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NEVADA CENTRAL CANCER REGISTRY

Non-Hospital Reporting Manual

Office of Public Health Informatics and Epidemiology
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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1 Introduction

1.1 Nevada Central Cancer Registry (NCCR)

The NCCR is a population-based registry that maintains data on all cancer patients within the state of Nevada. The Registry began collecting cancer incidence data in 1989. In 1995, the NCCR began receiving funding from the National Program of Cancer Registries (NPCR) through the Centers for Disease Control and Prevention (CDC).

The goal of the NCCR is to gather comprehensive, timely, and accurate data on the incidences of cancer among Nevada residents.

Through the Office of Public Health Informatics and Epidemiology, NCCR provides statistical data for use by epidemiologists, health researchers and others in the medical and allied health professions. Information from the Registry is intended to identify cancer risk, evaluate cancer patient care, and characterize leading trends in cancer incidence, survival, and mortality among state residents.

The Nevada Central Cancer Registry provides the following services:

- Processes cases and conducts quality control audits on cases abstracted by health care facilities and providers of health care
- Receives and processes reports from pathology laboratories
- Executes Data Exchange Agreements with other states
- Provides training to cancer registrars in the state
- Provides statistical cancer data for researchers, prevention programs, medical professionals and community partners

1.2 NCCR Contact Information

Nevada Central Cancer Registry
4126 Technology Way, Suite 200
Carson City, NV 89706
Telephone: 775-684-5968
Fax: 775-684-5999
Web site: http://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_(NCCR)_-Home/

Requests for research studies, reports, or information should be submitted to NCCR through http://dpbh.nv.gov/Programs/OPHIE/dta/Forms/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Forms/

1.3 Legislative Declaration

The effective diagnosis, care, treatment and cure of persons suffering from cancer is affected with the public interest. Vital statistics indicate that approximately 16 percent of the annual total deaths in the United States result from one or another of the forms of cancer. It is established that accurate and early diagnosis of many forms of cancer, followed by prompt application of methods of treatment which are scientifically proven, either materially reduces the likelihood of death from cancer or may materially prolong the useful life of individuals suffering therefrom. It is, therefore, in the interest of members of the public that they be afforded full and accurate knowledge of the facilities and methods used for the diagnosis, treatment and cure of cancer which are available in this state and, to that end, that there be provided means for testing and investigating cancer devices, drugs, compounds and other agents, and that the members of the public be informed of facts for their protection from misrepresentation in such matters.

1.4 Cancer Reporting Law

Public Law 102-515, the Cancer Registries Amendment Act, was enacted in 1992. Through this Congress established the National Program of Cancer Registries (NPCR) through the Centers for Disease Control and Prevention (CDC). Through this Act, the NPCR was established to fund and support the operation of population-based, statewide cancer registries in order to collect cancer data.

The Nevada Central Cancer Registry (NCCR) is regulated by both Nevada Revised Statues (NRS) 457.230-457.280 and Nevada Administrative Codes (NAC) 457.045-457.150. State regulation made cancer a reportable disease in Nevada effective 1983. Compliance with cancer reporting will ensure complete, timely, and accurate surveillance data and enable the registry to produce meaningful cancer statistics for public use. (Appendix A)

1.5 Who Must Report?

All health care providers who diagnose or treat cancer patients must report cases of cancer to the NCCR. The types of providers below are included in this requirement.

- **Health Care Facilities**
- **Providers of Health Care** who diagnose or provide treatment for cancer
- **Medical Laboratories**
- **Other facilities that provide screening, diagnostic or treatment services**

2 Confidentiality

2.1 Confidential Data

According to NRS 457.065, 457.240, all documents in the possession of the registry which contain names of patients, physicians, hospitals, or medical laboratories are confidential except the list of names of hospitals which report information to the registry and the list of names of the medical laboratories which report information to the Registry.

In accordance with NRS 457.065, 457.240, the Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient's medical treatment for cancer with any health care facility, or the registry connected with the facility which has participated or is participating in treating that patient's illness if the person seeking the information:

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

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

According to NRS 457.270, consent is required before disclosure of the identity of a patient, physician, or health care facility. The Division of Public and Behavioral Health shall not reveal the identity of any patient, physician, or health care facility that is involved in the reporting required by NRS 457.250 unless the patient, physician, or health care facility gives prior written consent to such a disclosure. Information accumulated and maintained in the Nevada Central Cancer Registry shall not be divulged except as statistical information that does not identify individuals and for purposes of such research as approved by the State Board of Health. The rules and regulations also state that all information reported to the Division of Public and Behavioral Health shall be confidential and shall not be disclosed under any circumstances except

1. To other State cancer registries with which the Division of Public and Behavioral Health has agreements that ensure confidentiality,

2. To other state health officials who are obligated to keep such information confidential, and

3. To approved cancer research centers under specific conditions in which the names and identities of the individuals are appropriately protected and when such research is conducted for the purpose of cancer prevention, control, and treatment.

2.2 Disclosure for Public Health Purposes

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule allows "covered entities" (health care providers) to disclose protected health information to public health authorities when required by federal, tribal, state, or local laws [45 CFR 164.512(a)(1)]. Central cancer registries are considered public health authorities because state laws mandate their duties. Written authorization from the individual before reporting protected health information to the state cancer registry is not required under HIPAA. The provision of the Privacy Rule authorizing disclosure of protected health information as required by law is an exception to the requirement for written authorization.

2.3 Summary Data

Data provided by NCCR will include summary information grouped by age, sex, or geographic area and displayed so that individual patients or institutions cannot be identified. Summary statistics will not be reported for fewer than five cases in any one substrate.

3 General Procedures

Traditional cancer data collection has been primarily from hospitals. As medical advances have occurred, diagnosis and treatment of certain cancers has moved from the acute care setting to being fully cared for within a physician/medical office and therefore never received and counted by the registry.

The NCCR supplements hospital data with reports from facilities and providers who diagnose and/or treat cases that are not seen in a hospital. In addition, death certificates and pathology laboratory reports are used to help identify cases that are missed in this routine reporting by hospitals, health care facilities and providers of health care offices.

All cases should be reported regardless of the state/place of residence of the patient. The NCCR has data sharing agreements with many central registries within the United States to exchange cancer incidence data.

Any duplicate reports are consolidated in the data editing process. The purpose of this concerted effort is to alleviate under-reporting or a delay in reporting which can adversely affect incidence rates and research from incomplete data collection.

The NCCR operates under the Standards set by the National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR).

Information collected includes:

- Patient information (e.g. age, gender, race, address at diagnosis, place of birth, marital status, occupation and industry)
- Anatomic site of the primary tumor
- Histology (cell type) of the cancer
- Stage of disease at diagnosis
- First course of treatment

3.1 Who Reports to NCCR?

3.1.1 Hospitals

General, Critical Access and Specialty/Surgery Hospitals must report all required inpatient and outpatient cancer cases. This includes:

- Analytic cases
- Non-analytic cases

3.1.2 Non-Hospitals

Physicians in private or group practice must report all required cancer cases that are not referred to a hospital for further diagnosis or treatment. This includes:

- Patients who are clinically diagnosed and receive no further work-up or treatment
- Patients who are newly diagnosed in the physician's own laboratory or by sending a specimen from the office to an outside laboratory, whether hospital or independent
- Patients whose first course of treatment is initiated in the physician's office or clinic. This includes cancer treatment by surgery, radiation, chemotherapy, immunotherapy, or hormones.

If the hospital reports cancer cases diagnosed in a staff physician's office, the physician need not to report to the NCCR.

Dentists must report all required cancer cases that are not referred to a hospital for further diagnosis or treatment. This includes:

- Patients who are diagnosed or treated by a dentist who performs a biopsy and/or receives a pathology report of a reportable case

Dermatologists must report all required cancer cases that are not referred to a hospital for further diagnosis or treatment. This includes:

- Patients who are diagnosed or treated by a dermatologist who performs a biopsy and/or receives a pathology report of a reportable case

Freestanding Radiation or Medical Oncology Clinics must report any patient initially diagnosed with a reportable cancer or when first course of treatment is initiated at the non-hospital based facility. This includes cancer treatment by surgery, radiation, chemotherapy, immunotherapy, or hormones.

Surgery Centers – Freestanding surgery centers-includes plastic reconstructive, oral and maxillofacial surgery centers (independent centers not affiliated with any hospital) must report any patient undergoing a biopsy or other surgical procedure at the facility for a newly diagnosed reportable cancer. This includes cases also reported by either a hospital based or a private/independent medical laboratory.

Surgery centers affiliated with a hospital must report any patient undergoing a biopsy or other surgical procedure at the facility for a newly diagnosed reportable cancer if the patient was not referred to the hospital for further diagnosis or treatment. This includes cases also reported by either hospital-based or private/independent medical laboratories.

Other Facilities - Facilities that provide cancer screening services, diagnostic services, or therapeutic cancer services must report confirmed cancer cases which are subject to reporting. **This includes facilities that provide mammography or radiology services, palliative, prophylactic, or adjuvant therapy for reportable cases.**

Long-Term Acute Care Hospitals, Hospices and Skilled Nursing Facilities must report the following types of diagnosed reportable cancer cases:

- Cases clinically diagnosed but not confirmed through biopsy, cytology, or other microscopic methods.
- Cases for whom the first course of cancer treatment is initiated at the facility. Treatment may include chemotherapy, immunotherapy, or hormone therapy.
- Cases admitted with active cancer for the purpose of receiving supportive care, palliative care, pain management and/or hospice services.

3.1.3 Medical Laboratories

Medical Laboratories must report each specimen which shows evidence of cancer which are subject to reporting. This includes:

- Hospital-based laboratories
- Private laboratories
- Independent laboratories

3.2 What Cancers Are Reportable?

Public Law 102-515 and its amendments identify reportable conditions for the National Program of Cancer Registries, therefore Nevada is following the International Classification of Diseases for Oncology classification system to determine reportability.

- **All diseases with a behavior code of "/2," in situ disease, or "/3" malignant disease**
- **All solid tumors of brain and central nervous system, including meninges and intracranial endocrine structures with behavior codes of:**
  - "/0" benign disease
  - "/1" disease of uncertain malignant potential
  - "/2" in situ disease
  - "/3" malignant disease

This includes:

- Diagnoses that include the following terminology are malignant neoplasms and are reportable:

cancer	*carcinoma*
carcinoma in situ	*malignant*
leukemia	*lymphoma*
melanoma	*sarcoma*

- Malignant diagnoses that are not histologically confirmed, but are described by one of the following ambiguous terms, are considered confirmed cases and are reportable:

apparent, apparently	*most likely*
appears	*presumed*
comparable with	*probable, probably*
compatible with	*suspect, suspected*
consistent with	*suspicious (for)*
favors	*typical of*
malignant appearing	

- Basal or squamous cell carcinoma originating in mucoepidermoid or genital sites. This includes VIN III, VAIN III, and AIN III
- A clinical diagnosis or any case that is stated to be cancer by a recognized medical practitioner, even if there is no histologic or cytologic confirmation
- Any reportable cancer listed on the death certificate
- Patients undergoing prophylactic or adjuvant therapy for a reportable condition
- Hematopoietic and lymphoid neoplasms

3.3 Casefinding ICD-10-CM Code List

Effective for cases diagnosed on or after January 1, 2017

ICD-10-CM CODE*	EXPLANATION OF ICD-10-CM CODE
C00.- - C43.-, C4A.-, C45.- - C96.-	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
D00.- - D09.-	In-situ neoplasms *Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/ reportable*
D18.02	Hemangioma of intracranial structures and any site
D18.1	Lymphangioma, any site *Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable*
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 - D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3) *ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)*
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) *ICD-10-CM Coding instruction note: Excludes the following: Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_) Chronic myeloid leukemia BCR/ABL-positive (C92.1_) Myelofibrosis & Secondary myelofibrosis (D75.81) Myelophthisic anemia & Myelophthisis (D61.82)*
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) *Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia*
D47.4	Osteomyelofibrosis (9961/3) Includes: Chronic idiopathic myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosi (megakaryocytic) with myeloid metaplasia) Secondary myelofibrosis inmyeloproliferative disease
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue,unspecified (9960/3, 9970/1, 9971/3, 9931/3)
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina

** International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017*

3.4 What Cancers Are Not Reportable?

- Patients with precancerous conditions or benign tumors are not reportable. Examples of such diagnoses include atypical adenoma.
- Skin cancer
  The following histology/site combinations for skin cancers are not reportable:
  8000-8005 Neoplasms malignant, NOS of the skin (C44.0-C44.9)
  8010-8046 Epithelial carcinomas of the skin (C44.0-C44.9)
  8050-8084 Papillary and squamous cell carcinomas of the skin (C44.0-C44.9)
  8090-8110 Basal cell carcinomas of the skin (C44.0-C44.9)
  C44.0-C44.9 include: skin of the lip, eyelid, external ear, face, nose, scalp, neck, trunk, perineum, (peri) anus, umbilicus, upper and lower limbs, shoulders, hips, and skin around ostomy sites. Metastasis from non-reportable site: if the primary site is not reportable but the cancer has metastasized to other sites, the record is still not reportable.
- Carcinoma in situ of the cervix
  The diagnosis carcinoma in situ of the cervix (CIS) is not reportable except adenocarcinoma in situ.
- Intraepithelial neoplasia
  Patients with the following diagnoses of intraepithelial neoplasia are not reportable to these specific sites only:
  Cervical intraepithelial neoplasia (CIN)
  Prostatic intraepithelial neoplasia (PIN)
- Consult only records
  Patients seen in consultation to confirm a diagnosis only are not reportable. A consult may be done to confirm a diagnosis or treatment plan. If a chart is created, the case would be reportable.
- Ambiguous terms that do not constitute a diagnosis of cancer
  Do not interpret the following terms as a diagnosis of malignancy. Do not report patients who have a final diagnosis consisting only if these terms without additional information to support reportability.

Cannot be ruled out	*Questionable*
Equivocal	*Rule out*
Possible	*Suggests*
Potentially malignant	*Worrisome*

  Example: If the final diagnosis is reported as possible carcinoma of the breast, the case is not reportable.
  Note: If a phrase such as “strongly suggestive” or “highly worrisome” is used, disregard the modifier (“-ly”) and refer to the guidelines above regarding the primary term.
- Slide reviews
  Records in which slides are sent to your pathologist for second opinion are encouraged to be reported, but are not required. The slide was already read by another pathologist, the facility requesting the slide review is required to report the final diagnosis as determined after the slide review.

- History of Cancer
  Patients with a history of malignancy who are clinically free of disease are not reportable. If the patient has actually received cancer-directed or non-cancer directed treatment during the encounter, the record must be reported.
- Metastatic sites
  Do not report the metastatic or secondary sites of a malignant neoplasm; however, check to make sure the primary site was previously reported. A diagnosis of metastatic cancer with an unknown primary site not previously reported should be submitted with the primary site documented or coded as unknown.
- Recurrence
  Recurrence is defined as the same cancer arising in or from the primary site where it appeared earlier and is not considered a new primary cancer by the physician. Do not report a recurrent diagnosis when you previously reported it.

3.5 What Information Has to Be Reported?

The NCCR operates under the Standards set by the National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR).

Information collected includes:

- Patient information (e.g. age, gender, race, address at diagnosis, place of birth, marital status, occupation and industry)
- Anatomic site of the primary tumor
- Histology (cell type) of the cancer
- Stage of disease at diagnosis
- First course of treatment

The NCCR understands that not all reporting facilities and providers have all collected information available. Special abstracting forms and instructions are available for specific reporting entities.

3.5.1 Hospitals

Hospitals with Cancer Registries

Hospitals with computerized registries will be required to submit reportable cases abstracted by certified tumor registrars (CTR's) following **Facility Oncology Registry Data Standards (FORDS)** and **NAACCR Volume II, Data Standards and Data Dictionary** for detailed specification and coding guidelines to create the data exchange record file layout. Data has to be submitted within six-month from the date of first contact. The preferred method of data submission is electronic transmission over the Internet to the NCCR Web-based application Web Plus in NAACCR file format.

Hospitals without Cancer Registries

Hospitals that currently do not have computerized registries will be required to submit reportable cases abstracted by CTR's or hospital staff within six-month from the date of first contact. The preferred method of data submission is:

- The CTR staff perform case finding procedures to identify all reportable cancer cases. CTR staff will abstract each case identified using NCCR's Web Plus system.
- The hospital staff perform case finding procedures to identify all reportable cancer cases. Hospital staff will abstract each case identified using the "NCCR's Cancer Reporting Form" (Appendix E) or the NCCR's Web Plus system.

3.5.2 Non-Hospitals

Physicians, Dentists, and Dermatologists

Physicians, Dentists, and Dermatologists must report their cancer cases, except for cases directly referred to or previously admitted to a hospital or other facility providing diagnostic or therapeutic services. Physicians/Dentists, and Dermatologists are strongly encouraged to report electronically using file upload or online abstracting in the NCCR's Web Plus system. If electronic reporting is not an option, abstracts can be submitted by using the "NCCR Cancer Reporting Form". The NCCR has different reporting forms for dermatology (Appendix F) and urology (Appendix G).

Freestanding Radiation Clinics

Staff are strongly encouraged to report electronically using file upload or online abstracting in the NCCR's Web Plus system. If electronic reporting is not an option, abstracts can be submitted by using the facility specific "NCCR Radiation Treatment Reporting Form" (Appendix H).

Medical Oncology Clinics

Staff are strongly encouraged to report electronically using file upload or online abstracting in the NCCR's Web Plus system. Supporting text is required to be included in the abstracts to verify histology, staging, etc. If electronic reporting is not an option, abstracts can be submitted by using the facility specific "NCCR Medical Oncology Reporting Form" (Appendix I).

Surgery Centers

Staff are strongly encouraged to report electronically using file upload or online abstracting in the NCCR's Web Plus system. Supporting text is required to be included in the abstracts to verify histology, staging, etc. If electronic reporting is not an option, abstracts can be submitted by using the facility specific "NCCR Surgery Center Reporting Form" (Appendix J).

Other Facilities

Staff are strongly encouraged to report electronically using file upload or online abstracting in the NCCR's Web Plus system. If electronic reporting is not an option, abstracts can be submitted by using the "NCCR Cancer Reporting Form" or "Diagnostic Center Reporting Form" (Appendix K).

Long-Term Acute Care Hospitals, Hospices and Skilled Nursing Facilities

The NCCR understands that these facility types may not have enough information to complete the standard reporting form because we know in many cases the information in your medical record, will be limited. We ask to complete the "NCCR's Hospice Reporting Form" (Appendix L) or give us an index of your patients along with the attending/managing physician so that we may contact them if we need more information.

Text Requirements

Text is a key component in every abstract. A complete text will not only provide all the information necessary to properly code each data item, but also provide rationale for deviations in the standard of care and treatment and provide supplemental information that may not be reflected within the standardized coding items.

NCCR frequently receives abstracts from multiple facilities that must be consolidated into one case. Thus, abstracts must contain corroborating text in order for NCCR to assure that what is entered into the NCCR database is the most accurate information for each case reported. The operative concept here is "corroborating." That is, text must provide the rationale for selecting the codes assigned to primary site, histology, extent of disease and treatment fields. It's not necessary to strive for great literary expression. Brief, meaningful comments are all it takes to tell us what we need to know. Text is also evaluated in some data quality audits to ensure coding accuracy and completeness. Missing or inadequate text to support the coded fields results in unnecessary errors affecting final statistical results of an audit.

Because many software products do not allow a large space for text, it is important to do the following:

- Summarize applicable text with corresponding dates to validate stage of disease at diagnosis
- Summarize FIRST COURSE diagnostics and treatment to support coding
- Be specific
- Record the sub site of the primary site (e.g., UOQ Right Breast)
- Use standardized abbreviations and acronyms as defined in the NAACCR Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary
- Document source data when consolidating information from multiple source documents.
- Use information directly from primary source documents such as pathology, imaging, laboratory, and procedure reports whenever possible
- Always provide dates for diagnostic tests/treatment
- Always record the type of diagnostic tests/treatment
- Always record any pertinent positive or negative results of diagnostic tests/treatment. Example: Liver BX (-) for mets, CT brain (-), bone scan (+)
- Always record the location of the diagnostic test/treatment
  Example: 1/2/10 CT Brain Nevada Hosp. positive one mass 1cm suspect meningioma

When recording treatment, document the stated plan of care as noted in the medical record, not the Tumor Board/Cancer Conference notes or minutes.

3.5.3 Medical Laboratories

Medical laboratories should submit data electronically to NCCR. Cases can be abstracted into Web Plus. Alternately, cases can be transmitted in the "pipe-delimited" NAACCR record layout specifically developed for pathology laboratory reporting. See the NAACCR document, "Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting" Pathology Laboratory Electronic Reporting Version-4.0-April-2011 for details of the record layout.

3.5.4 Meaningful Use

Meaningful Use (MU) Cancer Reporting is intended for eligible providers (EPs) who diagnose and/or treat cancer. The information collected comes from the Electronic Health Record (EHR) and is transmitted to the registry. To submit cases to the NCCR, the EHR must have the technology that has been certified by an Office of the National Coordinator for Health Information Technology (ONC). Authorized Testing and Certification Body to create and transmit case reports must be in accordance with the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, August 2012 or the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, HL7 Clinical Document Architecture (CDA), Release 1.1, March 2014

- EPs must ensure their EHR software is certified by ONC to collect and submit cancer information to a registry
- EPs must register their intent for MU with the NCCR (Appendix M)
- EPs is placed on hold until the NCCR is ready to on-board the provider
- Testing and validation process begins
- Confirmation of ongoing submission

3.6 Reporting Timelines

3.6.1 Hospitals and Non-Hospitals

Cases must be reported to the NCCR no later than six (6) months after the date of diagnosis/treatment or the date you first saw the patient for this tumor, whichever is earlier (Appendix N). Cases should be submitted on a monthly basis with a data transmittal form (Appendix O). **If there are no reportable cases for a given month you still need to send a transmittal form to the NCCR stating so**.

Month of Diagnosis	Monthly Submission Due Date
January	July 31st
February	August 31st
March	September 30th
April	October 31st
May	November 30th
June	December 31st
July	January 31st
August	February 28th (29th)
September	March 31st
October	April 30th
November	May 31st
December	June 30th

3.6.2 Medical Laboratories

Cases must be reported to the NCCR 10 working days after the pathology report is completed. Cases should be submitted on a monthly basis. **If there are no reportable cases for a given month you still need to send a transmittal form to the NCCR stating so**.

3.7 How Can I Identify Cancer Cases?

Reportable cancer cases may be identified from a variety of sources such as:

- Face sheets
- Discharge logs
- Emergency room logs
- Coding logs
- Pathology reports
- Private pathology lab reports
- Inpatient and outpatient surgery logs
- Radiotherapy consults
- Treatment reports and logs
- Oncology clinic treatment reports and logs
- X-rays
- Surgery reports
- Disease indices
- Autopsy reports

Never rely solely on the pathology department to provide reportable cases. Doing so could exclude cases for which the facility has no diagnostic tissue reports. Cases diagnosed elsewhere but treated at your facility and those diagnosed radio-graphically or clinically only, without tissue confirmation would be missed during case finding unless additional resources are employed.

It is essential to include review of the Medical Record Disease Index (MRDI) (usually provided by Health Information Management). You should form an alliance with staff from the aforementioned departments to establish and develop a systematic method to routinely receive necessary information from them.

Keeping a list of patients that have been reported to the NCCR may assist in the future to verify that the patient has been reported. (Appendix P)

The following visit types are not reportable:

- Patients seen only in consultation to provide a second opinion to confirm a diagnosis or a treatment plan
- Patients in remission with no evidence of disease (NED) and are not receiving prophylactic or adjuvant therapy at the reporting facility

3.8 What Happens After I Report?

When cancer case reports are received in the NCCR office, they are recorded in a database. Electronic submissions are transferred to a secure data server pending quality control review and upload into the central registry database. Hardcopy submissions are hand-entered into the central registry database and then stored in a locked file cabinet.

Every year NCCR data is submitted to the CDC-NPCR and NAACCR for data evaluation and certification.

NPCR National Data Quality Standard

1. Data being evaluated for the National Data Quality Standard (23-month standard), must meet the following standards:
   - Data are 95% complete based on observed -to-expected cases
   - There are 3% or fewer death-certificate-only cases
   - There is a 1 per 1,000 or fewer unresolved duplicate rate
   - The maximum percent missing for critical date elements are:
     - 2% age
     - 2% sex
     - 3% race
     - 2% county
   - 99% pass a CDC-prescribed set of standard edits
2. Data being evaluated for the Advanced National Data Quality Standard (12-month standard), must meet the following data quality criteria:
   - Data are 90% complete based on observed -to-expected cases
   - There is a 2 per 1,000 or fewer unresolved duplicate rate
   - The maximum percent missing for critical date elements are:
     - 3% age
     - 3% sex
     - 5% race
     - 3% county
   - 97% pass a CDC-prescribed set of standard edits
3. Data being evaluated for the United States Cancer Statistics (USCS) data publication, must meet the following data quality criteria:
   - Data are 90% complete based on observed -to-expected cases
   - There are 5% or fewer death-certificate-only cases
   - The maximum percent missing for critical date elements are:
     - 3% age
     - 3% sex
     - 5% race
   - 97% pass a CDC-prescribed set of standard edits

NAACCR Standards

1. Data being evaluated for the registry gold data certification must meet the following criteria for the specific data submission year:
    - Data are 95% complete based on observed -to-expected cases
    - There are 3% or fewer death-certificate-only cases
    - There is a 1 per 1,000 or fewer unresolved duplicate rate
    - The maximum percent missing for critical date elements are:
        - 2% age
        - 2% sex
        - 3% race
        - 2% county
    - 100% pass a NAACCR-prescribed set of standard edits
2. Data being evaluated for the registry silver data certification must meet the following criteria for the specific data submission year:
    - Data are 90% complete based on observed -to-expected cases
    - There are 5% or fewer death-certificate-only cases
    - There is a 2 per 1,000 or fewer unresolved duplicate rate
    - The maximum percent missing for critical date elements are:
        - 3% age
        - 3% sex
        - 5% race
        - 3% county
    - 97% pass a CDC-prescribed set of standard edits

3.9 Data Quality Assurance

NCCR periodically conducts case completeness and data quality audits through an NCCR Certified Tumor Registrar (CTR) as required by the NPCR. The intent of the audits is to assist facilities with case finding and abstracting issues to ensure complete, high quality data is submitted to NCCR. Each Nevada hospital is audited every five years while each facility is audited periodically. All electronic reporting hospitals are subject to case completeness and data quality audits, including some low volume facilities, while only case completeness audits are performed at other low volume hospitals that do not perform abstracting. Standard audits include case finding and re-abstraction of data for a specific year. Alternatively, audits other than the standard method may also be performed periodically such as case completeness review based on hospital accession register matches with NCCR's database, data quality re-coding audits to evaluate data quality and text, and other site specific or tumor specific data quality reviews. After completion of the audits, detailed summary reports are prepared and shared with the hospital registrar and other related hospital staff. Per NPCR guidelines, the acceptable accuracy rate for all audits is 95 – 100%.

3.9.1 Casefinding Audit

Inpatient/Outpatient hospital disease indices, pathology reports and other pertinent casefinding documents are reviewed and matched to the NCCR database. Any non-matched cases are returned to the registrar or hospital contact person for resolution. During routine case finding, registrars can assist themselves and NCCR by maintaining a non-reportable list (patient name, date of birth or social security number, ICD-9- CM code of the non-reportable malignancy, date seen and reason not reported). Another method is to note the reason a case is non-reportable on the registrar's case finding source, such as the Medical Records Disease Index (MRDI). The listing or notations will help registrars avoid duplication of efforts related to case finding and identification of non-reportable cases in the audit process.

3.9.2 Re-Abstraction Audits

The re-abstracting audit consists of review and re-abstraction of specific NCCR required fields from the original hospital record with comparison to the original abstracted data. During resolution, registrars are given the opportunity to provide any additional information not available to the auditor that may justify the original coding. Discrepancies are discussed with the hospital registrar. Abstracting and coding guidelines are reviewed and reinforced. Further training may be recommended and, if warranted, NCCR can provide assistance to individual registrars through conferencing and/or site visits.

3.9.3 NPCR Audits

Case Completeness and data quality audits are periodically conducted by NPCR on the Nevada Central Cancer Registry. While a few hospitals are requested to provide the data, the audits are conducted on NCCR, not on the individual facilities.

3.9.4 NCCR Death Clearance Audits

NCCR Quality Control staff will perform annual matching of the NCCR Master File to the Nevada Office of Vital Records death files. NCCR will provide the reporting facility/physician with a list of unmatched Vital Records cases (deaths) that show the place of death as the reporting facility. The facility/physician will need to research these cases to determine whether the patient did expire at the listed place of death and whether the case meets the cancer reporting requirements. If any case is found to meet reporting requirements, the case must be abstracted and reported to NCCR.

3.9.5 NCCR Pathology Only Cases

NCCR Quality Control staff will perform annual matching of the NCCR Master File to pathology reports. NCCR will provide the reporting facility/physician with a list of unmatched pathology reports. The facility/physician will need to research these cases to determine whether the patient was seen at the facility/office and whether the case meets the cancer reporting requirements. If any case is found to meet reporting requirements, the case must be abstracted and reported to NCCR.

3.10 How to Start Reporting?

Step 1. Contact the registry by:

Email: NCCR@health.nv.gov or

Phone: 775-684-5968

Step 2. The NCCR will provide the following:

"Demographic Form" (Appendix Q)– This form provides the registry with basic information about your office/facility, contact information, and information about the different reporting options.

Option 1: Secure file upload in text, excel, HL7 or NAACCR format

Option 2: Online abstracting to the NCCR. Web Plus is a web-based application that collects cancer data securely over the public Internet. Web Plus is a web-based abstracting computer program available at no cost, and no software is required to be installed for its use. It is available over a secure Internet connection and access is controlled through NCCR's assignment of user IDs and passwords. Supporting text is required to be included in the abstracts to verify histology, staging, etc.

Option 3: Paper Reporting: Hard copy submission via mail, fax, or file upload of the NCCR cancer incidence reporting form. Supporting documents are required to be included in the abstracts to verify histology, staging, etc.

Step 3. Once the completed "Facility Demographic Form" is returned to the registry additional resources are provided depending on the reporting option you selected.

4 Appendices

4.1 Appendix A: Nevada Reporting Law

NEVADA CENTRAL CANCER REGISTRY

NEVADA CANCER REPORTING LAWS AND REGULATIONS

NRS 457

GENERAL PROVISIONS

NRS 457.010 Legislative declaration. The effective diagnosis, care, treatment and cure of persons suffering from cancer is affected with the public interest. Vital statistics indicate that approximately 16 percent of the annual total deaths in the United States result from one or another of the forms of cancer. It is established that accurate and early diagnosis of many forms of cancer, followed by prompt application of methods of treatment which are scientifically proven, either materially reduces the likelihood of death from cancer or may materially prolong the useful life of individuals suffering therefrom. It is, therefore, in the interest of members of the public that they be afforded full and accurate knowledge of the facilities and methods used for the diagnosis, treatment and cure of cancer which are available in this state and, to that end, that there be provided means for testing and investigating cancer devices, drugs, compounds and other agents, and that the members of the public be informed of facts for their protection from misrepresentation in such matters.

(Added to NRS by 1960, 62)

NRS 457.020 Definitions. As used in this chapter, unless the context requires otherwise:

1. "Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia.
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 162A.740 and also includes freestanding facilities for plastic reconstructive, oral and maxillofacial surgery.

(Added to NRS by 1960, 62; A 1963, 965; 1967, 1174; 1973, 1406; 1977, 1221; 1993, 174; 2009, 212; 2013, 3063)

NRS 457.075 Designation of official cancer institute. Repealed. (See chapter 103, Statutes of Nevada 2015, at page 387.)

REPORTING AND ANALYZING INFORMATION ON CANCER AND OTHER NEOPLASMS

NRS 457.230 Establishment and maintenance of system for reporting information; objectives; persons required to report information.

1. The Chief Medical Officer shall, pursuant to the regulations of the State Board of Health, establish and maintain a system for the reporting of information on cancer and other neoplasms.
2. The system must include a record of the cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, which occur in this state along with such information concerning the cases as may be appropriate to form the basis for:
   (a) The conducting of comprehensive epidemiologic surveys of cancer, cancer-related diseases and other neoplasms in this state; and
   (b) The evaluation of the appropriateness of measures for the prevention and control of cancer and other neoplasms.
3. Hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms shall report information on cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, to the system.
4. Any provider of health care who diagnoses or provides treatment for cancer or other neoplasms, except for cases directly referred or previously admitted to a hospital, medical laboratory or other facility described in subsection 3, shall report information on cases of cancer and other neoplasms, which are specified by the State Board of Health as subject to reporting, to the system.
5. As used in this section:
   (a) "Medical laboratory" has the meaning ascribed to it in NRS 652.060.
   (b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(Added to NRS by 1983, 1677; A 1997, 1309; 2015, 385)

NRS 457.240 Regulations of State Board of Health. The State Board of Health shall by regulation:

1. Prescribe the form and manner in which the information on cases of cancer and other neoplasms must be reported;

2. Specify the neoplasms which must be reported;

3. Prescribe other information to be included in each such report, for example, the patient's name and address, the pathological findings, the stage of the disease, the environmental and occupational factors, the methods of treatment, the incidence of cancer or other neoplasms in the patient's family, and the places where the patient has resided; and

4. Establish a protocol for obtaining access to and preserving the confidentiality of the patients' records needed for research into cancer and other neoplasms.

(Added to NRS by 1983, 1677; A 2015, 386)

NRS 457.250 Records of health care facility: Availability to Chief Medical Officer; abstracting of information; fees; administrative penalty for violation of section.

1. The chief administrative officer of each health care facility in this state shall make available to the Chief Medical Officer or the Chief Medical Officer's representative the records of the health care facility for each case of neoplasm that is specified by the State Board of Health as subject to reporting.

2. The Division shall abstract from the records of the health care facility or shall require the health care facility to abstract from their own records such information as is required by the State Board of Health. The Division shall compile the information timely and not later than 6 months after it abstracts the information or receives the abstracted information from the health care facility.

3. The State Board of Health shall by regulation adopt a schedule of fees which must be assessed to the health care facility for each case from which information is abstracted by the Division pursuant to subsection 2.

4. Any person who violates this section is subject to the administrative penalty established by the State Board of Health pursuant to subsection 5.

5. The State Board of Health shall adopt regulations establishing the administrative penalty for any violation of this section.

(Added to NRS by 1983, 1677, 1678; A 1993, 174; 2001, 2257; 2015, 386)

NRS 457.260 Publication of reports; provision of data.

1. The Division shall publish reports based upon the material obtained pursuant to NRS 457.230, 457.240 and 457.250 and shall make other appropriate uses of the material to report and assess trends in the incidence of cancer in a particular area or population, advance research and education concerning cancer and improve treatment of the disease.

2. The Division shall provide any qualified researcher whom the Division determines is conducting valid scientific research with data from the reported information upon the researcher's:

(a) Compliance with appropriate conditions as established under the regulations of the State Board of Health; and

(b) Payment of a fee to cover the cost of providing the data.

(Added to NRS by 1983, 1677; A 2003, 1248; 2015, 387)

NRS 457.265 Analysis of information, records and reports; investigation of trends.

1. The Chief Medical Officer or a qualified person designated by the Administrator of the Division shall analyze the material obtained pursuant to NRS 457.230, 457.240 and 457.250 and the reports published pursuant to NRS 457.260 to determine whether any trends exist in the incidence of cancer in a particular area or population.

2. If the Chief Medical Officer or the person designated pursuant to subsection 1 determines that a trend exists in the incidence of cancer in a particular area or population, the Chief Medical Officer or the person designated pursuant to subsection 1 shall work with appropriate governmental, educational and research entities to investigate the trend, advance research into the trend and the cancer identified in the trend, and facilitate the prevention and control of the cancer.

(Added to NRS by 2003, 1248)

NRS 457.270 Consent required before disclosure of identity of patient, physician or health care facility. The Division shall not reveal the identity of any patient, physician or health care facility which is involved in the reporting required by NRS 457.250 unless the patient, physician or health care facility gives prior written consent to such a disclosure.

(Added to NRS by 1983, 1678; A 1993, 174)

NRS 457.280 Limitation on civil and criminal liability. No person or organization providing information to the Division in accordance with NRS 457.230, 457.240 and 457.250 may be held liable in a civil or criminal action for divulging confidential information unless the person or organization has done so in bad faith or with malicious purpose.

(Added to NRS by 1983, 1678)

NAC 457

REPORTING INFORMATION ON CANCER

NAC 457.010 Definitions. (NRS 457.065, 457.240) As used in NAC 457.010 to 457.150, inclusive, unless the context otherwise requires:

1. "Cancer" has the meaning ascribed to it in NRS 457.020.
2. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.
3. "Health care facility" has the meaning ascribed to it in NRS 457.020.
4. "Malignant neoplasm" means a virulent or potentially virulent tumor, regardless of the tissue of origin.
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. "Registry" means the office in which the Chief Medical Officer conducts the program for reporting information on cancer and maintains records containing that information.

[Bd. of Health, Malignant Neoplasms Reg. § 1, eff. 3-19-70]—(NAC A 12-3-84; 1-24-92; 10-22-93; R075-98, 11-18-98)

NAC 457.030 Severability. (NRS 457.065, 457.240) If any of the provisions of NAC 457.010 to 457.150, inclusive, or any application thereof to any person, thing or circumstance is held invalid, the State Board of Health intends that such invalidity not affect the remaining provisions or applications to the extent that they can be given effect.

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

NAC 457.040 Types of malignant neoplasms to be reported. (NRS 457.065, 457.240) 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: https://www.leg.state.nv.us/NAC/NAC-457.html

NAC 457.045 Exceptions to reporting procedure. (NRS 457.065, 457.240) Carcinoma in situ of the cervix and noninvasive basal and squamous cell carcinomas of the skin are not required to be reported pursuant to NAC 457.040.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98)

NAC 457.050 Abstracting of information by health care facility; standards for abstracting information. (NRS 457.065, 457.240)

1. Each health care facility shall provide to the Chief Medical Officer information concerning malignant neoplasms by abstracting information on a form prescribed by the Chief Medical Officer or a designee thereof.
2. Except as otherwise provided in subsection 3, each health care facility 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 days after the standards specified in subsection 2 are revised or amended, a health care facility 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.
4. A health care facility which does not use the staff of the Division to abstract information from its records shall cause to have abstracted and reported to the Division the malignant neoplasms listed in NAC 457.040 in the manner required by this section.
5. If a health care facility with 100 beds or more does not use the staff of the Division to abstract information from its records concerning malignant neoplasms, it shall cause to have abstracted and reported to the Division, pursuant to

subsection 4, the malignant neoplasms listed in NAC 457.040 using an electronic means approved by the Chief Medical Officer or the designee, unless an exemption from this requirement is granted by the Chief Medical Officer.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93; R075-98, 11-18-98)

NAC 457.053 Reporting of information by medical laboratory. (NRS 457.065, 457.240)

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

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

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

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

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

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

(e) Any other relevant information from the pathology report, including, without limitation:

(1) The anatomical site of the lesion;

(2) The size of the lesion;

(3) The stage of the disease and the grade of tumor;

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

(5) Lymphatic involvement, if available.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98)

NAC 457.057 Reporting of information by physician. (NRS 457.065, 457.240)

1. Except as otherwise provided in subsection 3, a physician who has a case in which he or she diagnoses a patient as having cancer or provides treatment to a patient with cancer shall, within 10 working days after the date of the diagnosis or the date of the first treatment, provide information to the Chief Medical Officer concerning the case on a form prescribed by the Chief Medical Officer or a designee thereof, or by an electronic means approved by the Chief Medical Officer or the designee.

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

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

(b) The name and the address or telephone number of the physician making the report;

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

(d) Any other relevant information from the pathology report, including, without limitation:

(1) The anatomical site of the lesion;

(2) The size of the lesion;

(3) The stage of the disease and the grade of tumor;

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

(5) Lymphatic involvement, if available.

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.

(Added to NAC by Bd. of Health by R075-98, eff. 11-18-98)

NAC 457.060 Confidentiality of information. (NRS 457.065, 457.240) All documents in the possession of the registry which contain names of patients, physicians, hospitals or medical laboratories are confidential except the list of names of hospitals which report information to the registry and the list of names of medical laboratories which report information to the registry.

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

NAC 457.070 Procedures for maintaining confidentiality of information. (NRS 457.065, 457.240) Each employee of the Division who has access to confidential information of the registry shall comply with the following procedures for maintaining the confidentiality of that information:

1. All files containing confidential information, including, without limitation, the indexes for access to other files, must be locked when not in use.

2. All files on a computer containing confidential information, including, without limitation, the indexes for access to other files, must be closed and protected by password when not in use.

3. Passwords created pursuant to subsection 2 must be changed at least every 30 days.

4. All documents containing confidential information must be out of sight when an employee is away from his or her desk.

5. Keys to the office of the registry may be issued to and used only by employees so authorized by the Chief Medical Officer.

6. The doors to the registry must be locked at all times when the office is vacant.

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

NAC 457.080 Procedures for taking confidential information outside offices of Division. (NRS 457.065**,** 457.240**)** Each employee of the Division who takes confidential information of the registry outside the offices of the Division shall comply with the following procedures:

1. Any documents or files on a computer containing confidential information must be kept in the employee's briefcase when the documents or files on a computer are not in use.

2. If the employee takes any such document or file on a computer home or to a hotel or motel, the employee must:

(a) Safeguard it to the greatest extent possible; and

(b) Protect it from view by unauthorized persons.

3. The contents of such a document or file on a computer must not be discussed with the employee's relatives or friends.

4. If a briefcase or other container with such a document or computer file is to be:

(a) Left in the employee's car, the container must be locked in the trunk of the car.

(b) Taken as baggage on an airplane, bus or other carrier, the container must be kept in the employee's possession and must not be checked with the carrier unless the size or weight of the container precludes its being retained in the employee's possession.

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

NAC 457.090 Mailing of confidential information; list of persons authorized to receive confidential information. (NRS 457.065**,** 457.240**)**

1. If confidential information of the registry is to be mailed to a physician or health care facility, the envelope or container must be addressed directly to the physician 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.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93)

NAC 457.100 Persons with whom Chief Medical Officer contracts. (NRS 457.065**,** 457.240**)** If the Chief Medical Officer contracts with another person to perform data processing or other services using the confidential information of the registry, the other person shall maintain the confidentiality of the information to the same extent as is required in NAC 457.010 to 457.150, inclusive, and shall not disclose any of the information to a third person without the prior approval of the Chief Medical Officer.

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

NAC 457.110 Disclosure of information: Authorized recipients; verification of identity. (NRS 457.065**,** 457.240**)**

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 who treated the patient;

(b) The health care facility where the patient was treated;

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

(d) A qualified researcher in cancer.

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

(Added to NAC by Bd. of Health, eff. 12-3-84; A 10-22-93)

NAC 457.120 Disclosure of information: Requirements of person seeking information. (NRS 457.065**,** 457.240**)** The Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient's medical treatment for cancer with any health care facility, or registry connected with the facility which has participated or is participating in treating that patient's illness if the person seeking the information:

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

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

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

(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; 10-22-93; R075-98, 11-18-98)

NAC 457.130 Verification of identity of person making request by telephone. (NRS 457.065**,** 457.240**)** If an employee in the registry receives a request to provide confidential information over the telephone pursuant to NAC 457.110 or 457.120, and the employee does not personally know the requester, the employee shall verify the identity of the requester by making a telephone call to the telephone number, listed in a directory or given by an operator, for the purported person or facility.

(Added to NAC by Bd. of Health, eff. 12-3-84)

NAC 457.140 Disclosure of information: Scientific research into cancer. (NRS 457.065**,** 457.240**)**

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 or employee of a bona fide program of research into cancer or other qualification for using confidential information and statistical data in the registry; and

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

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

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

2. The Chief Medical Officer or the designee must:

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

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

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

NAC 457.150 Fees. (NRS 457.065**,** 457.250**,** 457.260**)** The Chief Medical Officer shall charge and collect from:

1. A health care facility, a fee of $32 for each abstract prepared by the Division from the records of the health care facility and a fee of $8 for each abstract prepared by the health care facility from its own records.

2. A medical researcher or other person who obtains information from the registry, a fee of $35 or the actual cost of furnishing the information, whichever is larger.

(Added to NAC by Bd. of Health, eff. 12-3-84; A 8-31-89; 10-22-93; R075-98, 11-18-98)

4.2 Appendix B: Reportable Conditions

NEVADA CENTRAL CANCER REGISTRY

REPORTABLE CONDITIONS

Public Law 102-515 and its amendments identify reportable conditions for the National Program of Cancer Registries, therefore Nevada is following the International Classification of Diseases for Oncology classification system to determine reportability.

- **All diseases with a behavior code of "/2," in situ disease, or "/3" malignant disease**

- **All solid tumors of brain and central nervous system, including meninges and intracranial endocrine structures with behavior codes of:**
  - **"/0" benign disease**
  - **"/1" disease of uncertain malignant potential**
  - **"/2" in situ disease**
  - **"/3" malignant disease**

This includes:

- Diagnoses that include the following terminology are malignant neoplasms and are reportable:

cancer	*carcinoma*
carcinoma in situ	*malignant*
leukemia	*lymphoma*
melanoma	*sarcoma*

- Malignant diagnoses that are not histologically confirmed, but are described by one of the following ambiguous terms, are considered confirmed cases and are reportable:

apparent, apparently	*most likely*
appears	*presumed*
comparable with	*probable, probably*
compatible with	*suspect, suspected*
consistent with	*suspicious (for)*
favors	*typical of*
malignant appearing	

- Basal or squamous cell carcinoma originating in <u>mucoepidermoid or genital sites. This includes VIN III, VAIN III, and AIN III</u>
- A clinical diagnosis or any case that is stated to be cancer by a recognized medical practitioner, even if there is no histologic or cytologic confirmation
- Any reportable cancer listed on the death certificate
- Patients undergoing prophylactic or adjuvant therapy for a reportable condition
- Hematopoietic and lymphoid neoplasms

4.3 Appendix C: Casefinding List

NEVADA CENTRAL CANCER REGISTRY

CASEFINDING LIST

REPORTABLE NEOPLASMS

Effective for cases diagnosed on or after January 1, 2017

ICD-10-CM CODE*	EXPLANATION OF ICD-10-CM CODE
C00.- - C43.-, C4A.-, C45.- - C96.-	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
D00.- - D09.-	In-situ neoplasms *Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/2) are not reportable*
D18.02	Hemangioma of intracranial structures and any site
D18.1	Lymphangioma, any site *Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable*
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 - D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3) *ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)*
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) *ICD-10-CM Coding instruction note: Excludes the following: Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_) Chronic myeloid leukemia BCR/ABL-positive (C92.1_) Myelofibrosis & Secondary myelofibrosis (D75.81) Myelophthisic anemia & Myelophthisis (D61.82)*
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) *Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia*
D47.4	Osteomyelofibrosis (9961/3) Includes: Chronic idiopathic myelofibrosis Myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosis (megakaryocytic) with myeloid metaplasia) Secondary myelofibrosis in myeloproliferative disease
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina

** International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2017*

4.4 Appendix D: Non-reportable Conditions

NEVADA CENTRAL CANCER REGISTRY

NON-REPORTABLE CONDITIONS

PRECANCEROUS CONDITIONS OR BENIGN TUMORS

Patients with precancerous conditions or benign tumors are not reportable. Examples of such diagnoses include atypical adenoma.

SKIN CANCER

The following histology/site combinations for skin cancers are not reportable:

- 8000-8005 Neoplasms malignant, NOS of the skin (C44.0-C44.9)
- 8010-8046 Epithelial carcinomas of the skin (C44.0-C44.9)
- 8050-8084 Papillary and squamous cell carcinomas of the skin (44.0-C44.9)
- 8090-8110 Basal cell carcinomas of the skin (C44.0-C44.9)

ICD-O codes C44.0-C44.9 include: skin of the lip, eyelid, external ear, face, nose, scalp, neck, trunk, perineum, (peri) anus, umbilicus, upper and lower limbs, shoulders, hips, and skin around ostomy sites. Metastasis from non-reportable site: if the primary site is not reportable but the cancer has metastasized to other sites, the record is still not reportable.

CARCINOMA IN SITU OF THE CERVIX

The diagnosis carcinoma *in situ* of the cervix (CIS) is not reportable except adenocarcinoma in situ.

INTRAEPITHELIAL NE0PLASIA

Patients with the following diagnoses of intraepithelial neoplasia are not reportable to these specific sites only:

- Cervical intraepithelial neoplasia (CIN)
- Prostatic intraepithelial neoplasia (PIN)

CONSULT ONLY RECORDS

Patients seen in consultation to confirm a diagnosis only are not reportable. A consult may be done to confirm a diagnosis or treatment plan. If a chart is created, the case would be reportable.

AMBIGUOUS TERMS THAT DO **NOT** CONSTITUTE A DIAGNOSIS OF CANCER

Do not interpret the following terms as a diagnosis of malignancy. Do not report patients who have a final diagnosis consisting only if these terms without additional information to support reportability.

Cannot be ruled out	***Questionable***
Equivocal	***Rule out***
Possible	***Suggests***
Potentially malignant	***Worrisome***

Example: If the final diagnosis is reported as possible carcinoma of the breast, the case is not reportable.

Note: If a phrase such as “strongly suggestive” or “highly worrisome” is used, disregard the modifier (“-ly”) and refer to the guidelines above regarding the primary term.

SLIDE REVIEWS

Records in which slides are sent to your pathologist for second opinion are encouraged to be reported, but are not required. The slide was already read by another pathologist, the facility requesting the slide review is required to report the final diagnosis as determined after the slide review.

HISTORY OF

Patients with a history of malignancy who are clinically free of disease are not reportable. If however, the patient has actually received cancer-directed or non-cancer directed treatment during the encounter, the record must reported.

METASTATIC SITES

Do not report the metastatic or secondary sites of a malignant neoplasm; however check to make sure the primary site was previously reported. A diagnosis of metastatic cancer with an unknown primary site not previously reported should be submitted with the primary site documented or coded as unknown.

RECURRENCE

Recurrence is defined as the same cancer arising in or from the primary site where it appeared earlier and is not considered a new primary cancer by the physician. Do not report a recurrent diagnosis when you previously reported it.

4.5 Appendix E: Cancer Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

CANCER REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Diagnostic Confirmation: ☐ Histology ☐ Cytology ☐ Microscopic ☐ Lab test ☐ Visual ☐ X-ray ☐ Clinical ☐ Unknown

TNM Staging: ☐ Clinical ☐ Pathological ☐ Unknown

T _____ N _____ M _____ Stage Group _____

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Surgery: ☐ Yes ☐ No ☐ Unknown	Procedure Name:	Date:
Chemotherapy: ☐ Yes ☐ No ☐ Unknown	Agents, duration:	Date Started:
Radiation: ☐ Yes ☐ No ☐ Unknown	Modality Type, Volume, and Number of Treatments:	Date Started: Date Ended:
Hormone/Other Therapy: ☐ Yes ☐ No ☐ Unknown	Type, duration:	Date Started:
Referred to Hospital or other Physician for this cancer? ☐ Yes ☐ No	Hospital Name: Physician Name:	

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

CANCER REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for a specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the information is not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the date of initial diagnosis for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: "Descending Colon," "Breast," and "Prostate." Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: "Adenocarcinoma." If unavailable, enter unknown.

Diagnostic Confirmation: (Reportable Field) Check appropriate box. If not known, check unknown.

TNM Staging: (Reportable Field) The TNM classification system was developed as a tool for physicians to stage different types of cancer based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers do not always mean the same thing for every kind of cancer. Once the T, N, and M are determined, they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as IIIA and IIIB. Check the appropriate box and complete the TNM and Stage Group fields. If not known, check unknown.

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Surgery: (Reportable Field) Check appropriate box. If yes, complete procedure name and date of procedure. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Chemotherapy: (Reportable Field) Check appropriate box. If yes, complete agent, duration information and date chemotherapy started. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Radiation: (Reportable Field) Check appropriate box. If yes, complete modality type, volume, and number of treatment information as well as the date the radiation started and ended. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Hormone/Other Therapy: (Reportable Field) Check appropriate box. If yes, complete type, duration information and date hormone therapy started. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Referred to Hospital or other Physician for this cancer? (Reportable Field) Check appropriate box. If yes, indicate the hospital and/or physician the patient was referred to.

4.6 Appendix F: Dermatology Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

DERMATOLOGY REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

Ordering (Primary) Physician:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Pathology Findings:

Surgical Treatment:

Shave/Punch Bx	Excisional Bx	Wide Excision	Re-excision	MOHS Surgery	Other
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

X-Ray/Scans Findings relevant to the diagnosis or treatment of this cancer (CXR, MRI, CT, PET, etc.):

TNM Staging: ☐ Clinical ☐ Pathological ☐ Unknown

T _____ N _____ M _____ Stage Group _____

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Chemotherapy: ☐ Yes ☐ No ☐ Unknown	Agents, duration:	Date Started:
Radiation: ☐ Yes ☐ No ☐ Unknown	Modality Type, Volume, and Number of Treatments:	Date Started: Date Ended:
Hormone/Other Therapy: ☐ Yes ☐ No ☐ Unknown	Type, duration:	Date Started:
Referred to Hospital or other physician for this cancer? ☐ Yes ☐ No	Hospital Name: Physician Name:	

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

DERMATOLOGY REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Ordering (Managing) Physician: (Reportable Field) Record the name of the ordering/primary physician.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the information is not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the date of initial diagnosis for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: "Shoulder," "Arm," and "Hand." Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: "Malignant Melanoma." If unavailable, enter unknown.

Pathology Findings: (Reportable Field) Enter information from the pathology report such as the final diagnosis, whether margins are negative and if margins are greater than 1 cm.

Surgical Treatment: (Reportable Field) Enter any surgical treatment the patient received for this cancer. Enter the date of the procedure YYYY/MM/DD.

X-Ray/Scan Findings: (Reportable Field) Enter any findings relevant to the diagnosis or treatment of this cancer (CXR, MDR, CT, PET, etc.).

TNM Staging: (Reportable Field) The TNM classification system was developed as a tool for physicians to stage different types of cancer based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers do not always mean the same thing for every kind of cancer. Once the T, N, and M are determined, they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as IIIA and IIIB. Check the appropriate box and complete the TNM and Stage Group fields. If not known, check unknown.

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Chemotherapy: (Reportable Field) Check appropriate box. If yes, complete agent, duration information and date chemotherapy started.

Radiation: (Reportable Field) Check appropriate box. If yes, complete modality type, volume, and number of treatment information as well as the date the radiation started and ended.

Hormone/Other Therapy: (Reportable Field) Check appropriate box. If yes, complete type, duration information and date hormone therapy started.

Referred to Hospital or other physician for this cancer? (Reportable Field) Check appropriate box. If yes, indicate the hospital and/or physician the patient was referred to.

NEVADA CENTRAL CANCER REGISTRY

MELANOMA SITE AND MORPHOLOGY CODES

MELANOMA		
ICD-O-3 Site Codes	**Terminology**	**Paired Organ**
C44.0	Skin of lip, NOS	
C44.1	Eyelid	Yes
C44.2	External ear	Yes
C44.3	Skin of other and unspecified parts of face	
C44.4	Skin of scalp and neck	
C44.5	Skin of trunk	Yes
C44.6	Skin of upper limb and shoulder	Yes
C44.7	Skin of lower limb and hip	Yes
C44.8	Overlapping lesion of skin	
C44.9	Skin, NOS	
C51.0	Labium majus	
C51.1	Labium minus	
C51.2	Clitoris	
C51.8	Overlapping lesion of vulva	
C51.9	Vulva, NOS	
C60.0	Prepuce	
C60.1	Glans penis	
C60.2	Body of penis	
C60.8	Overlapping lesion of penis	
C60.9	Penis, NOS	
C63.2	Srotum, NOS	

ICD-O-3 Morphology Codes

If the diagnostic term in the pathology report is not in the list below, be sure to consult ICD-O manual.

- 8720/2 Melanoma in situ
- 8720/3 Malignant melanoma, NOS (except juvenile melanoma M8770/0)
- 8721/3 Nodular melanoma
- 8722/3 Balloon cell melanoma
- 8723/3 Malignant melanoma, regressing
- 8730/3 Amelanotic melanoma
- 8740/3 Malignant melanoma in junctional nevus
- 8741/2 Precancerous melanosis, NOS
- 8741/3 Malignant melanoma in precancerous melanosis
- 8742/2 Lentigo maligna, in situ
- 8742/3 Lentigo maligna melanoma
- 8743/2 Superficial spreading melanoma, in situ
- 8743/3 Superficial spreading melanoma
- 8744/3 Acral lentiginous melanoma, malignant
- 8745/3 Desmoplastic melanoma, malignant
- 8746/3 Mucosal lentiginous melanoma
- 8761/3 Malignant melanoma in giant pigmented nevus/congenital melanocytic nevus
- 8770/3 Mixed epithelioid and spindle cell melanoma
- 8771/3 Epithelioid cell melanoma
- 8772/3 Spindle cell melanoma, NOS
- 8780/3 Blue nevus, malignant

4.7 Appendix G: Urology Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

UROLOGY REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

Ordering (Managing) Physician:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Pathology/Laboratory Findings:

Values: PSA _____ Gleason's Score: _____ + _____ = _____ AFP _____ LDH _____ hCG _____

Surgical Treatment:

TURP	Prostatectomy	Orchiectomy	TURB	Cystectomy	Nephrectomy
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Other (*Please Specify*): _____ Date: _____

X-Ray/Scans Findings relevant to the diagnosis or treatment of this cancer (CXR, MRI, CT, PET, etc.):

TNM Staging: ☐ Clinical ☐ Pathological ☐ Unknown

T _____ N _____ M _____ Stage Group _____

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Chemotherapy: ☐ Yes ☐ No ☐ Unknown	Agents, duration:	Date Started:
Radiation: ☐ Yes ☐ No ☐ Unknown	Modality Type, Volume, and Number of Treatments:	Date Started: Date Ended:
Hormone/Other Therapy: ☐ Yes ☐ No ☐ Unknown	Type, duration:	Date Started:
Referred to Hospital or other Physician for this cancer? ☐ Yes ☐ No	Hospital Name: Physician Name:	

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

UROLOGY REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Ordering (Managing) Physician: (Reportable Field) Record the name of the ordering/primary physician.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the informatior not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the date of initial diagnosis for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: "Bladder," and "Prostate." Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: "Adenocarcinoma." If unavailable, enter unknown.

Pathology/Laboratory Findings: (Reportable Field) Enter values from the pathology/laboratory report.

Surgical Treatment: (Reportable Field) Enter any surgical treatment the patient received for this cancer. Enter the date of the procedure YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

X-Ray/Scan Findings: (Reportable Field) Enter any findings relevant to the diagnosis or treatment of this cancer (CXR, MDR, CT, PET, etc.). Key imaging information are size and location of primary tumor, extension into pubic bone; spread to adjacent tissues or organs; regional lymph nodes; sites of distant organs or lymph nodes involved

TNM Staging: (Reportable Field) The TNM classification system was developed as a tool for physicians to stage different types of cancer based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers do not always mean the same thing for every kind of cancer. Once the T, N, and M are determined, they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as IIIA and IIIB. Check the appropriate box and complete the TNM and Stage Group fields. If not known, check unknown.

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Chemotherapy: (Reportable Field) Check appropriate box. If yes, complete agent, duration information and date chemotherapy started.

Radiation: (Reportable Field) Check appropriate box. If yes, complete modality type, volume, and number of treatment information as well as the date the radiation started and ended.

Hormone/Other Therapy: (Reportable Field) Check appropriate box. If yes, complete type, duration information and date hormone therapy started.

Referred to Hospital or other Physician for this cancer? (Reportable Field) Check appropriate box. If yes, indicate the hospital and/or physician the patient was referred to.

NEVADA CENTRAL CANCER REGISTRY

UROLOGY SITE AND MORPHOLOGY CODES

BLADDER	
ICD-O-2/3 Site Codes	**ICD-O-2/3 Terminology**
C67.0	Trigone of bladder
C67.1	Dome of bladder
C67.2	Lateral wall of bladder
C67.3	Anterior wall of bladder
C67.4	Posterior wall of bladder
C67.5	Bladder neck
C67.6	Ureteric orifice
C67.7	Urachus
C67.8	Overlapping lesion of bladder
C67.9	Bladder, NOS

ICD-O-3 Morphology Codes

If the diagnostic term in the pathology report is not in the list below, be sure to consult ICD-O manual.

- 8120/3 Transitional cell carcinoma is the most common morphology
- 8130/3 Papillary carcinoma
- 8070/3 Squamous cell carcinoma
- 8140/3 Adenocarcinoma of the bladder, very rare (2%) and almost impossible to distinguish from primary
- prostate carcinoma which has extended into the bladder.
- 8890/3 Leiomyosarcoma, rare tumor arising in the muscle layer of the bladder

Key words:

Sessile (flat or attached by a broad base) Infiltrating type; spread widely through the bladder wall and surrounding structures; less gross tumor formation in the bladder lumen.

Papillary Most bladder tumors; will often occur and recur in multiple sites within the bladder. Papillary carcinomas are more frequently single, firmer, have broader stalk than benign tumors and form large, bulky, cauliflower-like growths.

Synonyms for /2 behavior (carcinoma in situ, intraepithelial, noninfiltrating, noninvasive): CIS, Stage 0, confined to epithelium, intraepithelial, involvement up to but not including the basement membrane, noninfiltrating, noninvasive, no stromal involvement, papillary noninfiltrating, noninvasive papillary, and, uniquely for bladder, stage "Ta".

PROSTATE	
ICD-O-3 Site Codes	**ICD-O-3 Terminology**
C61.9	Prostate gland; Prostate, NOS

ICD-O-3 Morphology Codes

If the diagnostic term in the pathology report is not in the list below, be sure to consult ICD-O manual.

- 8140/3 Adenocarcinoma, 95% of all prostate cancers
- Rare histologies
- Sarcoma
- 8130/3 Transitional cell carcinoma
- 804_/3 Small cell carcinoma
- 807_/3 Squamous cell carcinoma

4.8 Appendix H: Treatment Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

TREATMENT REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

Referred <u>from</u> Hospital or other Physician for this cancer? ☐ Yes ☐ No	Hospital Name:
	Physician Name:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive **Evidence of Tumor**: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (Millimeters):**	**Histology (*Type of cancer*):**

TNM Staging: ☐ Clinical ☐ Pathological ☐ Unknown

T _____ N _____ M _____ Stage Group _____

CHEMOTHERAPY TREATMENT INFORMATION

Date Chemo Started:	**Agents:**	**Duration:**

RADIATION TREATMENT INFORMATION

Date Radiation Started:	**Radiation Treatment Volume (Site):**	
Regional Treatment Modality:		**Regional Dose: cGy**
Boost Treatment Modality:		**Boost Dose: cGy**
Number of Treatments:	**Radiation/Surgery Sequence:**	**Date Radiation Ended:**

Reason for No Radiation:

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

TREATMENT REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Referred from hospital or other managing Physician for this cancer? (Reportable field) Check appropriate box. If yes, indicate the hospital and/or physician the patient was referred from.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the information is not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that may apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the date of initial diagnosis for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: "Descending Colon," "Breast," and "Prostate." Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: "Adenocarcinoma." If unavailable, enter unknown.

TNM Staging: (Reportable Field) The TNM classification system was developed as a tool for physicians to stage different types of cancer based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters check unknown.

TREATMENT INFORMATION

Date Chemo Started: (Reportable Field) Enter the date on which the chemotherapy began at any facility that is part of the first course of treatment. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Agents: (Reportable Field) Enter the generic or trade names of chemotherapy drugs delivered to the patient during the first course of treatment.

Duration: (Reportable Field) Enter the duration of the chemotherapy administered to the patient during the first course of treatment.

Date Radiation Started: (Reportable Field) Enter the date on which the radiation began at any facility that is part of the first course of treatment. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Radiation Treatment Volume (Site): (Reportable Field) Identify the volume or anatomic target of the most clinically significant radiation therapy delivered to the patient during the first course of treatment.

Regional Treatment Modality: (Reportable Field) Enter the dominant modality of radiation therapy used to deliver the most clinically significant regional dose to the primary volume of interest during the first course of treatment. (Examples are: External beam, Orthovoltage, Cobalt-60, etc.)

Regional Dose: cGy (Reportable Field) Enter the dominant or most clinically significant total dose of regional radiation therapy delivered to the patient during first course of treatment. The unit of measure is centiGray (cGY).

Boost Treatment Modality: (Reportable Field) Enter the dominant modality of radiation therapy used to deliver the most clinically significant boost dose to the primary volume of interest during the first course of treatment. This is accomplished with external beam fields of reduced size, implants, stereotactic radiosurgery, conformal therapy, or IMRT.

Boost Dose: cGy (Reportable Field) Enter the additional dose delivered to that part of the treatment volume encompassed by the boost fields or devices. The unit of measure is centiGray (cGY).

Number of Treatments: (Reportable Field) Enter the total number of treatment sessions (fractions) administered during the first course of treatment.

Radiation/Surgery Sequence: (Reportable Field) Enter the sequencing of radiation and surgical procedures given as part of the first course of treatment. (Examples are: Radiation therapy before surgery, Radiation therapy after surgery, etc.)

Date Radiation Ended: (Reportable Field) Enter the date on which the patient completes or receives the last radiation treatment at any facility. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Reason for No Radiation: (Reportable Field) Enter the reason that no regional radiation therapy was administered to the patient. Enter unknown if radiation therapy was recommended or administered.

4.9 Appendix I: Medical Oncology Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

MEDICAL ONCOLOGY REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

Referred <u>from</u> Hospital or other Physician for this cancer? ☐ Yes ☐ No	Hospital Name:
	Physician Name:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Diagnostic Confirmation: ☐ Histology ☐ Cytology ☐ Microscopic ☐ Lab test ☐ Visual ☐ X-ray ☐ Clinical ☐ Unknown

TNM Staging: ☐ Clinical ☐ Pathological ☐ Unknown

T _____ N _____ M _____ Stage Group _____

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Surgery: ☐ Yes ☐ No ☐ Unknown	Procedure Name:	Date:
Chemotherapy: ☐ Yes ☐ No ☐ Unknown	Agents, duration:	Date Started:
Radiation: ☐ Yes ☐ No ☐ Unknown	Modality Type, Volume, and Number of Treatments:	Date Started: Date Ended:
Hormone/Other Therapy: ☐ Yes ☐ No ☐ Unknown	Type, duration:	Date Started:

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

MEDICAL ONCOLOGY REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Referred from hospital or other managing Physician for this cancer? (Reportable field) Check appropriate box. If yes, indicate the hospital and/or physician the patient was referred from.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the informatior not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the date of initial diagnosis for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: "Descending Colon," "Breast," and "Prostate." Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: "Adenocarcinoma." If unavailable, enter unknown.

Diagnostic Confirmation: (Reportable Field) Check appropriate box. If not known, check unknown.

TNM Staging: (Reportable Field) The TNM classification system was developed as a tool for physicians to stage different ty based on certain, standardized criteria. This system is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M). Because each cancer type has its own classification system, letters and numbers do not always mean the same thing for every kind of cancer. Once the T, N, and M are determined, they are combined, and an overall stage group of 0, I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as IIIA and IIIB. Check the appropriate box and complete the TNM and Stage Group fields. If not known, check unknown.

Please attach copies of surgical or pathology report if necessary

TREATMENT INFORMATION (*MARK ALL THAT APPLY*)

Surgery: (Reportable Field) Check appropriate box. If yes, complete procedure name and date of procedure.

Chemotherapy: (Reportable Field) Check appropriate box. If yes, complete agent, duration information and date chemotherapy started. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Radiation: (Reportable Field) Check appropriate box. If yes, complete modality type, volume, and number of treatment information as well as the date the radiation started and ended. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Hormone/Other Therapy: (Reportable Field) Check appropriate box. If yes, complete type, duration information and date hormone therapy started. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

4.10 Appendix J: Surgery Center Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

SURGERY CENTER REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**
Address:	

City:	**State:**	**Zip:**	**Phone:**

Ordering (Managing) Physician:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Procedure:	Procedure Name:			
Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Findings:

Summary:

Treatment Plan:

Please attach copies of surgical or pathology report if necessary

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

SURGERY CENTER REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Ordering (Managing) Physician: (Reportable Field) Record the name of the ordering/primary physician.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the informatior not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Procedure: (Reportable Field) Enter the date of the procedure YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Procedure Name: (Reportable Field) Enter the name of the diagnostic procedure performed to identify this cancer. Examples are: “Biopsy,” “Colonoscopy,” “Excision,” and “Mastectomy.”

Date of Diagnosis: (Required Field) Enter the name of the procedure performed

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: “Descending Colon,” “Breast,” and “Prostate.” Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: “Adenocarcinoma.” If unavailable, enter unknown.

Findings: (Reportable Field) Enter information from the surgical pathology report and final diagnosis.

Summary: (Reportable Field) Enter any history of present illness, examination, and assessment notes

Treatment Plan: (Reportable Field) Enter any treatment recommendations.

Please attach copies of surgical or pathology report if necessary

4.11 Appendix K: Diagnostic Center Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

DIAGNOSTIC/IMAGING CENTER REPORTING FORM

Reporting Facility Name:	**NPI:**
Reporting Physician Name:	**NPI:**

Address:

City:	**State:**	**Zip:**	**Phone:**

Ordering (Managing) Physician:

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**Maiden:**
SSN:	**DOB:**	**Birth State:**	**Birth Country:** ☐ USA ☐ Unknown ☐ Other:

Sex: ☐ Male ☐ Female ☐ Other _____ **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services

Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____ **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Address Street:	**City:**	**State:**	**Zip:**

Occupation:	**Industry:**	**Date of Last Contact:**	**Vital Status:** ☐ Dead ☐ Alive Evidence of Tumor: ☐ Yes ☐ No

CANCER AND STAGING INFORMATION

Date of Diagnosis:	**Tumor Site:**	**Laterality:** ☐ Right ☐ Left ☐ Both ☐ Unknown	**Tumor Size (*Millimeters*):**	**Histology (*Type of cancer*):**

Date of Procedure/Imaging:	**Procedure/Imaging Name:**

Findings:

Conclusions:

Recommendations:

Please attach copy of radiology report if necessary

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

DIAGNOSTIC/IMAGING CENTER REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Reporting Physician Name: (Required Field) Enter the name of the physician.

Physician NPI: (Required Field) Enter the physician National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility or individual physician full address information in these fields.

Ordering (Managing) Physician: (Reportable Field) Record the name of the ordering/primary physician.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the informatior not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

Occupation: (Reportable Field) Enter the patient's usual occupation. If unavailable, enter unknown.

Industry: (Reportable Field) Enter the patient's primary type of business of employment. If unavailable, enter unknown.

Date of Last Contact: (Required Field) Enter the date of last contact with the patient or the date of death YYYY/MM/DD.

Vital Status: (Required Field) Enter the patient's vital status at the date of last contact YYYY/MM/DD.

NEVADA CENTRAL CANCER REGISTRY

CANCER AND STAGING INFORMATION

Date of Diagnosis: (Required Field) Enter the name of the procedure performed

Tumor Site: (Required Field) This refers to the anatomic site (on the body) where the tumor being reported was found. Examples are: “Lung,” “Breast,” and “Brain.” Do not leave blank.

Laterality: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a paired organ, or the side of the body on which the reportable tumor was found. If not known, check unknown.

Tumor Size: (Reportable Field) Enter the largest tumor size dimension or diameter of the primary tumor in millimeters. If unavailable, enter unknown.

Histology: (Reportable Field) This refers to the histology that best describes the type of tumor found. Enter the code or description of the tumor. Examples are: “Adenocarcinoma.” If unavailable, enter unknown.

Date of Procedure/Imaging: (Reportable Field) Enter the date of the procedure/imaging YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Procedure/Imaging Name: (Reportable Field) Enter the name of the procedure/image performed.

Findings: (Reportable Field) Enter information from the radiology report and final diagnosis.

Conclusion: (Reportable Field) Enter any history of present illness, examination, and assessment notes

Recommendations: (Reportable Field) Enter any treatment recommendations.

Please attach copies of surgical or pathology report if necessary

4.12 Appendix L: Hospice Reporting Form and Instructions

NEVADA CENTRAL CANCER REGISTRY

HOSPICE REPORTING FORM

Reporting Facility Name:		**NPI:**	
Address:			
City:	**State:**	**Zip:**	**Phone:**
Admin. Date:	**Discharge Date:**	**Date of Death:**	

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name:	**First:**	**Middle:**	**SSN:**
DOB:	**Sex:** ☐ Male ☐ Female ☐ Other _____	**Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced	
Primary Payer: ☐ Insured ☐ Not Insured ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ VA ☐ Military ☐ Indian/Public Health Services			
Race (*Mark all that apply*)**:** ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other _____		**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic	
Address Street:	**City:**	**State:**	**Zip:**

CANCER INFORMATION

ICD-Code:	**ICD-Code Date:**	**Primary Diagnosis Description:**
Managing Physician Name:		
Address:		
City:	**State:**	**Zip:**

Please FAX or MAIL completed form and supporting documents to the number/address listed at the top of the form

NEVADA CENTRAL CANCER REGISTRY

HOSPICE REPORTING FORM-INSTRUCTIONS

Required Field: The facility/physician MUST collect and report the information with data collection efforts including review of the patient's chart, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field. Please note the form will be returned if any required fields are missing.**

Reportable Field: The facility/physician MUST report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities of physician's offices. **If the information is unknown for specific data field, please refer to the unknown coding associated with that data field.**

Reporting Facility Name: (Required Field) Enter the full name of your facility.

Facility NPI: (Required Field) Enter the facility National Provider Identification Number.

Address, City, State, Zip, and Phone: (Required Field) Enter the facility full address information in these fields.

PATIENT DEMOGRAPHIC INFORMATION

Patient's Last Name: (Required Field) Enter patient's last name.

First: (Required Field) Enter patient's first name.

Middle: (Reportable Field) Enter patient's middle name. Initial may be used if full middle name is not available. Leave blank if no middle name/initial is given.

Maiden: (Reportable Field) Enter the patient's Maiden Name. If the patient has no maiden name (male) or the informatior not available, enter unknown.

SSN: (Required Field) Enter the patient's Social Security Number XXX-XX-XXXX. Use 999-99-9999 if the patient does not have a SSN, SSN is unknown, or patient refused to give SSN.

DOB: (Required Field) Enter the patient's date of birth YYYY/MM/DD. Please double-check date of birth for accuracy. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Birth State: (Reportable Field) Enter the patient's state of birth. If unavailable, enter unknown.

Birth Country: (Reportable Field) Check appropriate box. If Other, indicate country of birth. If not known, check unknown.

Sex: (Required Field) Check appropriate box. If other, indicate sex of the patient.

Marital Status: (Reportable Field) Check appropriate box.

Primary Payer: (Required Field) Check appropriate box.

Race: (Required Field) Check appropriate box to describe the race of the patient. If Multi-racial, check as many boxes that apply. If Other, indicate the race of the patient.

Ethnicity: (Required Field) Check appropriate box to identify if the patient is classified as Hispanic.

Address Street: (Required Field) Enter the patient's residential address at the time of diagnosis.

City, State, Zip: (Required Field) Enter the City, State (2 digit format), Zip Code (5 digit format).

CANCER INFORMATION

ICD-Code: (Required Field) Enter the primary diagnosis ICD-Code.

ICD-Code Date: (Required Field) Enter the date of diagnosis date for this tumor. YYYY/MM/DD. Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Primary Diagnosis Description: (Reportable Field) Check the appropriate box to indicate laterality. Choose the side of a pa side of the body on which the reportable tumor was found. If not known, check unknown.

Managing Physician Name: (Reportable Field) Enter the name of the managing physician name.

Address, City, State, Zip: (Reportable Field) Enter the managing physician full address information in these fields.

4.13 Appendix M: Meaningful Use Form

Meaningful Use Request Form

The Nevada Division of Public and Behavioral Health's (DPBH) Office of Public Health Informatics and Epidemiology (OPHIE) is committed to helping Nevada healthcare providers and hospitals achieve meaningful use as defined by the Health Information Technology for Economic and Clinical Health (HITECH) Act. Please fill out the sections of the form that apply to your facility.

1. Organization Name/Network/Health System (if applicable)

2. For each provider included in this registration, please complete the following table with the hospital name, 10 digit National Provider Identifier (NPI) that identifies the individual hospital or practice for each provider included in this registration (look up your NPI at https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do)

Provider Name	Provider Address	NPI

3. How will the data be sent to the agency?

Please specify the name of the vendor, hospital organization, or clinic network if selected above. If you selected other, please specify.

4. Which electronic health records systems are you interested in reporting to? Check all that apply.

☐ Cancer Registry ☐ Syndromic Surveillance ☐ Electronic Lab Reports ☐ Communicable Disease ☐ HIV ☐ Trauma Registry

5. If you are intending on connecting directly, do you intend on manually batch submitting data every day or do you have the capability to automatically send the data? ☐ Manual ☐ Automatic

6. What is your preferred start date to begin the connection process?

Start Date

7. Primary contact at your facility/organization for meaningful use:

Name | Title

Phone number | Email

8. Alternate contact for your facility/organization for meaningful use, if applicable:

Name | Title

Phone number | Email

9. Contact Person for the vendor of the certified Health IT product that will be used to create appropriate messages for Meaningful Use:

Name | Title

Phone number | Email

10. Any additional information you would like to share with Public Health:

Please print/scan and email the completed form to MU@health.nv.gov

4.14 Appendix N: Reporting Timelines

NEVADA CENTRAL CANCER REGISTRY

NON-HOSPITAL REPORTING SCHEDULE

MONTH OF DIAGNOSIS	MONTHLY SUBMISSION DUE DATE
January	July 31st
February	August 31th
March	September 30th
April	October 31st
May	November 30th
June	December 31st
July	January 31st
August	February 28th (29th)
September	March 31st
October	April 30th
November	May 31st
December	June 30th

Non-Hospitals with no cases for a given month need to send a letter to the NCCR stating that there were no cases to report.

REPORTING OPTIONS

Electronic reporting is required unless the requirement is waived by the Chief Medical Officer

Electronic	NAACCR file format upload through Web Plus Direct abstracting in Web Plus Excel File Text File
Paper Complete Cancer Reporting Form Copies of the following from the medical record need to be sent in for each identified cancer case: • History and Physical • Operation Reports • Scans, X-Rays • Pathology • Chemotherapy • Radiation • Name of Referring Physician	Scanned abstracts can be uploaded through Web Plus Abstracts can be faxed to: Nevada Central Cancer Registry 775-684-5999 The fax machine is the property of the Nevada Cancer Registry, so the data will not be received or viewed by anyone other than our staff Abstracts can be mailed to: Nevada Central Cancer Registry 4126 Technology Way, Ste. 200 Carson City, NV 89706

4.15 Appendix O: Data Transmittal Form

NEVADA CENTRAL CANCER REGISTRY

DATA TRANSMITTAL FORM

FACILITY INFORMATION

Name:	NPI:
Contact Person:	Phone Number:
E-Mail:	Date Uploaded/Faxed/Mailed:

Facilities with no cases for a given month need to send a letter to the NCCR stating that there were no cases to report.

DATA INFORMATION

Electronic reporting is required unless the requirement is waived by the Chief Medical Officer

Submission in Non-NAACCR format □ Paper □ Excel □ Text □ Disease Index □ Other	File Name assigned by Web Plus (.bun): Year: Number of cases:
Submission NAACCR format	File Name: File Name assigned by Web Plus (.bun): Year: Number of cases:

COMMENTS

4.16 Appendix P: Patient Tracking Log

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

PATIENT TRACKING LOG

Medical Record #	Last Name	First Name	Date of Birth	Date of Diagnosis	Date of First Visit	Type of Cancer/ Primary Site	ICD-10 Code (or ICD-9 Code)	Date Submitted to NCCR	Reason not Submitted to NCCR	Comments

4.17 Appendix Q: Demographic Forms

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

FACILITY DEMOGRAPHIC FORM

If any information should change once you completed this form, please provide the NCCR with updated information

FACILITY INFORMATION

Reporting Organization Name:		**NPI:**	
Address:	**City:**	**State:**	**Zip:**
Phone:	**Fax:**	**Date Form Completed:**	
Administrator/Director Name:		**Title:**	**Phone:**
EHR Software Used:	**Vendor Contact Name:**	**Phone:**	

If your facility has multiple locations, please attach a list indicting the different office names, NPI, address and phone number information

Please attach a list of physicians affiliated with your facility including their NPI and specialty information

Estimated annual number of cancer incidence cases

If you are affiliated with a hospital, does the hospital cancer registry report cancer incidence cases on your behalf?

☐ Yes Hospital Name(s): _____

Please note that any cancer incidence case not reported by the hospital must be submitted to the registry

PRIMARY CONTACT FOR REPORTING TO THE NCCR

Name:		**Title:**
Phone:	**Fax:**	**Email:**

REPORTING OPTIONS

Please contact the NCCR for any questions in this section

Option 1: ☐ Electronic Reporting	File submission format: ☐ NAACCR ☐ HL7 ☐ Excel ☐ Text ☐ Other: _____
Option 2: ☐ Direct abstracting in Web Plus	Web Plus is a web-based application that collects cancer data securely over the public Internet. The online abstracting capability of Web Plus is ideal for reporting from physicians' offices with low-volume of cancer cases
Option 3: ☐ Paper submission	Hard copy submission of the NCCR cancer incidence reporting form via, mail, fax, or secure file upload

Once you select your reporting option the NCCR will provide additional resource materials to start reporting

NCCR OFFICE ONLY

Facility ID:	**Display Type:**
Date Received:	**Date additional resources provided:**

NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

PHYSICIAN DEMOGRAPHIC FORM

If any information should change once you completed this form, please provide the NCCR with updated information

PHYSICIAN INFORMATION

Reporting Physician Name:		**NPI:**	
Address:	**City:**	**State:**	**Zip:**
Phone:	**Fax:**	**Date Form Completed:**	
EHR Software Used:	**Vendor Contact Name:**	**Phone:**	

If your office has multiple locations, please attach a list indicting the different office names, NPI, address and phone number information

Please attach a list of physicians affiliated with your office including their NPI and specialty information

Estimated annual number of cancer incidence cases

If you are affiliated with a hospital, does the hospital cancer registry report cancer incidence cases on your behalf?

☐ Yes Hospital Name(s): _____

Please note that any cancer incidence case not reported by the hospital must be submitted to the registry

PRIMARY CONTACT FOR REPORTING TO THE NCCR

Name:	**Title:**	
Phone:	**Fax:**	**Email:**

REPORTING OPTIONS

Please contact the NCCR for any questions in this section

Option 1: ☐ Electronic Reporting	File submission format: ☐ NAACCR ☐ HL7 ☐ Excel ☐ Text ☐ Other: _____
Option 2: ☐ Direct abstracting in Web Plus	Web Plus is a web-based application that collects cancer data securely over the public Internet. The online abstracting capability of Web Plus is ideal for reporting from physicians' offices with low-volume of cancer cases
Option 3: ☐ Paper submission	Hard copy submission of the NCCR cancer incidence reporting form via, mail, fax, or secure file upload

Once you select your reporting option the NCCR will provide additional resource materials to start reporting

NCCR OFFICE ONLY

Facility ID:	**Display Type:**
Date Received:	**Date additional resources provided:**