sezary's syndrome</u>
<u>     42.  </u>	- Miscellaneous reticuloendothelial neoplasms:
	- Microglioma
	- Malignant histiocytosis
	Malignant reticuloendotheliosis
	<u>Malignant reticulosis</u>
	Histiocytic medullary reticulosis
	Letterer-Siwe's disease
<u>     43.  </u>	Plasma cell tumors:
	Plasma cell myeloma
	Plasmacytic myeloma
	<u>Multiple myeloma</u>
	Myeloma, not otherwise specified
	<u>— Myelomatosis</u>
	Plasma cell tumor, malignant
	Plasma cell sarcoma
<u> </u>	- Mast cell tumors:
	- Mast cell sarcoma
	Malignant mast cell tumor
	<u>Malignant mastocytoma</u>
	- Malignant mastocytosis

Systemic tissue mast cell disease 45 Burkitt's tumor: Burkitt's tumor Burkitt's lymphoma Malignant lymphoma, undifferentiated, Burkitt's type Malignant lymphoma, lymphoblastic, Burkitt's type <u>46 Leukemias</u> Leukemia Acute leukemia - Stem cell leukemia Blast leukemia Blastic leukemia Undifferentiated leukemia Subacute leukemia Chronic leukemia - Aleukemic leukemia <u>47. Compound leukemias:</u> <u>— Compound leukemia</u> — Mixed leukemia 48. Lymphoid leukemias: Lymphatic leukemia Subacute lymphoid leukemia Chronic lymphoid leukemia Aleukemic lymphoid leukemia Prolymphocytic leukemia 49 Plasma cell leukemias Plasma cell leukemia Plasmacytic leukemia 50. Erythroleukemias: Erythremic myelosis Acute erythremia Di Guglielmo's disease Guglielmo's disease Acute erythremic myelosis 51. Lymphosarcoma cell leukemias: Lymphosarcoma cell leukemia 52. Myeloid leukemias: Granulocytic leukemia Myelogenous leukemia <u>Myelosis</u>

	Myelomonocytic leukemia
	- Acute myeloid leukemia
	<u>Acute granulocytic leukemia</u>
	Blastic granulocytic leukemia
	Acute Myelogenous leukemia
	Acute myelocytic leukemia
	Acute myelomonocytic leukemia
	<u>Acute myelosis</u>
	- Subacute myeloid leukemia
	- Chronic myeloid leukemia
	<u>Myelocytic leukemia</u>
	Chronic myelogenous leukemia
	Chronic myelomonocytic leukemia
	<u>Naegeli-type monocytic leukemia</u>
	Aleukemic myeloid leukemia
	Aleukemic granulocytic leukemia
	Aleukemic myelogenous leukemia
	<u>Aleukemic myelosis</u>
	<u>Neutrophilic leukemia</u>
	Acute promyelocytic leukemia
<u>—53.</u>	Basophilic leukemias:
	Basophilic leukemia
54	- Eosinophilic leukemias:
	- Eosinophilic leukemia
<u> </u>	- Monocytic leukemias:
	- Monocytic leukemia
	Histiocytic leukemia
	Schilling-type monocytic leukemia
	Monocytoid leukemia
	Acute monocytic leukemia
	Acute monocytoid leukemia
	Monoblastic leukemia
	Subacute monocytic leukemia
	Subacute monacytoid leukemia
	Chronic monocytic leukemia
	Chronic monocytoid leukemia
	Aleukemic monocytic leukemia
	Aleukemic monocytoid leukemia
<u> </u>	Miscellaneous leukemias:
	Mast cell leukemias
	Megakaryocytic leukemia
	Megakaryocytoid leukemia
	Thrombocytic leukemia

Chloroma
Granuloevtic sarcoma
Hairy cell leukemia
Leukemic reticuloendotheliosis
<u></u>
No microscopic confirmation; clinically malignant tumor (cancer)
No microscopic confirmation; clinically metastatic tumor (cancer)]

## Section 4. NAC 457.045 is hereby amended as follows:

Carcinoma in situ of the cervix *uteri and cervical intraepithelial neoplasia*. [and noninvasive] basal [.] *and* squamous cell carcinomas of the skin *and prostatic intraepithelial neoplasia* are not required to be reported *except as otherwise provided* pursuant to NAC 457.040.

## Section 5. NAC 457.050 is hereby amended as follows:

1. Each health care facility and other facilities that provide screening, diagnostic or therapeutic services, within six months of the patient's admission, initial diagnosis, or treatment of a neoplasm shall provide to the Chief Medical Officer information concerning [malignant] neoplasms by abstracting information on a form prescribed by the Chief Medical Officer or a designee thereof, and report the information using an electronic means approved by the Chief Medical Officer or the designee, unless an exemption from this requirement is granted by the Chief Medical Officer.

Except as otherwise provided in subsection 3, each health care facility and other 2. facilities that provide screening, diagnostic or therapeutic services shall abstract information in conformance with the standards for abstracting information concerning [malignant] neoplasms as defined by the North American Association of Central Cancer Registries (NAACCR), the World Health Organization (WHO), the American College of Surgeons Commission on Cancer (COC), and the National Cancer Institute Surveillance, Epidemiology, and End Results Program (SEER). These standards and definitions are delineated in the following publications: the NAACCR Standards for Cancer Registries, the WHO International Classification of Diseases for Oncology; the COC Standards of the Commission on Cancer, Volume II, Facility Oncology Registry Standards (FORDS); and the SEER Coding Manuals. lof the Commission on Cancer of the American College of Surgeons as set forth in the Registry Operations and Data Standards (ROADS) Manual, 1996 edition which is hereby adopted by reference, and any subsequent revision or amendment to the standards established by the Commission on Cancer of the American College of Surgeons. A copy of the manual may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, for the price of \$25]

3. The Chief Medical Officer shall review any revision or amendment to the standards specified in subsection 2 to determine whether the revision or amendment is appropriate for this State. Ten days after the standards specified in subsection 2 are revised or amended, a health care facility *and other facilities that provide screening, diagnostic or therapeutic services* shall abstract information in conformance with the revision or amendment unless the Chief Medical

Officer files an objection to the amendment or revision with the State Board of Health within  $\begin{bmatrix} 10 \end{bmatrix} 30$  days after the standards are revised or amended.

4. A health care facility *and other facilities that provide screening, diagnostic or therapeutic services* which does not use the staff of the Division to abstract information from its records shall-cause to have abstracted and reported to the Division the *[malignant]* neoplasms listed in NAC 457.040 in the manner required by this section.

5. [If a health care facility with 100 beds or more does not use the staff of the Division to abstract information from its records concerning malignant neoplasms, it shall cause to have abstracted and reported to the Division, pursuant to subsection 4, the malignant neoplasms listed in NAC 457.040 using an electronic means approved by the Chief Medical Officer or the designee, unless an exemption from this requirement is granted by the Chief Medical Officer] If a health care facility or other facilities that provide screening, diagnostic or therapeutic services fail to report cancer information, the registry shall notify the facility in writing of that fact. After notification the facility shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to fees described in NAC 457.150 and may be subject to administrative penalties as set forth in Section 1.

## Section 6. NAC 457.053 is amended as follows:

1. A medical laboratory that obtains a specimen of human tissue which, upon examination, shows evidence of cancer shall, within 10 working days after the date that the pathology report is completed, provide information concerning its findings to the Chief Medical Officer using an electronic means approved by the Chief Medical Officer or a designee thereof.

2. The information provided by a medical laboratory pursuant to subsection 1 must include, without limitation:

(a) The name, address, date of birth, gender and social security number of the person from whom the specimen was obtained;

(b) The name and the address or telephone number of the physician who ordered the examination of the specimen;

(c) The name and the address or telephone number of the medical laboratory that examined the specimen;

(D) The final diagnosis from the pathology report; and

- (e) Any other relevant information from the pathology report, including, without limitation:
  - (1) The anatomical site of the lesion;
  - (2) The size of the lesion;
  - (3) The stage of the disease and the grade of tumor;
  - (4) The lesion margin status, if available; and
  - (5) Lymphatic involvement, if available.

3. If a medical laboratory fails to report cancer information, the registry shall notify the medical laboratory in writing of that fact. After notification the medical laboratory shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to administrative penalties as set forth in Section 1.

#### Section 7. NAC 457.057 is hereby amended as follows:

1. [Except as otherwise provided in subsection 3, a physician] A provider of health care who has a case in which he or she diagnoses a patient as having [cancer] a neoplasm or provides treatment to a patient with [cancer] a neoplasm shall, within [10] 30 working days after the date

of the diagnosis or the date of the first treatment, provide information to the Chief Medical Officer concerning the case on a form prescribed by the Chief Medical Officer or a designee thereof, or by an electronic means approved by the Chief Medical Officer or the designee.

2. Information provided by a physician pursuant to subsection 1 must include, without limitation:

(a) The name, address, date of birth, gender, race, **[or]** ethnicity, and social security number of the patient;

- (b) The name and the address or telephone number of the physician making the report;
- (c) The *date and* final diagnosis from the pathology report; and
- (d) Any other relevant information from the pathology report, including, without limitation:
  - (1) The anatomical site of the lesion;
  - (2) The size of the lesion;
  - (3) The stage of the disease and the grade of tumor;
  - (4) The lesion margin status, if available; and
  - (5) Lymphatic involvement, if available.

(e) Any clinical laboratory test results, including:

- (1) Biomarker test results, if available; and
- (2) Genetic test results, if available.

3. [A physician is not required to provide information pursuant to this section if the patient is directly referred to or has been previously admitted to a hospital, medical laboratory or other facility which is required to report similar information pursuant to this chapter] If a provider of health care fails to report cancer information, the registry shall notify the provider of health care in writing of that fact. After notification the provider of health care shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to fees as described in NAC 457.150 and may be subject to administrative penalties as set forth in Section 1.

## Section 8. NAC 457.060 is hereby amended as follows:

All documents in the possession of the registry which contain names of patients, **[physicians]** *providers of health care*, **[hospitals]** *health care facilities, other facilities that provide screening, diagnostic or therapeutic services* or medical laboratories are confidential except the list of names of **[hospitals]** *health care facilities, other facilities that provide screening, diagnostic or therapeutic services, and providers of health care* which report information to the registry and the list of names of medical laboratories which report information to the registry.

## Section 9. NAC 457.090 is amended as follows:

1. If confidential information of the registry is to be mailed to a **[physician]** provider of *health care* or health care facility, the envelope or container must be addressed directly to the **[physician]** provider of health care or to the person designated by the health care facility to receive such information.

2. The Chief Medical Officer shall keep a list of the persons who have been designated by the chief administrator of the health care facility to receive confidential information of the registry.

## Section 10. NAC 457.110 is amended as follows:

1. The Chief Medical Officer or person employed in the registry shall not disclose the existence or nonexistence in the registry of a record concerning any patient or disclose other information about the patient except to:

(a) The **[physician]** provider of health care who treated the patient;

(B) [The health care] *The* facility where the patient was treated;

(c) [A health care,] Any facility or a registry connected with that facility which has participated or is participating in treating the patient; or

(D) A qualified researcher in cancer.

2. If a request for information about a patient is made over the telephone by the **[physician]** *provider of health care* who treated the patient or by a representative of the **[health care]** facility in which the patient was treated, and the caller is not known to the employee who receives the call at the registry, the employee must verify the identity of the caller in the manner described in NAC 457.130.

## Section 11. NAC 457.120 is amended as follows:

The Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient's medical treatment for cancer with any **[health care]** facility, or registry connected with the facility which has participated or is participating in treating that patient's illness if the person seeking the information:

1. Has been identified in the manner described in NAC 457.130;

2. Furnishes the employee of the registry with specific information, other than the patient's name, which is sufficient to identify the patient without using his or her name; and

3. Gives assurances to the employee of the registry that the confidentiality of the information will be maintained to the same extent as is required in NAC 457.010 to 457.150, inclusive.

## Section 12. NAC 457.140 is amended as follows:

1. A person who desires to use the confidential records of individual patients or the statistical data of the registry for the purpose of scientific research into cancer must apply in writing to the Chief Medical Officer. The applicant must:

(a) Set forth in the application:

(1) His or her qualifications as an epidemiologist, **[physician]** *provider of health care* or employee of a bona fide program of research into cancer or other qualification for using confidential information and statistical data in the registry; and

(2) A description of the research project in which that information will be used.

(b) Sign a statement, on a form furnished by the Chief Medical Officer or a designee thereof, in which the applicant agrees not to make any copies of the records, and to maintain the confidentiality of the information in the records in the manner required by NAC 457.010 to 457.150, inclusive.

(c) Agree to submit to the Chief Medical Officer or the designee for review and approval any proposed publication which is based on or contains information obtained from the registry.

2. The Chief Medical Officer or the designee must:

(a) Before a researcher is allowed access to information in the registry, make a written finding that he or she is qualified as a researcher and has a need for the information; and

(b) Before any material based on or containing information from the registry is published by the researcher, examine and give written approval for the proposed publication.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; R075-98, 11-18-98)

## Section 13. NAC 457.150 is amended as follows:

1. A health care facility, other facilities that provide screening, diagnostic or therapeutic services, and providers of health care a fee of  $\frac{32}{32}$  250 for each abstract prepared by the Division from the records of the facility or the provider of health care. [the health care facility and a fee of \$8 for each abstract prepared by the health care facility from its own records.]

2. A medical researcher <u>{or other person who obtains information from the registry}</u>, a fee of <del>[\$35]</del> *\$200* or the actual cost of furnishing the information, whichever is larger.