STATE OF NEVADA

BRIAN SANDOVAL
*Governor*

RICHARD WHITLEY, MS
*Director, DHHS*

CODY L. PHINNEY, MPH
*Administrator, DPBH*

JOHN DIMURO, DO MBA
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 684-4211

August 4, 2016

**MEMORANDUM**

To: Brian Saeman, Chairman
State Board of Health

From: Cody L. Phinney, MPH, Secretary
State Board of Health

Re: Consideration and adoption of proposed regulation amendment(s) to NAC 457, "Reporting Information on Cancer", LCB File No. R057-16.

PURPOSE OF AMENDMENT

The main purpose of the amendment is to improve compliance with cancer reporting requirements to prevent the uniform application of standardized data definitions and codes.
The proposed amendments will: 1) Re-align Nevada's regulations with updated national guidelines and recommendations, 2) improve compliance with cancer reporting requirements to avoid under-reporting, 3) ensure complete, timely, and quality production of cancer incidence data, and 4) improve data use for cancer control and prevention activities.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC)

The Board of Health last revised regulations to NAC Chapter 457, "Reporting Information on Cancer" in the year 1998. This resulted in the adoption of proposed regulations. The proposed regulations currently moving forward:

- Amends the requirement of reporting incidence of neoplasms other than cancer to the system for reporting such information established and maintained by the Chief Medical Officer.
- Expand the applicability of the reporting requirements that were previously applicable to physicians who provided treatment for cancer to, with limited exceptions, any provider of health care who diagnoses or provides treatment for cancer or other neoplasms.

- Adopt by reference the most current version of certain volumes of the Standards for Cancer Registries, the International Classification of Diseases for Oncology and the Facility Oncology Registry Data Standards (FORDS), and any subsequent revision of those publications that have been approved by the Chief Medical Officer for use in this State.
- Amend existing regulations to instead reference the neoplasms listed in one of the publications adopted by reference as the types of neoplasms which are required, with certain limited exceptions, to be reported pursuant to existing law.
- Existing regulations require health care facilities to abstract information concerning malignant neoplasms and provide that information to the Chief Medical Officer or his or her designee. (NAC 457.050) This regulation expands: (1) the scope of the information abstracted to include information on cases of cancer and other neoplasms; and (2) the applicability of the requirement to certain providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patient with respect to cancer and other neoplasms.
- Establish an administrative penalty of up to $25,000 to impose against any person who violates certain provisions which govern the abstracting of records of a health care facility relating to cancer and other neoplasms the Board requires to be reported.
- Establish the amount of and the procedures for notice and appeal with regard to the imposition of such an administrative penalty.
- Require a provider of health care who has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to report limited information to the Chief Medical Officer to obtain information from the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms to which the patient was referred or admitted to.
- Increase from $32 to $250 the fee that the Chief Medical Officer must collect from a health care facility from whose records regarding cases of neoplasms the Division abstracts information and expand the applicability of that fee to providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms.
- Remove the $8 fee imposed on a health care facility that abstracts information from its own records at the request of the Division.
- Increase from $35 to $200 the fee that the Chief Medical Officer must collect from a medical researcher who obtains data from the registry.

<u>POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED</u>

If the State Board of Health does not adopt or approve the proposed regulations, the Board would not be in compliance with certain sections of the Nevada Revised Statutes (NRS) Chapter 457 including:

- NRS 457.230, NRS.457.240 requiring the Board to establish by regulation the requirement to report incidences of other neoplasms to the system.
- NRS 457.230 requiring the Board to establish by regulation the requirement for any provider of health care who diagnoses or provides treatment for cancer or other neoplasms to report to the system.

- NRS.457.250 requiring the Board to establish by regulation to remove the fee imposed on a health care facility that abstracts information from its own records.
- NRS 457.250 outlines new statutory penalties to be imposed on a health care facility for violations of this section.
- In addition, the Nevada Central Cancer Registry (NCCR) has not achieved national data standards for four years. Until recently, complete and high quality cancer cases were reported through hospital cancer registries because cancer cases were primarily diagnosed and treated in a hospital. With advances in medicine, patients are often diagnosed and treated outside the hospital setting. The proposed regulation will enforce the existing reporting mandate from facilities that provide screening, diagnostic or therapeutic services and providers of health care who diagnose and/or treat cancer. If the proposed regulations would not be adopted, new cancer cases would continue to be missed due to lack of reporting.
- Failure to adopt the proposed regulations would result in a lack of clear direction to both the Division and the medical industry in how to carry out the provisions of NRS 457.

APPLICABILITY OF PROPOSED AMENDMENT

These regulations will apply state wide to health care facilities, medical laboratories, other facilities that provide, screening, diagnostic or therapeutic services, and providers of health care governed by NRS and NAC Chapter 457.

PUBLIC COMMENT RECEIVED

An outline of opportunities for public comment follows:

The Data and Research Committee hosted by the Nevada Cancer Coalition provided recommendations for the proposed draft. Recommended changes were incorporated into the draft regulations.

By April 6, 2016: Initial draft of proposed regulations was submitted to the Legal Counsel Bureau and LCB File No.: R057-16 was assigned.

By June 9, 2016 a small business impact questionnaire and draft regulations were sent to licensed health care facilities, facilities that provide screening, diagnostic or therapeutic services, medical laboratories, and individual physicians affected by the proposed regulations. Out of 1,648 notifications, 23 responses were received back and 22 responses had less than 150 employees. Of those, 11 reported that the change would have an adverse economic effect on their business and 7 reported an indirect adverse effect. The majority of responses received from the questionnaire that indicated an adverse economic effect upon their business were health care facilities that provide home health, adult care, nursing home, or hospice services. The Division understands that the meaning of a health care facility that is required to report as outlined under NRS 457.020 section 3 includes health care facilities that would not typically diagnose or treat cancer. The form prescribed to abstract these cases contains limited information to reduce the burden of these facilities.

By July 7, 2016 a workshop notice and draft regulations were sent to licensed health care facilities, facilities that provide screening, diagnostic or therapeutic services, medical laboratories, and individual

physicians affected by the proposed regulations. The workshop notice and draft regulations were also posted on the Division of Public and Behavioral Health's (DPBH) website and distributed through the Nevada Cancer Coalition and Nevada Hospital Association list serv. Notice was provided in accordance with the open meeting law.

July 22, 2016: A Public Workshop on LCB File No. R057-16 was held in Carson City and Las Vegas via videoconference. Notice was provided in accordance with the open meeting law.

During the workshop process public comments were received. An outline of opportunities for public comment is as follows:

- A non-affiliated imaging company believed they should be exempt from reporting because the company do not diagnose cancers but simply interpret what is seen in the image and then forward the report to the requesting physician or facility. One hospital responded to this request that this puts additional burden on them when the case becomes one of their patients and they are then forced to track down the information.
- A representative of multiple groups felt that the regulations needed to be phased in over time especially in light of the dollar amount of the fine. There appeared to be some confusion on just how much the fine would be. They also expressed a want to work with their software vendors to help technically with the collection and delivery of the data.
- Small practices expressed how burdensome cancer reporting would be because they do not have the extra staff or technical expertise they felt this would require to report cases as well as detract from helping patients. They went so far as to infer that this could potentially drive small practices out of business. They felt the State should provide dollars and or technical support to help them implement any changes.
- The term "burden" was echoed by other commenters especially in light of what federal reporting requirements have been implemented in recent years.
- Several suggestions were made to clarify language in the proposed regulation draft.
- Finally there was concern about sharing personal information about their patients, especially social security numbers as well as raised issue as to whether we had the authority to fine physicians.

These concerns were all taken into consideration during the regulation development. In certain cases, individuals contacted us in order to get a better understanding of the concerns the regulation posed and to answer any questions the individual had.

Testimony in Support or Opposition of the Proposed Regulations

As noted earlier, the opposition related to cancer reporting during the public workshop has resulted in minor modifications to the LCB file in order to accommodate the changes needed. The new language is provided in this packet.

- Recommendations for changes to the proposed regulations were made during the public workshop.

- Two oppositions and one support to the proposed regulation was expressed during the public workshop.

- Modifications were made during the drafting process and no further modifications are required of the proposed regulation, LCB File No. R057-16.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments to NAC, 457, "Reporting Information on Cancer", LCB File No. R057-16.

PRESENTER

Christine Pool, BS, Nevada Central Cancer Registry Program Manager

Enclosures

**REVISED PROPOSED REGULATION OF THE**

**STATE BOARD OF HEALTH**

**LCB File No. R057-16**

August 4, 2016

EXPLANATION – Matter in ***italics*** is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1, 2, 4-8 and 10-14, NRS 457.065 and 457.240; §3, NRS 457.065 and 457.250; §9, NRS 457.065; §15, NRS 439.150, 457.065, 457.250 and 457.260.

A REGULATION relating to cancer; revising provisions relating to certain publications adopted by reference by the State Board of Health; revising provisions governing the system for reporting information on cancer and other neoplasms established and maintained by the Chief Medical Officer; establishing the amount and the procedure for the imposition of certain administrative penalties by the Division of Public and Behavioral Health of the Department of Health and Human Services; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law defines the term "cancer" to mean "all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia" and, before the 78th Legislative Session, required the reporting of incidences of cancer. (NRS 457.020, 457.230) Pursuant to Assembly Bill No. 42 of the 78th Legislative Session, the State Board of Health is: (1) authorized to require the reporting of incidences of neoplasms other than cancer, in addition to incidences of cancer, to the system for reporting such information established and maintained by the Chief Medical Officer; and (2) required to establish an administrative penalty to impose against any person who violates certain provisions which govern the abstracting of records of a health care facility relating to the neoplasms the Board requires to be reported. (Sections 2, 3 and 4 of Assembly Bill No. 42, chapter 103, Statutes of Nevada 2015, at page 385 (NRS 457.230-457.250)) **Section 3** of this regulation establishes the amount of and the procedures for notice and appeal with regard to the imposition of such an administrative penalty. **Sections 4-15** of this regulation revise existing regulations to comport with the statutory changes made by Assembly Bill No. 42. (Sections 2, 3 and 4 of Assembly Bill No. 42, chapter 103, Statutes of Nevada 2015, at page 385)

Existing law, as amended by Assembly Bill No. 42, requires, with certain limited exceptions, a provider of health care who diagnoses or provides treatment for cancer or other neoplasms and a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms to report information on cases of cancer and other neoplasms to the system. A provider of health care who has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms is excepted from the requirement of reporting information concerning that case to the system. (Section 2 of Assembly Bill No. 42, chapter 103, Statutes of Nevada 2015, at page 385 (NRS 457.230))

**Section 9** of this regulation sets forth the limited information that a provider of health care who has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms is required to provide to the Chief Medical Officer. **Section 9** does not require such a provider of health care to report information on cases of cancer and other neoplasms involving such a patient to the system, rather, it requires such a provider of health care to provide limited information to the Chief Medical Officer which the Chief Medical Officer may use to obtain the required reports from the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms to which the patient was referred or admitted.

Existing law authorizes an agency to adopt by reference in a regulation material published by another authority if certain requirements are satisfied. (NRS 233B.040) Under existing regulations, the State Board of Health has adopted by reference the *Registry Operations and Data Standards (ROADS) Manual, 1996 edition*. (NAC 457.050) **Section 2** of this regulation provides instead that the Board adopts by reference the most current version of certain volumes of the *Standards for Cancer Registries*, the *International Classification of Diseases for Oncology* and the *Facility Oncology Registry Data Standards (FORDS)*, and any subsequent revision of those publications that have been approved by the Chief Medical Officer for use in this State.

Existing regulations specify the types of neoplasms that are required to be reported pursuant to state statute. (NAC 457.040, 457.045) **Sections 5 and 6** of this regulation amend existing regulations to instead reference the neoplasms listed in one of the publications adopted by reference in **section 2** of this regulation as the types of neoplasms which are required, with certain limited exceptions, to be reported pursuant to existing law.

Existing regulations require health care facilities to abstract information concerning malignant neoplasms and provide that information to the Chief Medical Officer. (NAC 457.050) **Section 7** of this regulation expands: (1) the scope of the information abstracted to include information on cases of cancer and other neoplasms; and (2) the applicability of the requirement to certain providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms.

**Section 15** of this regulation: (1) increases from $32 to $250 the fee that the Chief Medical Officer must collect from a health care facility from whose records regarding cases of neoplasms the Division of Public and Behavioral Health of the Department of Health and Human Services abstracts information pursuant to **section 7**; (2) expands the applicability of that fee to certain providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms; (3) removes the fee imposed on a health care facility that abstracts information from its own records at the request of the Division; and (4) increases from $35 to $200 the fee that the Chief Medical Officer must collect from a medical researcher who obtains data from the registry.

**Section 1.** Chapter 457 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2.** *1. The State Board of Health hereby adopts by reference the most current version of:*

*(a) The following volumes in the Standards for Cancer Registries published by the North American Association of Central Cancer Registries:*

*(1) Volume I, Data Exchange Standards and Record Description;*

*(2) Volume II, Data Standards and Data Dictionary;*

*(3) Volume III, Standards for Completeness, Quality, Analysis, Management, Security, and Confidentiality of Data;*

*(4) Volume IV, Standard Data EDITS; and*

*(5) Volume V, Pathology Laboratory Electronic Reporting.*

➥ *A copy of each volume adopted by reference may be obtained, free of charge, from the North American Association of Central Cancer Registries at the Internet address http://www.naaccr.org.*

*(b) The International Classification of Diseases for Oncology, published by the World Health Organization. A copy of this publication may be obtained, free of charge, from the World Health Organization at the Internet address http://codes.iarc.fr/usingicdo.php.*

*(c) The Facility Oncology Registry Data Standards (FORDS), published by the Commission on Cancer of the American College of Surgeons. A copy of this publication may be obtained, free of charge, from the American College of Surgeons at the Internet address https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals.*

*2. If a publication adopted by reference in subsection 1 is revised, the Chief Medical Officer shall review the revision to determine its suitability for this State. If the Chief Medical Officer determines that the revision is not suitable for this State, the Chief Medical Officer shall file an objection to the revision with the State Board of Health within 30 days after the standards are revised. If the Chief Medical Officer does not file such an objection, the revision becomes part of the publication adopted by reference pursuant to subsection 1. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.*

**Sec. 3.** *1. The Division may impose an administrative penalty of not more than $25,000 against a person who violates any provision of NRS 457.250 and fails to correct the violation within the time set forth in the notice provided pursuant to subsection 2.*

*2. Before imposing an administrative penalty pursuant to this section, the Division shall give notice in the manner forth in NAC 439.345 which includes, without limitation, a time determined by the Chief Medical Officer within which the person must correct the violation of NRS 457.250.*

*3. If a person is aggrieved by a decision of the Division relating to the imposition of an administrative penalty pursuant to this section, the aggrieved person may appeal the decision pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.*

**Sec. 4.** NAC 457.010 is hereby amended to read as follows:

457.010 As used in NAC 457.010 to 457.150, inclusive, ***and sections 2 and 3 of this regulation,*** 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.~~

~~5.]~~ "Medical laboratory" has the meaning ascribed to it in NRS 652.060.

~~[6. "Physician" means a physician licensed pursuant to chapter 630 or 633 of NRS.~~

~~7.]~~ ***5. "Provider of health care" has the meaning ascribed to it in NRS 629.031.***

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

**Sec. 5.** NAC 457.040 is hereby amended to read as follows:

457.040 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:

~~[1. Neoplasms, not otherwise specified:~~

~~Neoplasm, malignant~~

~~Neoplasm, metastatic~~

~~Neoplasm, malignant, uncertain whether primary or metastatic~~

~~Tumor cells, malignant~~

~~Malignant tumor, small cell type~~

~~Malignant tumor, giant cell type~~

~~Malignant tumor, fusiform cell type~~

~~Malignant tumor, spindle cell type~~

~~2. 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~~

~~Carcinomatosis~~

~~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~~

~~Reserve cell carcinoma~~

~~Round cell carcinoma~~

~~Oat cell carcinoma~~

~~Small cell carcinoma, fusiform cell type~~

~~3. Papillary and squamous cell neoplasms:~~

~~Papillary carcinoma, in situ~~

~~Papillary carcinoma~~

~~Verrucous carcinoma~~

~~Papillary squamous cell carcinoma~~

~~Papillary epidermoid carcinoma~~

~~Squamous cell carcinoma, in situ~~

~~Epidermoid carcinoma, in situ~~

~~Intraepidermal carcinoma~~

~~Intraepithelial squamous cell carcinoma~~

~~Squamous cell carcinoma~~

~~Epidermoid carcinoma~~

~~Spinous cell carcinoma~~

~~Squamous carcinoma~~

~~Squamous cell epithelioma~~

~~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~~

~~Queyrat's erythroplasia~~

~~Bowen's disease~~

~~Intraepidermal squamous cell carcinoma, Bowen's type~~

~~Lymphoepithelial carcinoma~~

~~Lymphoepithelioma~~

~~4. 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 carcinoma~~

~~5. Transitional cell papillomas and carcinomas:~~

~~Transitional cell carcinoma, in situ~~

~~Transitional cell carcinoma~~

~~Transitional carcinoma~~

~~Urothelial carcinoma~~

~~Schneiderian carcinoma~~

~~Transitional cell carcinoma, spindle cell type~~

~~Basaloid carcinoma~~

~~Cloacogenic carcinoma~~

~~Papillary transitional cell carcinoma~~

~~6. Adenocarcinomas:~~

~~Adenocarcinoma~~

~~Adenocarcinoma, metastatic~~

~~Scirrhous adenocarcinoma~~

~~Linitis plastica~~

~~Superficial spreading adenocarcinoma~~

~~Adenocarcinoma, intestinal type~~

~~Carcinoma, diffuse type~~

~~Islet cell carcinoma~~

~~Islet cell adenocarcinoma~~

~~Insulinoma, malignant~~

~~Beta-cell tumor, malignant~~

~~Glucagonoma, malignant~~

~~Alpha-cell tumor, malignant~~

~~Gastrinoma, malignant~~

~~G cell tumor, malignant~~

~~Mixed islet cell and exocrine adenocarcinoma~~

~~Cholangiocarcinoma~~

~~Bile duct carcinoma~~

~~Bile duct adenocarcinoma~~

~~Bile duct cystadenocarcinoma~~

~~Hepatocellular carcinoma~~

~~Liver cell carcinoma~~

~~Hepatocarcinoma~~

~~Hepatoma, malignant~~

~~Combined hepatocellular carcinoma and cholangiocar-cinoma~~

~~Hepatocholangiocarcinoma~~

~~Trabecular adenocarcinoma~~

~~Trabecular carcinoma~~

~~Adenoid cystic carcinoma~~

~~Adenocystic carcinoma~~

~~Adenocarcinoma, cylindroid type~~

~~Cribriform carcinoma~~

~~Adenocarcinoma in adenomatous polyp~~

~~Adenocarcinoma in tubular adenoma~~

~~Carcinoma in adenomatous polyp~~

~~Adenocarcinoma in polypoid adenoma~~

~~Tubular adenocarcinoma~~

~~Tubular carcinoma~~

~~Adenocarcinoma in adenomatous, polyposis coli~~

~~Solid carcinoma~~

~~Carcinoma simplex~~

~~Carcinoid tumor, malignant~~

~~Carcinoid tumor, argentaffin, malignant~~

~~Argentaffinoma, malignant~~

~~Carcinoid tumor, nonargentaffin, malignant~~

~~Mucocarcinoid tumor, 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~~

~~Clear cell adenocarcinoma, mesonephroid type~~

~~Clear cell carcinoma~~

~~Renal cell carcinoma~~

~~Renal cell adenocarcinoma~~

~~Grawitz tumor~~

~~Hypernephroma~~

~~Granular cell carcinoma~~

~~Granular cell adenocarcinoma~~

~~Water-clear cell adenocarcinoma~~

~~Water-clear cell carcinoma~~

~~Mixed cell adenocarcinoma~~

~~Follicular adenocarcinoma~~

~~Follicular carcinoma~~

~~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~~

~~Adrenal cortical tumor, malignant~~

~~Endometrioid carcinoma~~

~~Endometrioid adenocarcinoma~~

~~Endometrioid cystadenocarcinoma~~

~~Endometrioid adenofibroma, malignant~~

~~Endometrioid cystadenofibroma, malignant~~

~~7. 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~~

~~8. Mucoepidermoid neoplasms:~~

~~Mucoepidermoid carcinoma~~

~~9. Cystic, mucinous and serous neoplasms:~~

~~Cystadenocarcinoma~~

~~Serous cystadenocarcinoma~~

~~Serous adenocarcinoma~~

~~Papillary cystadenocarcinoma~~

~~Papillocystic adenocarcinoma~~

~~Papillary serous cystadenocarcinoma~~

~~Papillary serous adenocarcinoma~~

~~Serous surface papillary carcinoma~~

~~Mucinous cystadenocarcinoma~~

~~Pseudomucinous adenocarcinoma~~

~~Pseudomucinous cystadenocarcinoma~~

~~Papillary mucinous cystadenocarcinoma~~

~~Papillary pseudomucinous~~

~~Cystadenocarcinoma~~

~~Mucinous adenocarcinoma~~

~~Mucinous carcinoma~~

~~Colloid adenocarcinoma~~

~~Colloid carcinoma~~

~~Gelatinous adenocarcinoma~~

~~Gelatinous carcinoma~~

~~Mucoid adenocarcinoma~~

~~Mucoid carcinoma~~

~~Mucous adenocarcinoma~~

~~Mucous carcinoma~~

~~Pseudomyxoma peritonei~~

~~Mucin-producing adenocarcinoma~~

~~Mucin-producing carcinoma~~

~~Mucin-secreting adenocarcinoma~~

~~Mucin-secreting carcinoma~~

~~Signet ring cell carcinoma~~

~~Signet ring cell adenocarcinoma~~

~~Metastatic signet ring cell carcinoma~~

~~Krukenberg tumor~~

~~10. 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~~

~~Medullary adenocarcinoma~~

~~Parafollicular cell carcinoma~~

~~C cell carcinoma~~

~~Medullary carcinoma with amyloid stroma~~

~~Solid carcinoma with amyloid stroma~~

~~Medullary carcinoma with lymphoid stroma~~

~~Lobular carcinoma, in situ~~

~~Lobular carcinoma, noninfiltrating~~

~~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~~

~~11. Complex epithelial neoplasms:~~

~~Adenosquamous carcinoma~~

~~Adenocarcinoma with squamous metaplasia~~

~~Adenoacanthoma~~

~~Adenocarcinoma with cartilaginous and osseous metaplasia~~

~~Adenocarcinoma with spindle cell metaplasia~~

~~Adenocarcinoma with apocrine metaplasia~~

~~Thymoma, malignant~~

~~Thymic carcinoma~~

~~12. Specialized gonadal neoplasms:~~

~~Theca cell carcinoma~~

~~Thecoma, malignant~~

~~Granulosa cell tumor, malignant~~

~~Granulosa cell carcinoma~~

~~Androblastoma, malignant~~

~~Arrhenoblastoma, malignant~~

~~Sertoli cell carcinoma~~

~~Leydig cell tumor, malignant~~

~~Interstitial cell tumor, malignant~~

~~13. Paragangliomas and glomus tumors:~~

~~Paraganglioma, malignant~~

~~Extra-adrenal paraganglioma, malignant~~

~~Nonchromaffin paraganglioma, malignant~~

~~Pheochromocytoma, malignant~~

~~Pheochromoblastoma~~

~~Glomangiosarcoma~~

~~Glomoid sarcoma~~

~~14. Nevi and melanomas:~~

~~Malignant melanoma~~

~~Melanoma~~

~~Melanocarcinoma~~

~~Nevocarcinoma~~

~~Melanosarcoma~~

~~Nodular melanoma~~

~~Balloon cell melanoma~~

~~Amelanotic melanoma~~

~~Malignant melanoma in junctional nevus~~

~~Precancerous malanosis~~

~~Malignant melanoma in precancerous melanosis~~

~~Hutchinson's melanotic freckle~~

~~Lentigo maligna~~

~~Malignant melanoma in Hutchinson's melanotic freckle~~

~~Lentigo maligna melanoma~~

~~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~~

~~Mixed epithelioid and spindle cell melanoma~~

~~Blue nevus, malignant~~

~~15. Soft tissue tumors and sarcomas:~~

~~Sarcoma~~

~~Soft tissue tumor, malignant~~

~~Mesenchymal tumor, malignant~~

~~Sarcomatosis~~

~~Spindle cell sarcoma~~

~~Giant cell sarcoma~~

~~Pleomorphic cell sarcoma~~

~~Small cell sarcoma~~

~~Round cell sarcoma~~

~~Epithelioid cell sarcoma~~

~~16. Fibromatous neoplasms:~~

~~Fibrosarcoma~~

~~Fibromyxosarcoma~~

~~Periosteal fibrosarcoma~~

~~Periosteal sarcoma~~

~~Fascial fibrosarcoma~~

~~Infantile fibrosarcoma~~

~~Congenital fibrosarcoma~~

~~Fibrous histiocytoma, malignant~~

~~Fibroxanthoma, malignant~~

~~Fibroxanthosarcoma~~

~~Dermatofibrosarcoma~~

~~Dermatofibrosarcoma protuberans~~

~~Myxosarcoma~~

~~Liposarcoma~~

~~Fibroliposarcoma~~

~~Liposarcoma, well-differentiated type~~

~~Myxoid liposarcoma~~

~~Myxoliposarcoma~~

~~Embryonal liposarcoma~~

~~Round cell liposarcoma~~

~~Pleomorphic liposarcoma~~

~~Mixed type liposarcoma~~

~~Angiomyoliposarcoma~~

~~17. Myomatous neoplasms:~~

~~Leiomyosarcoma~~

~~Epithelioid leiomyosarcoma~~

~~Angiomyosarcoma~~

~~Myosarcoma~~

~~Rhabdomyosarcoma~~

~~Rhabdosarcoma~~

~~Pleomorphic rhabdomyosarcoma~~

~~Mixed type rhabdomyosarcoma~~

~~Embryonal rhabdomyosarcoma~~

~~Sarcoma botryoides~~

~~Botryoid sarcoma~~

~~Alveolar rhabdomyosarcoma~~

~~18. 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~~

~~Wilms's tumor~~

~~Adenosarcoma~~

~~Epithelian nephroblastoma~~

~~Mesenchymal nephroblastoma~~

~~Hepatoblastoma~~

~~Embryonal hepatoma~~

~~Carcinosarcoma~~

~~Carcinosarcoma, embryonal type~~

~~Pneumoblastoma~~

~~Mesenchymoma, malignant~~

~~Mixed mesenchymal sarcoma~~

~~Embryonal sarcoma~~

~~19. Fibroepithelial neoplasms:~~

~~Brenner tumor, malignant~~

~~Cystosarcoma phyllodes, malignant~~

~~20. Synovial neoplasms:~~

~~Synovial sarcoma~~

~~Synovioma~~

~~Synovioma, malignant~~

~~Synovial sarcoma, spindle cell type~~

~~Synovial sarcoma, epithelioid cell type~~

~~Synovial sarcoma, biphasic type~~

~~Clear cell sarcoma of tendons and aponeuroses~~

~~21. Mesothelial neoplasms:~~

~~Mesothelioma, malignant~~

~~Mesothelioma~~

~~Mesothelial sarcoma~~

~~Fibrous mesothelioma, malignant~~

~~Fibrous mesothelioma~~

~~Epithelioid mesothelioma, malignant~~

~~Epithelioid mesothelioma~~

~~Mesothelioma, biphasic type, malignant~~

~~Mesothelioma, biphasic type~~

~~22. Germ cell neoplasms:~~

~~Dysgerminoma~~

~~Seminoma~~

~~Seminoma, anaplastic type~~

~~Spermatocytic seminoma~~

~~Spermatocytoma~~

~~Germinoma~~

~~Embryonal carcinoma~~

~~Embryonal adenocarcinoma~~

~~Endodermal sinus tumor~~

~~Yolk sac tumor~~

~~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~~

~~23. Trophablastic neoplasms:~~

~~Malignant hydatidiform mole~~

~~Choriocarcinoma~~

~~Chorionepithelioma~~

~~Chorioepithelioma~~

~~Choriocarcinoma combined with teratoma~~

~~Choriocarcinoma combined with embryonal carcinoma~~

~~Malignant teratoma, trophoblastic type~~

~~24. Mesonephromas:~~

~~Mesonephroma, malignant~~

~~Mesonephric adenocarcinoma~~

~~Mesonephroma~~

~~Mesometanephric carcinoma~~

~~Wolffian duct carcinoma~~

~~Hemangiosarcoma~~

~~Angiosarcoma~~

~~Kupffer cell sarcoma~~

~~Hemangioendothelioma, malignant~~

~~Hemangioendothelial sarcoma~~

~~Kaposi's sarcoma~~

~~Multiple hemorrhagic sarcoma~~

~~Hemangiopericytoma, malignant~~

~~25. Lymphatic vessel tumors:~~

~~Lymphangiosarcoma~~

~~Lymphangioendothelial sarcoma~~

~~Lymphangioendothelioma, malignant~~

~~26. Osteomas and osteosarcomas:~~

~~Osteosarcoma~~

~~Osteogenic sarcoma~~

~~Osteochondrosarcoma~~

~~Osteoblastic sarcoma~~

~~Chondroblastic osteosarcoma~~

~~Fibroblastic osteosarcoma~~

~~Osteofibrosarcoma~~

~~Telangiectatic osteosarcoma~~

~~Osteosarcoma in Paget's disease of bone~~

~~Juxtacortical osteosarcoma~~

~~Juxtacortical osteogenic sarcoma~~

~~Parosteal osteosarcoma~~

~~Periosteal osteogenic sarcoma~~

~~27. Chondromatous neoplasms:~~

~~Chondrosarcoma~~

~~Fibrochondrosarcoma~~

~~Juxtacortical chondrosarcoma~~

~~Chondroblastoma, malignant~~

~~Mesenchymal chondrosarcoma~~

~~28. Giant cell tumors:~~

~~Giant cell tumor of bone, malignant~~

~~Osteoclastoma, malignant~~

~~Giant cell sarcoma of bone~~

~~Malignant giant cell tumor of soft parts~~

~~29. Miscellaneous bone tumors:~~

~~Ewing's sarcoma~~

~~Ewing's tumor~~

~~Endothelial sarcoma of bone~~

~~Adamantinoma of long bones~~

~~Tibial adamantinoma~~

~~30. Odontogenic tumors:~~

~~Odontogenic tumor, malignant~~

~~Odontogenic carcinoma~~

~~Odontogenic sarcoma~~

~~Intraosseous carcinoma~~

~~Ameloblastic odontosarcoma~~

~~Ameloblastoma, malignant~~

~~Adamantinoma, malignant~~

~~Ameloblastic fibrosarcoma~~

~~Ameloblastic sarcoma~~

~~Odontogenic fibrosarcoma~~

~~31. Miscellaneous tumors:~~

~~Craniopharyngioma~~

~~Pineloma~~

~~Pinecytoma~~

~~Pineoblastoma~~

~~Chordoma~~

~~32. Gliomas:~~

~~Glioma, malignant~~

~~Glioma~~

~~Gliosarcoma~~

~~Gliomatosis cerebri~~

~~Mixed glioma~~

~~Mixed oligo-astrocytoma~~

~~Subependymal glioma~~

~~Subependymoma~~

~~Subependymal astrocytoma~~

~~Subependymal giant cell astrocytoma~~

~~Choroid plexus papilloma, malignant~~

~~Choroid plexus papilloma, anaplastic type~~

~~Ependymoma~~

~~Epithelial ependymoma~~

~~Ependymoma, anaplastic type~~

~~Ependymoblastoma~~

~~Papillary ependymoma~~

~~Myxopapillary ependymoma~~

~~Astrocytoma~~

~~Astroglioma~~

~~Astrocytic glioma~~

~~Cystic astrocytoma~~

~~Astrocytoma, anaplastic type~~

~~Protoplasmic astrocytoma~~

~~Gemistocytic astrocytoma~~

~~Gemistocytoma~~

~~Fibrillary astrocytoma~~

~~Fibrous astrocytoma~~

~~Pilocytic astrocytoma~~

~~Piloid astrocytoma~~

~~Juvenile astrocytoma~~

~~Spongioblastoma~~

~~Spongioblastoma polare~~

~~Astroblastoma~~

~~Glioblastoma~~

~~Glioblastoma multiforme~~

~~Spongioblastoma multiforme~~

~~Giant cell glioblastoma~~

~~Glioblastoma with sarcomatous component~~

~~Primitive polar spongioblastoma~~

~~Oligodendroglioma~~

~~Oligodendroglioma, anaplastic type~~

~~Oligodendroblastoma~~

~~Medulloblastoma~~

~~Desmoplastic medulloblastoma~~

~~Circumscribed arachnoidal cerebellar sarcoma~~

~~Medullomyoblastoma~~

~~Cerebral sarcoma~~

~~Monstrocellular sarcoma~~

~~33. Neuroepitheliomatous neoplasms:~~

~~Ganglioneuroblastoma~~

~~Neuroblastoma~~

~~Sympathicoblastoma~~

~~Sympathicogonioma~~

~~Sympathogonioma~~

~~Medulloepithelioma~~

~~Diktyoma~~

~~Terotoid medulloepithelioma~~

~~Neuroepithelioma~~

~~Spongioneuroblastoma~~

~~Retinoblastoma~~

~~Olfactory neurogenic tumor~~

~~Esthesioneurocytoma~~

~~Esthesioneuroblastoma~~

~~Olfactory neuroblastoma~~

~~Esthesioneuroepithelioma~~

~~Olfactory neuriepithelioma~~

~~34. Meningiomas:~~

~~Meningioma, malignant~~

~~Leptomeningeal sarcoma~~

~~Meningeal sarcoma~~

~~Meningothelial sarcoma~~

~~Meningeal sarcomatosis~~

~~35. Nerve sheath tumors:~~

~~Neurofibrosarcoma~~

~~Neurogenic sarcoma~~

~~Neurosarcoma~~

~~Neurilemmoma, malignant~~

~~Schwannoma, malignant~~

~~Neurilemmosarcoma~~

~~36. Granular cell tumors and alveolar soft part sarcoma:~~

~~Granular cell tumor, malignant~~

~~Granular cell myoblastoma, malignant~~

~~Alveolar soft part sarcoma~~

~~37. Lymphomas, not otherwise specified or diffuse:~~

~~Malignant lymphoma~~

~~Lymphoma~~

~~Malignant lymphoma, diffuse~~

~~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~~

~~Malignant lymphoma, centrocytic~~

~~Malignant lymphoma, germinocytic~~

~~Malignant lymphoma, follicular center cell, cleaved~~

~~Malignant lymphoma, lymphocytic, poorly differentiated~~

~~Prolymphocytic lymphosarcoma~~

~~Malignant lymphoma, centroblastic type~~

~~Malignant lymphoma, follicular center cell, noncleaved~~

~~38. Reticulosarcomas:~~

~~Reticulosarcoma~~

~~Reticulosarcoma, pleomorphic cell type~~

~~Reticulosarcoma, nodular~~

~~39. Hodgkin's disease:~~

~~Hodgkin's disease~~

~~Lymphogranuloma, malignant~~

~~Lymphogranulomatosis, malignant~~

~~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~~

~~40. Lymphomas, nodular or follicular:~~

~~Malignant lymphoma, nodular~~

~~Malignant lymphoma, follicular~~

~~Nodular lymphosarcoma~~

~~Follicular lymphosarcoma~~

~~Brill-Symmer's disease~~

~~Giant follicular lymphoma~~

~~Lymphocytic lymphoma, nodular~~

~~Malignant lymphoma, mixed lymphocytic-histiocytic, nodular~~

~~Malignant lymphoma, centroblastic-centrocytic, follicular~~

~~Germinoblastoma, follicular~~

~~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~~

~~Germinoblastic sarcoma, follicular~~

~~Malignant lymphoma, follicular center cell, noncleaved, follicular~~

~~41. Mycosis fungoides:~~

~~Mycosis fungoides~~

~~Sezary's disease~~

~~Sezary's syndrome~~

~~42. Miscellaneous reticuloendothelial neoplasms:~~

~~Microglioma~~

~~Malignant histiocytosis~~

~~Malignant reticuloendotheliosis~~

~~Malignant reticulosis~~

~~Histiocytic medullary reticulosis~~

~~Letterer-Siwe's disease~~

~~43. Plasma cell tumors:~~

~~Plasma cell myeloma~~

~~Plasmacytic myeloma~~

~~Multiple myeloma~~

~~Myeloma, not otherwise specified~~

~~Myelomatosis~~

~~Plasma cell tumor, malignant~~

~~Plasma cell sarcoma~~

~~44. Mast cell tumors:~~

~~Mast cell sarcoma~~

~~Malignant mast cell tumor~~

~~Malignant mastocytoma~~

~~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~~

~~46. Leukemias:~~

~~Leukemia~~

~~Acute leukemia~~

~~Stem cell leukemia~~

~~Blast leukemia~~

~~Blastic leukemia~~

~~Undifferentiated leukemia~~

~~Subacute leukemia~~

~~Chronic leukemia~~

~~Aleukemic leukemia~~

~~47. Compound leukemias:~~

~~Compound leukemia~~

~~Mixed leukemia~~

~~48. Lymphoid leukemias:~~

~~Lymphoid leukemia~~

~~Lymphocytic leukemia~~

~~Lymphatic leukemia~~

~~Acute lymphoid leukemia~~

~~Subacute lymphoid leukemia~~

~~Chronic lymphoid leukemia~~

~~Aleukemic lymphoid leukemia~~

~~Prolymphocytic leukemia~~

~~49. Plasma cell leukemias:~~

~~Plasma cell leukemia~~

~~Plasmacytic leukemia~~

~~50. Erythroleukemias:~~

~~Erythroleukemia~~

~~Erythremic myelosis~~

~~Acute erythremia~~

~~Di Guglielmo's disease~~

~~Guglielmo's disease~~

~~Acute erythremic myelosis~~

~~Chronic erythremia~~

~~51. Lymphosarcoma cell leukemias:~~

~~Lymphosarcoma cell leukemia~~

~~52. Myeloid leukemias:~~

~~Myeloid leukemia~~

~~Granulocytic leukemia~~

~~Myelogenous leukemia~~

~~Myelosis~~

~~Myelomonocytic leukemia~~

~~Acute myeloid leukemia~~

~~Acute granulocytic leukemia~~

~~Blastic granulocytic leukemia~~

~~Acute Myelogenous leukemia~~

~~Myeloblastic leukemia~~

~~Acute myelocytic leukemia~~

~~Acute myelomonocytic leukemia~~

~~Acute myelosis~~

~~Subacute myeloid leukemia~~

~~Chronic myeloid leukemia~~

~~Chronic granulocytic leukemia~~

~~Myelocytic leukemia~~

~~Chronic myelogenous leukemia~~

~~Chronic myelomonocytic leukemia~~

~~Naegeli-type monocytic leukemia~~

~~Chronic myelosis~~

~~Aleukemic myeloid leukemia~~

~~Aleukemic granulocytic leukemia~~

~~Aleukemic myelogenous leukemia~~

~~Aleukemic myelosis~~

~~Neutrophilic leukemia~~

~~Acute promyelocytic leukemia~~

~~53. Basophilic leukemias:~~

~~Basophilic leukemia~~

~~54. Eosinophilic leukemias:~~

~~Eosinophilic leukemia~~

~~55. Monocytic leukemias:~~

~~Monocytic leukemia~~

~~Histiocytic leukemia~~

~~Schilling-type monocytic leukemia~~

~~Monocytoid leukemia~~

~~Acute monocytic leukemia~~

~~Acute monocytoid leukemia~~

~~Monoblastic leukemia~~

~~Subacute monocytic leukemia~~

~~Subacute monocytoid leukemia~~

~~Chronic monocytic leukemia~~

~~Chronic monocytoid leukemia~~

~~Aleukemic monocytic leukemia~~

~~Aleukemic monocytoid leukemia~~

~~56. Miscellaneous leukemias:~~

~~Mast cell leukemias~~

~~Megakaryocytic leukemia~~

~~Megakaryocytoid leukemia~~

~~Thrombocytic leukemia~~

~~Megakaryocytic myelosis~~

~~Myeloid sarcoma~~

~~Chloroma~~

~~Granulocytic sarcoma~~

~~Myelosarcoma~~

~~Hairy cell leukemia~~

~~Leukemic reticuloendotheliosis~~

~~57. No microscopic confirmation of tumor:~~

~~No microscopic confirmation; clinically malignant tumor (cancer)~~

~~No microscopic confirmation; clinically metastatic tumor (cancer)~~]

*1. Any neoplasm that is listed in the International Classification of Diseases for Oncology, as adopted by reference in section 2 of this regulation, with a behavior code of in situ or malignant; and*

*2. Any solid tumor of the brain or central nervous system, including, without limitation, the meninges and intracranial endocrine structures, that is listed in the International Classification of Diseases for Oncology, as adopted by reference in section 2 of this regulation, with a behavior code of benign, uncertain malignant potential, in situ or malignant.*

**Sec. 6.** NAC 457.045 is hereby amended to read as follows:

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

**Sec. 7.** NAC 457.050 is hereby amended to read as follows:

457.050 1. Each *provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230, each* health care facility *and any other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms* shall *, within 6 months after a patient is admitted, initially diagnosed with or treated for cancer or another neoplasm,* provide to the Chief Medical Officer information concerning ~~[malignant]~~ *such* neoplasms by ~~[abstracting]~~ *:*

*(a) Abstracting* information on a form prescribed by the Chief Medical Officer or a designee thereof ~~[.]~~ *; and*

*(b) Except as otherwise provided in subsection 6, submitting that information on a monthly basis using an electronic means approved by the Chief Medical Officer or the designee.*

2. Except as otherwise provided in subsection 3, each ***provider of health care described in subsection 1, each*** health care facility ***and any other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms*** shall abstract information in conformance with the standards for abstracting information concerning ~~[malignant]~~ neoplasms ~~[of 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]~~ ***:***

***(a) Volumes I to V, inclusive, of the Standards for Cancer Registries, as adopted by reference in section 2 of this regulation; and***

***(b) The Facility Oncology Registry Data Standards (FORDS), as adopted by reference in section 2 of this regulation.***

***3. Thirty*** days after ~~[the standards]~~ ***a publication*** specified in subsection 2 ~~[are]~~ ***is*** revised , ~~[or amended,]~~ a ***provider of health care described in subsection 1, a*** health care facility ***or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms*** 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 10 days after the standards are revised or amended.]~~ ***pursuant to section 2 of this regulation.***

4. A ***provider of health care described in subsection 1, a*** health care facility ***or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms*** 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]~~ ***neoplasms described*** in NAC 457.040 in the manner required by this section.

5. If a ***provider of health care, 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]~~ ***or other facility fails to comply with subsection 4, the Division shall give the provider of health care, health care facility or other facility at least 30 days to comply with subsection 4 before the Division abstracts information from the records of the provider of health care, health care facility or other facility and the*** Chief Medical Officer ~~[.]~~ ***charges the fee set forth in NAC 457.150.***

***6. The Chief Medical Officer may waive the requirement of submitting the information by electonic means pursuant to subsection 1 if the Chief Medical Officer determines that such a waiver is in the best interests of the general public.***

**Sec. 8.** NAC 457.053 is hereby amended to read as follows:

457.053 1. A medical laboratory that obtains a specimen of human tissue which, upon examination, shows evidence of cancer ***or other neoplasms*** 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 ~~[:]~~ ***, for each specimen which shows evidence of cancer or other neoplasms which are subject to reporting pursuant to NAC 457.040:***

(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]~~ ***provider of health care*** 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.

**Sec. 9.** NAC 457.057 is hereby amended to read as follows:

457.057 1. ~~[Except as otherwise provided in subsection 3, a physician]~~ ***A provider of health care*** who has a case ***of cancer or another neoplasm*** in which he or she ~~[diagnoses]~~ ***has directly referred or previously admitted*** a patient ~~[as having cancer or provides treatment to a patient with cancer]~~ ***to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms is not required to provide information to the Chief Medical Officer pursuant to NAC 457.050 but*** shall, within ~~[10]~~ ***30*** working days after the date of the ~~[diagnosis or the date of the first treatment,]~~ ***referral or admission,*** 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]~~ ***provider of health care*** 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]~~ ***provider of health care*** making the report;

(c) The ***date and*** final diagnosis ~~[from the pathology report; and]~~ ***of the patient;***

(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)]~~

***(e)*** The stage of the disease , ~~[and the grade of tumor;~~

~~(4) The lesion margin status, if available; and~~

~~(5) Lymphatic involvement,~~] if available ~~[.]~~ ***; and***

***(f) The name and the address or telephone number of the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms to which the patient was referred or admitted.***

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.]~~ ***The Chief Medical Officer or a designee thereof shall notify a provider of health care who fails to comply with this section of the fact that the provider of health care is not in compliance with the provisions of this section.***

***4. The Chief Medical Officer or a designee thereof may contact a provider of health care regarding a patient who was directly referred to or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms if the Chief Medical Officer determines it is necessary for the abstraction of the required data relating to the incidence of neoplasms.***

**Sec. 10.** NAC 457.060 is hereby amended to read as follows:

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

***services*** which report information to the registry and the list of names of medical laboratories which report information to the registry.

**Sec. 11.** NAC 457.090 is hereby amended to read as follows:

457.090 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.

**Sec. 12.** NAC 457.110 is hereby amended to read as follows:

457.110 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 facility ***, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms*** where the patient was treated;

(c) A health care facility ***, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms,*** or a registry connected with ~~[that facility]~~ ***one of those entities*** 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 , ***medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms*** 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.

**Sec. 13.** NAC 457.120 is hereby amended to read as follows:

457.120 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, ***medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms,*** or registry connected with ~~[the facility]~~ ***one of those entities*** 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 ~~[.]~~ , ***and sections 2 and 3 of this regulation.***

**Sec. 14.** NAC 457.140 is hereby amended to read as follows:

457.140 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 ~~[.]~~ ***, and sections 2 and 3 of this regulation.***

(c) Agree to ~~[submit]~~ ***:***

***(1) 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) Notify the Chief Medical Officer if, at any time during the research project or before publishing any results, the applicant finds an increased risk or decreased survival for cancer as compared to other states in either:***

***(I) A geographical area of this State; or***

***(II) A particular group of persons in this State, including, without limitation, a group of persons identifiable by age, gender, race, ethnicity, occupation, lifestyle or place of residence; and***

***(3) Include in any publication which is based on or contains information obtained from the registry the following disclosure in substantially the following form:***

***The views expressed herein are solely those of the author and do not necessarily reflect the views of the Division.***

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.]~~ ***Notify the Division as soon as practicable after the Chief Medical Officer receives notice of a finding described in subparagraph (2) of paragraph (c) of subsection 1 so that the Division may independently assess the validity of the finding before the material is published or released by the researcher.***

**Sec. 15.** NAC 457.150 is hereby amended to read as follows:

457.150 The Chief Medical Officer shall charge and collect from:

1. A ***provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to NRS 457.230, a*** health care facility ~~[,]~~ ***or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms,*** a fee of ~~[$32]~~ ***$250*** for each abstract prepared by the Division from the records

of the ***provider of health care,*** health care facility ~~[and a fee of $8 for each abstract prepared by the health care facility from its own records.]~~ ***or other facility.***

2. A medical researcher ~~[or other person]~~ who obtains ~~[information]~~ ***data*** from the registry, a fee of ~~[$35]~~ ***$200*** or the actual cost of ~~[furnishing the information,]~~ ***providing the data,*** whichever is ~~[larger.]~~ ***more.***

## SMALL BUSINESS IMPACT STATEMENT 2016

## PROPOSED AMENDMENTS TO NAC 457

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should little impact upon a small business or the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

**Background**

Nevada Administrative Code (NAC) Chapter 457 (Cancer) provides authorities and requirements related to reporting information on cancer to the Nevada Central Cancer Registry (NCCR). Proposed changes include amendments to re-align regulations with updated national guidelines and recommendations, improve compliance with cancer reporting requirements, and ensure complete, timely, and quality production of cancer incidence data.

1) **A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

   Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from health care facilities, facilities that provide screening, diagnostic or therapeutic services, medical laboratories, and individual physicians in Nevada.

   A Small Business Impact Questionnaire was sent to licensed health care facilities, facilities that provide screening, diagnostic or therapeutic services, medical laboratories, and individual physicians along with a copy of the proposed regulation changes, on June 9, 2016. The questions on the questionnaire were:

   1) How many employees are currently employed by your business?
   2) Will a specific regulation have an adverse economic effect upon your business?
   3) Will the regulation(s) have any beneficial effect upon your business?
   4) Do you anticipate any indirect adverse effects upon your business?
   5) Do you anticipate any indirect beneficial effects upon your business?

**Summary of Response**

| Summary Of Comments Received (23 responses were received out of 1,648 small business impact questionnaires distributed to valid addresses, 22 had less than 150 employees) | | | |
|---|---|---|---|
| **Will a specific regulation have an adverse economic effect upon your business?** | **Will the regulation (s) have any beneficial effect upon your business?** | **Do you anticipate any indirect adverse effects upon your business?** | **Do you anticipate any indirect beneficial effects upon your business?** |
| Yes=11 | Yes=0 | Yes=7 | Yes=0 |
| No=7<br>No Response=4 | No=16<br>No Response=6 | No=9<br>No Response=6 | No=16<br>No Response=6 |

| Number of Respondents out of 1,648 mailings | Adverse economic effect? | Beneficial effect? | Indirect adverse effects? | Indirect beneficial effects? |
|---|---|---|---|---|
| 23 | 11 | 0 | 7 | 0 |
| | | | | |

2) **Describe the manner in which the analysis was conducted.**

A postcard with a link to the small business questionnaires and draft of proposed regulation changes were mailed to licensed health care facilities, facilities that provide screening, diagnostic or therapeutic services, medical laboratories, and individual physicians on June 9, 2016. There were a total of 23 responses with only 22 whose organization is under 150 employees. 11 reported that the change would have an adverse economic effect on their business and 7 reported an indirect adverse effect.

3) **The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.**

11 small businesses indicated that the regulation would have an adverse effect on upon the business. 8 reported it would incur an additional cost and require extra staff or staff time to the company; and 3 did not provide justification.

0 small businesses indicated that this regulation would have a beneficial effect upon the business.

7 small businesses anticipate that the regulation would have any indirect adverse effect upon their business. 2 reported it would occur additional staff time; 1 reported additional costs to the company; 2 reported that reduced staff time would affect patient care; and 2 did not provide a reason.

0 small businesses anticipate any indirect beneficial effects upon their business.

4) **Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.**

The Division of Public and Behavioral Health has worked to reduce the impact these proposed regulation changes would have on a small business by drafting language that aims to align with national recommendations (i.e. guidelines from the Centers for Disease Control and Prevention) which targets hospitals, medical laboratories, facilities that provide screening, diagnosis, and treatment services, and physicians specialties that diagnose and treat cancer.

The Division of Public and Behavioral Health understands that the meaning of a health care facility that is required to report as outlined under NRS 457.020 section 3 includes health care facilities that would not typically diagnose or treat cancer. To reduce the burden on these facilities the NCCR will only request patient indexes instead of a full cancer abstract to ensure the cancer case was not missed by any of the target facilities listed above.

The NCCR promotes electronic cancer reporting for efficient use of staff resources in the registry as well as in the facility/provider office.

5) **The estimated cost to the agency for enforcement of the proposed regulation.**

No additional cost.

6) **If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.**

Division of Public and Behavioral Health estimates to collect $50,000 annually. Fees collected will be utilized to support registry operations to off-set the elimination of the $8 fee collected from hospitals.

7) **An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.**

Public Law 102-515 authorized the CDC to fund states and territories to support cancer registries and help develop model legislation and regulation for states to support the operation of population-based statewide registries, and to comply with appropriate standards of completeness, timeliness, and quality cancer data. The proposed changes will re-align Nevada's regulations to national standards and assist the NCCR to improve compliance with cancer reporting requirements to avoid under-reporting.

8) **Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.**

Out of the 1,648 postcards that were mailed out 1.3 % responded. The majority of responses received from the questionnaire that indicated an adverse economic effect upon their business were health care facilities that provide home health, adult care, nursing home, or hospice services. The NCCR will work with these facilities to only request patient indexes to ensure the case was not missed by any facility or provider that diagnoses or provides treatment to cancer patients.

Responses received that indicated any indirect adverse effects upon their business also indicated the reporting mandate would require additional staff and time to comply with the reporting mandate. The NCCR is able to receive electronic files form provider electronic health care systems which would reduce staff time and resources for these providers.

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Christine Pool at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89701
Christine Pool
Phone: 775-684-3221
Email: cpool@health.nv.gov

**Certification by Person Responsible for the Agency**

I, Cody Phinney, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature FOR CODY PHINNEY Date: 7/5/16

# NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 457 found in LCB File No. R057-16.

The workshop will be conducted via videoconference beginning at 1:00 PM on Friday, July 22, 2016, at the following locations:

| | |
|---|---|
| Nevada Division of Public and Behavioral Health<br>Rawson-Neal Training Room B-193<br>1650 Community College Drive<br>Las Vegas, Nevada | Nevada Division of Public and Behavioral Health<br>Hearing Room 303<br>4150 Technology Way<br>Carson City, Nevada |

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

**AGENDA**

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 457 revisions
3. Public Comment

The proposed changes will revise Chapter 457 of the Nevada Administrative Code.

R057-16 is being proposed in accordance with NRS 457.

The proposed regulations provide provisions for:

- Modifying Nevada Administrative Code (NAC) 457 relating to reporting and analyzing information on cancer.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Christine Pool, Nevada Central Cancer Registry Program Manager, Office of Public Health Informatics and Epidemiology (OPHIE) at the following address:

Nevada Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology
4126 Technology Way, Suite 200
Carson City, NV 89706

Members of the public who require special accommodations or assistance at the workshops are required to notify Christine Pool, Nevada Central Cancer Registry Program Manager, Office of Public Health Informatics and Epidemiology at the following address, in writing at the Office of Public Health Informatics and Epidemiology 4126 Technology Way, Suite 200, Carson City, NV 89706, or by calling (775) 684-5968 at least five (5) working days prior to the date of the public workshop.

You may contact Christine Pool, Office of Public Health Informatics and Epidemiology by calling (775) 684-3221 for further information on the proposed regulations.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology
4126 Technology Way, Suite 200
Carson City, NV 89706

Division of Public and Behavioral Health
Southern Nevada Adult Mental Health Services
1650 Community College Drive, Room B-193
Las Vegas, NV 89146

Nevada State Library and Archives
100 North Stewart Street
Carson City, NV

**A copy of the Notice of Public Workshop, Small Business Impact summary report, and draft of the proposed regulations can be found on-line by going to:**

http://dpbh.nv.gov/Programs/NCCR/dta/Boards/Meetings/

You may request a copy a hard copy of the above listed documents by calling the Nevada Central Cancer at (775) 685-5968.

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 North Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Grant Sawyer Building, 555 E. Washington Avenue, Las Vegas
5. Washoe County District Health Department, 9$^{TH}$ and Wells, Reno

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
833 Las Vegas Boulevard North
Las Vegas, NV 89101

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Pkwy
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390

Pahrump Library District
701 East Street
Pahrump, NV 89041-0578

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street/PO Box 151
Tonopah, NV 89049-0449

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

**NOTICE OF PUBLIC HEARING**

Intent to Adopt Regulations
(LCB File No. R057-16)

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 457 of Nevada Administrative Code (NAC), Reporting Information on Cancer. This public hearing is to be held in conjunction with the State Board of Health meeting on September 9, 2016. The NAC 457 regulation changes will be heard in the order placed on the State Board of Health agenda.

The State Board of Health will be conducted via videoconference beginning at 9:00 a.m. on Friday, September 9, 2016 at the following locations:

| | | |
|---|---|---|
| Division of Public and Behavioral Health<br>4150 Technology Way<br>Room #303<br>Carson City, NV 89706 | Southern Nevada Health District<br>Red Rock Conference Room<br>280 South Decatur Blvd<br>Las Vegas, NV | Division of Aging and Disability Services<br>Early Intervention Services<br>1020 Ruby Vista Drive, Suite 102<br>Elko, NV |

The proposed regulations to NAC 457 include the following: The proposed addition/change of regulations in LCB File No. R057-16 include provisions for:

- Amends the requirement of reporting incidence of neoplasms other than cancer to the system for reporting such information established and maintained by the Chief Medical Officer.
- Expand the applicability of the reporting requirements that were previously applicable to physicians who provided treatment for cancer to, with limited exceptions, any provider of health care who diagnoses or provides treatment for cancer or other neoplasms.
- Adopt by reference the most current version of certain volumes of the Standards for Cancer Registries, the International Classification of Diseases for Oncology and the Facility Oncology Registry Data Standards (FORDS), and any subsequent revision of those publications that have been approved by the Chief Medical Officer for use in this State.
- Amend existing regulations to instead reference the neoplasms listed in one of the publications adopted by reference as the types of neoplasms which are required, with certain limited exceptions, to be reported pursuant to existing law.

- Existing regulations require health care facilities to abstract information concerning malignant neoplasms and provide that information to the Chief Medical Officer or his or her designee. (NAC 457.050) This regulation expands: (1) the scope of the information abstracted to include information on cases of cancer and other neoplasms; and (2) the applicability of the requirement to certain providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patient with respect to cancer and other neoplasms.
- Establish an administrative penalty of up to $25,000 to impose against any person who violates certain provisions which govern the abstracting of records of a health care facility relating to cancer and other neoplasms the Board requires to be reported.
- Establish the amount of and the procedures for notice and appeal with regard to the imposition of such an administrative penalty.
- Require a provider of health care who has directly referred or previously admitted a patient to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to report limited information to the Chief Medical Officer to obtain information from the hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer or other neoplasms to which the patient was referred or admitted to.
- Increase from $32 to $250 the fee that the Chief Medical Officer must collect from a health care facility from whose records regarding cases of neoplasms the Division abstracts information and expand the applicability of that fee to providers of health care and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms.
- Remove the $8 fee imposed on a health care facility that abstracts information from its own records at the request of the Division.
- Increase from $35 to $200 the fee that the Chief Medical Officer must collect from a medical researcher who obtains data from the registry.

1. Anticipated effects on the business which NAC 457 regulates:
   A. *Adverse effects*: May have a negative economic impact on a small business depending on the cancer caseload because of additional costs and staff resources needed to abstract cancer information.
   B. *Beneficial:* Anticipated benefits would improve compliance with cancer reporting requirements to avoid under-reporting, align with CDC recommendations and guidelines, complete, timely, and quality production of cancer incidence data for use in cancer control and prevention activities.
   C. *Immediate:* The stated adverse and beneficial effects would be immediate impacts as soon as the proposed regulations become effective.
   D. *Long-term*: The long term impacts would be the same as the immediate impacts as it

would not be expected that the impacts would go away. In addition, Nevada cancer data would achieve national standards.

2. Anticipated effects on the public:

A. *Adverse*: None anticipated.
B. *Beneficial:* Increased patient and public safety.
C. *Immediate*: Increased patient and public safety.
D. *Long-term:* Increased patient and public safety.

3. The estimated cost to the Division of Public and Behavioral Health for enforcement of the proposed regulations is estimated to be $0. Currently it is expected that the provisions of these regulations would be incorporated into current processes utilizing existing staff therefore no cost ($0) to the agency for enforcement is anticipated.

4. The proposed regulations do not overlap or duplicate any other Nevada state regulations. Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

5. Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Cody Phinney, to be received no later than August 30, 2016 at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
4150 Technology Way, Main Lobby
Carson City, NV 89701

Nevada State Library
100 Stewart Street
Carson City, NV 89701

Southern Nevada Health District
Red Rock Conference Room
208 South Decatur Blvd
Las Vegas, NV 89146

A copy of the regulations and this notice can be found on-line by going to:
http://dpbh.nv.gov/Programs/NCCR/dta/Boards/Meetings/

Copies may be obtained in person, by mail, or by calling the Nevada Central Cancer Registry at (775) 684-5968.

Copies may also be obtained from any of the public libraries listed below:

Carson City Library
900 North Roop Street
Carson City, NV 89702

Churchill County Library
553 South Main Street
Fallon, NV 89406

Clark County District Library
1401 East Flamingo Road
Las Vegas, NV 89119

Douglas County Library
1625 Library Lane
Minden, NV 89423

Elko County Library
720 Court Street
Elko, NV 89801

Esmeralda County Library
Corner of Crook and 4th Street
Goldfield, NV 89013-0484

Eureka Branch Library
80 South Monroe Street
Eureka, NV 89316-0283

Henderson District Public Library
280 South Green Valley Parkway
Henderson, NV 89012

Humboldt County Library
85 East 5th Street
Winnemucca, NV 89445-3095

Lander County Library
625 South Broad Street
Battle Mountain, NV 89820-0141

Lincoln County Library
93 Maine Street
Pioche, NV 89043-0330

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399

Mineral County Library
110 1st Street

Pahrump Library District
701 East Street

Hawthorne, NV 89415-1390

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449

White Pine County Library
950 Campton Street
Ely, NV 89301-1965

Pahrump, NV 89041-0578

Storey County Library
95 South R Street
Virginia City, NV 89440-0014

Washoe County Library
301 South Center Street
Reno, NV 89505-2151

Diplomat
American Board
Obstetrics & Gynecology

**MARK TURNER M.D.**

**GYNECOLOGY**
**GYNECOLOGIC ONCOLOGY**

Fellow
American College of
Surgeons

7/14/2016

Memo to: Christine Pool, Department of Health and Human Services
From: Mark Turner M.D.

RE: burden on small practice of new reporting requirements

Dear Ms Pool,

I am writing to express concern that the new requirements for reporting is something that will involve a significant burden on a small single physician practice such as mine and will be with almost no exception redundant reporting from the hospital setting where gynecologic cancers are primarily treated and quite often diagnosed. The redundancy will result in a significant burden of time and money to meet requirements resulting ultimately in the potential for compromised care to those having the disease.

All invasive gynecologic cancers end up in the hospital setting if not for primary treatment for staging to facilitate combinations of radiation and chemotherapy. Therefore requiring a duplicate reporting from an office will be redundant compromising the efficiency of my office and the need for governmental registry personnel to sort out duplicated material.

I strongly request that greater consideration be made to look at the different cancer fields and adjust requirements such that the burden on physicians and their office staff be minimized for those whose treatments already pass through the hospital where reporting has taken place for some time.

Thanks you for your consideration.



517 Rose Street, Las Vegas, Nevada 89106
Tel: 438-4694 Fax: 438-4693

SUMMERLIN
DERMATOLOGY

8310 W. Sahara Avenue
Las Vegas, NV 89117
Phone: 702-243-4501

August 2, 2016

Nevada Division of Public and Behavioral Health
Nevada Central Cancer Registry
4126 Technology Way, Suite 200
Carson City, NV 89706

RE: Proposed Regulation
LCB file no. R057-16

To Whom It May Concern:

The proposed changes to NAC 457 that are embodied in the above-referenced file, and the hearing on July 22, 2016, regarding this legislation, have raised concerns. We feel that the physician community has been significantly under-represented, despite the presence of the Executive Director of the Nevada State Medical Association at the meeting.

We are all concerned about the imposition of a fine of $5,000 that can be imposed per instance of non-reporting. This seems inappropriate given that the Nevada Board of Public and Behavioral Health (NV BPBH) does not license doctors and should have no power to impose fines of this nature. It seems unsuitable given the fact that the proposed legislation encourages duplication of reporting which suggests that the Board does not have a clear understanding of basic structures and processes in the private healthcare community (i.e., medical offices and clinics with no ties to government entities).

Questions exist over the proposition that providers must report within 30 calendar days following diagnosis and/or treatment. Please understand that while a physician in a medical clinic might examine a patient and strongly suspect that a tumor is, for instance, a melanoma, the definitive diagnosis is obtained after pathologic examination. In other words, the pathologist makes the diagnosis. Given that fact, why would a physician need to report this incidence of skin cancer? The reporting has already been done by the pathologist. What benefit is gained from a duplication of information? Additionally, is this legislation

proposing that a physician must also report this diagnosis for this patient again at the time that the treatment (presumably an excision) is done? What about three months later when the patient returns for followup examination? And if that reporting is not done at one of these points, is that physician then subject to a fine of $5,000?

The NV BPBH website states that "the NCCR (Nevada Central Cancer Registry) is a vital tool for monitoring the incidence of cancer within the state and sharing that information with healthcare professionals, researchers and the general public." This goal would not seem to carry the authority or the necessity to demand specific and sensitive personal information on every patient. Information such as the patient's name, address and social security number have no value in the compilation of the incidence of cancer, a statistic that could be derived by other, more general information. Patients have been educated for years by the federal government specifically to not give out their social security number as a means of avoiding identity theft. Most of us do not collect the patient's social security number in our practices. Clearly this requirement needs to be removed fro this proposal.

We would also like to address the idea that seems to permeate government at all levels – the idea that physicians practicing medicine in small to medium-sized offices and clinics have "IT." We don't. We have front desk receptionists and medical assistants and billing staff. We are carrying payrolls for staffs that are 3 times larger than the last generation of doctors needed. This enormous increase in our staffing requirements correlates directly with the increase in regulations affecting medical practices. And when you get sick, none of this is going to get you well. Only a trained and experienced physician with the time to focus on patient care is going to help. Forcing medical professionals to bear the burden of another staff member so they can "get their IT to help" is obnoxious.

Finally, we have read the published proposed regulation and yet have no idea which neoplasms will be reportable. Will that list be published before the final regulation is submitted for approval? Is it currently available? If so, where? And why, in the proposal, is the wording "malignant neoplasm" changed to "neoplasm?" Is this an indication that the NV BPBH is considering broadening reportable cases in the near future?

Your prompt response would be appreciated. We would also be interested in meeting with you to further discuss this proposal.

Cordially,

Reuel M. Aspacio, M.D.

8/2/16
Date

Christine Pool
Nevada Central Cancer Registry Program Manager
OPHIE
4126 Technology Way, Suite 200
Carson City, NV 89706

Thursday, August 18, 2016

Dear Ms. Pool:

Reno Diagnostic Centers (RDC) appreciated the opportunity to speak at the July 22, 2016 Public Workshop regarding the proposed changes to NAC Chapter 457 through R057-16.

Our statement during this meeting was simply a request for an exclusion to be added to R057-16:

> *"Stand-alone imaging centers with no self-referring primary care doctors, oncologists, surgeons, other specialists, pathologists, or cancer testing laboratories, be excluded from the reporting requirements from the Nevada Central Cancer Registry."*

This exclusion request does not include the Mammography BIRAD reporting requirements in NAC 457, which we fully understand the applicability to our operations.

The reason for this request is simple. Reno Diagnostic Centers does not diagnose cancer nor perform cancer treatments. Rather, those services are provided by a patient's doctor, specialists, pathologists and laboratories. Our outpatient imaging centers, are a technical resource to primary care doctors, oncologists, surgeons, etc., for the purposes of providing information to doctors to help them diagnose diseases. These physicians and specialists are the patient's doctors, they write the orders for the scans and services we perform, they get the report from our radiologists that they use, along with pathology and laboratory test results to diagnose and treat cancer patients. It is these two facts that form the basis of our request for exclusion of the reporting in NAC 457 and the additional requirements being contemplated in R057-16.

A small fraction of the patients who come to RDC actually see our radiologists. Our business model is to provide world-class, cost effective, excellence in radiological imaging to Northern Nevadans and their physicians so disease and medical conditions can be diagnosed and treated. For example, when someone has a broken leg, a radiologist can specifically diagnose the fracture. However, when it comes to cancer scans, the radiologist uses their training and expertise to indicate locations in the body where cancer may be likely or tissue that looks like it may be cancer, but that is not a definitive diagnosis, it is a technical reference to an area in the body for the patient's doctor, surgeon, or Oncologist to request lab work or pathology of which the result specifically diagnoses the cancer.

As we understand from documentation on the Nevada Central Cancer Registry's website, the cancer registry is a *"data system that collects, manages, and analyzes data about cancer cases and cancer deaths. It allows for capturing diagnosis, as well as treatment information."*

Reno Diagnostic Centers

590 Eureka Avenue
Reno, Nevada 89512

625 Sierra Rose Drive
Reno, Nevada 89511

T: (775) 323-5083
F: (775) 785-8731

renodiagnosticcenters.com
contactus@renoimage.com

We appreciate the value of big data and registries. It is this appreciation that allows us to know that extraneous data, not detailing a diagnosis, corrupts the data stored and ultimately takes more resources (both human and computing) to get the analysis work done. With reimbursement levels for services declining (sometimes 40% for a procedure in a single year), and budgetary constraints it would seem mutually beneficial to insert the aforementioned exclusion into the R057-16 revision of NAC457 for the September vote by the board.

RDC is trying its best to maintain the most cost effective world class radiology and imaging services for our citizenry. It would be an enormous financial burden for us to have to assign 2-3 full time staff members to review each of the 72,000 exams we do per year (both cancer and non-cancer related) when we know the information will not provide the registry with conclusive data.

Thank you for your consideration of this request. We look forward to working with you further to help ensure the Registry's success and to provide the Division of Public and Behavioral Health with any additional information regarding this exclusion request or other insights on how to make the entirety of NAC 457 most cost effective to run for the state.

Regards,

Terri Mahannah
Executive Director

Dr. Ross H. Golding
CEO/Medical Director

c.c.

Michael Willden, Chief of Staff to Governor Brian Sandoval
Brian Saeman, Chairman, State Board of Health, NV
Dr. John DiMuro, Chief Medical Officer OPHIE, NV
State Senator Joe Hardy
State Assemblyman James Oscarson

SURGICAL DERMATOLOGY
& LASER CENTER
tel.702.255.6647 | fax.702.933.1444
WWW.SURGICAL-DERMATOLOGY.COM

August 9, 2016

Ms. Cody Phinney
Administrator
Nevada Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Dr. John DiMuro
Chief Medical Officer
Nevada Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Ms. Christine Pool
Nevada Central Cancer Registry Program Manager
Nevada Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology
4126 Technology Way, Suite 201
Carson City, NV 89706

Re: Proposed Regulation
LCB file No. R057-16

Dear Ms. Phinney, Dr. DiMuro and Ms. Pool:

We are writing collectively as the Las Vegas Dermatological Society regarding concerns over the proposed changes to N.A.C. 457 as well as the hearing regarding these changes held on July 22, 2016. These changes are embodied in the above referenced file. There are several aspects of the proposed regulation that have raised concerns among our members.

To begin with, we feel the proposed changes are both vague and duplicative. Questions exist over the proposition that providers must report within 30 calendar days following diagnosis

and/or treatment. Please understand that while a physician in a medical office might examine a patient and strongly suspect that a tumor is, for instance, a malignant melanoma, the definitive diagnosis is only obtained after pathologic examination of the tissue. In other words, the pathologist makes the diagnosis. Given this fact, why would a physician need to also report this same incidence of skin cancer. The reporting is already completed by the pathologist. What objective is gained from a duplication of this information? Further confounding this duplicity is the vagueness of the regulations language. In addition to proposing that both the physician and the pathologist report the same information, is it also a requirement that a physician report the diagnosis for this patient, again, at the time that the treatment (presumably an excision) is performed? What about three months later when that patient returns for a follow up examination? And, if that reporting is not done at one of these points, is that physician then subject to a $5,000 fine?

We are all also concerned over the potential for the imposition of the exorbitant fine of $5,000 that can be levied per instance for non-reporting. This fine appears inappropriate given that the Nevada Board of Public and Behavioral Health does not license physicians and should have no power to impose fines of this nature. It seems unsuitable given the fact that the proposed regulation encourages duplication of reporting which suggests the Division does not have a clear understanding of the basic structures and processes in the private healthcare community (i.e., medical offices and clinics with no ties to government entities). Creating a further economic hardship on our businesses is the funding it would take to comply with this regulation. The idea that physicians practicing medicine in small to medium-sized offices and clinics have an "IT" Department is wishful. We simply do not. We have front desk receptionists, medical assistants, and billing staff. We are carrying payrolls for staffs that are 3 times larger than the last generation of physicians needed. This enormous increase in our staffing requirements correlates directly with the increase in regulations affecting medical practices. And when you get sick, none of this information is going to get you well. Only a trained and experienced physician with the time to focus on patient care is going to help. For medical professionals to bear the extra burden of another staff member so they can "get their IT to help" is completely unreasonable.

Collecting the necessary data will be financially burdensome, will require extensive time and effort, and ultimately may be difficult and unreasonable to obtain certain sensitive information; thus adding to the adverse impact on our practices. The Nevada Division of Public and Behavioral Health website states that "the NCCR (Nevada Central Cancer Registry) is a vital tool for monitoring the incidence of cancer within the state and sharing that information with healthcare professionals, researchers and the general public." This goal would not seem to carry the authority or the necessity to demand specific and sensitive personal information on every patient. Information such as the patient's name, address and social security number have no value in the compilation of the incidence of skin cancer, a statistic that could be derived by other, more general information. Patients have been educated for years by the federal government specifically not to give out their social security number as a means of avoiding identity theft. Most of us do not collect patient's social security numbers. We feel this requirement only further emphasizes the overbroad and burdensome nature of this regulation.

Finally, we have read the published proposed regulation and yet have no idea which neoplasms will be reportable. Will that list be published before the final regulation is submitted for approval? Is it currently available? If so, where? And why, in the proposal, is the wording "malignant neoplasm" changed to "neoplasm"? Is this an indication that the Nevada Division of Public and Behavioral Health is considering broadening reportable cases in the near future? Adding to the vague nature of this proposed regulation is the potential requirement to collect information for even non-life threatening skin cancers (such as basal cell carcinomas and a majority of squamous cell carcinomas), which are the most often treated skin cancers in our clinics. Reporting for just these two types of skin cancers alone has the potential to cause hardship on our practices.

Our collective determination at this time is to strongly request that this entire draft as it relates to physicians be removed or revised. Since the stated goal of the Nevada Division of Public and Behavioral Health and the Nevada Central Cancer Registry is to "monitor the incidence of cancer within the state," we strongly urge that any regulation written in its place require reporting only from the pathologist making the diagnosis. In addition, skin cancers which are non-life threatening be removed from reporting requirements. Moreover, information requested by the Division, should be limited to case-specific information, not patient-specific; in other words, while gender, age, race and ethnicity might be collected, there is no need to collect patient names, addresses or social security numbers.

Thank you in advance for your consideration. We would appreciate an opportunity to meet and discuss our concerns and proposals with you. If meeting in person is not possible, we could schedule a phone call with each of within the week to discuss this issue further. Your prompt response is appreciated.

Cordially,

The Las Vegas Dermatological Society

Douglas J Fife, M.D., President
702-858-4298
dfife@surgical-dermatology.com

Candace T. Spann, M.D, Vice President
702-919-6099
drcandace@couturemedical.com

Alan Arnold, M.D.

Lucius Blanchard, M.D.

Michael Bryan, M.D.

James Q. Del Rosso, M.D.

Victoria Farley, M.D.

H.L. Greenberg, M.D

Clifton Hall, M.D.

Lionel Handler, M.D.

Grace Kim, D.O.

Elizabeth Langford, D.O.

Robert Lieberman, M.D.

Mac Machan, M.D.

Brent Michaels, D.O.

Susun Michaels, D.O.

Todd Murry, M.D.

Frank Victor Rueckl, M.D.

Curt Samlaska, M.D.

Saul Schreiber, D.O.

Marvin Spann, M.D.

Robert Strimling, M.D.

Alison Tam, D.O.

Douglas Thomas, M.D.

Johnnie Woodson, M.D.

Linda Woodson, M.D.