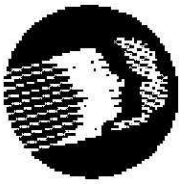
Delaware Cancer Registry (DCR)

Hospital Reporting Procedure Manual



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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention

Delaware Cancer Registry
Delaware Toll-free number 1-855-386-6149

TABLE OF CONTENTS

SECTION 1- GENERAL PROCEDURES: REGISTRY OPERATIONS

SECTION 2 - GENERAL PRINCIPLES: CODING

APPENDICES

SECTION ONE

REGISTRY OPERATIONS

WHY REPORT TO THE DELAWARE CANCER REGISTRY?

The Delaware Cancer Registry is a population-based cancer incidence registry responsible for collecting demographic, diagnostic, treatment and follow-up information. The information is collected from hospitals, labs, physicians, and free standing health care facilities. Both Delaware law and Federal law require data collection and submission. The Delaware Cancer Control Act is found in Appendix A in this manual.

WHO IS RESPONSIBLE TO REPORT?

All Hospitals, Laboratories, Physicians and free-standing Health Care Facilities are required to report all malignant diseases and conditions covered in the reportable list of cases (Reference Appendix C - Tables 1 and 2.)

WHAT DISEASES ARE REPORTABLE?

Reportable diseases include 1) those with a disease/condition in the International Classification of Diseases for Oncology (ICD-O-3) with a behavior code of 2 or greater and 2) benign or borderline tumors of the brain and central nervous system. The DCR adheres to reportable neoplasm requirements of the National Program of Cancer Registries (NPCR). Refer to Appendix C – Tables 1 and 2 for DCR-required neoplasm codes and descriptions.

DEFINITION: REPORTABLE CASE

Reportable analytic cases: Report cases to DCR that meet the specifications of *STORE 2018:* **class of case codes 00-22.** The American College of Surgeons Commission on Cancer defines these cases as analytic, and they are also reportable to the DCR.

Initial diagnosis at your facility (**class of case codes 00-14**):

Whenever a patient is diagnosed with cancer when presenting at your facility, the case is reportable. Also, patients who are diagnosed in a staff physician's office and present at your facility for all or part of first course treatment (includes

decision not to treat) are reportable. See the STORE manual for code-specific instructions.

Initial diagnosis elsewhere; treatment at your facility (**class of case codes 20-22**): Patients previously diagnosed, who present for all or part of first course treatment at your facility (includes decision not to treat) are required to be reported. See the STORE 2018 manual for code-specific instructions.

Reportable non-analytic cases: Report cases meeting specifications of *STORE 2018* **class of case codes 30, 32, 34, 36 and 38** to the DCR. See the STORE manual for code-specific definitions. To verify whether a case has already been reported simply contact the DCR. If it is determined that the case has not been reported, please follow procedures for reporting a case as detailed under subsections *When and How to Report?* and *Reporting Methods*.

Example: A patient was diagnosed and treated several years prior to presenting at the accessioning facility for treatment of recurrent or progressive disease. (class of case 32)

Example: A patient for whom the accessioning facility developed a treatment plan or provided "second opinion" services, but the diagnosis and treatment were provided elsewhere. (class of case 30)

Example: A patient was treated at the accessioning facility for vaginal intraepithelial neoplasia, grade III (VIN III). (class of case 36)

Reporting these non-analytic cases helps to assure the completeness of the DCR database as a population based central cancer registry.

WHEN AND HOW TO REPORT?

WHEN: By law, cases are required to be reported within 180 days from the date of first contact at your facility either as an inpatient or an outpatient for the reportable disease.

HOW:

1. Your facility receives a data exchange package from the DCR. Complete the State Registry Processing Flow Sheet and follow the instructions therein (see Appendix B).

2. Process the follow-up data file from the DCR. This contains updates for your cases including follow-up information from other hospitals that also share these cases.

STOP! DO NOT continue to step 3 until it is time to submit your hospital's data to DCR. See Appendix B for the current Delaware Hospital Data Exchange Submission Cycle.

Note: Prior to processing the data exchange, review your suspense cases to be sure that cases have not been entered twice or that they have not been forgotten.

3. Create a data set consisting of New Cases. These cases should be pulled off your system starting with the last date you pulled cases for the previous data exchange. If you are unsure of the date, contact the DCR.
    - Run the current version of NAACCR GenEDITS on that data file. Correct all errors, pull the data set from your system and run the error report again, and include a copy of the final summary pages with your data exchange submission. Be sure to keep a copy for your files.
4. Create a Follow-Up data set of cases updated since your last data exchange. These case updates should be pulled off your system starting with the last date you pulled case updates for the previous data exchange.
5. Upload the Follow-up file and New Case file to Registry Plus WebPlus application: https://webplus.dhss.delaware.gov/logonen.aspx
6. Print an index of the cases pulled off the database for the data exchange.
7. Submit the following to the DCR:
    - Data Exchange Forms (DEFs - see the Data Exchange Forms section in this chapter for further description) you have completed since your last data exchange
    - Follow-up and New Case data files upload to WebPlus
    - Index of new cases
    - Completed processing flow sheet
    - Copy of the GenEDITS error report

This entire process should be done with each data submission as scheduled for your facility per the Data Exchange Submission Cycle. DCR expects to receive your data

submission as per this schedule. If you expect your submission to be delayed, contact the DCR at Toll-free number 1-855-386-6149.

REPORTING METHODS

Paper abstracts do *not* need to be submitted as was required in the past.

Electronic Submissions are to be submitted through WebPlus and using the current NAACCR format; note the NAACCR version used. Run the GenEDITS program on data prior to submission and correct all errors prior to uploading the cases in WebPlus.

If you cannot submit cases using the NAACCR format, contact the DCR for alternative means of submission.

DATA EXCHANGE FORMS

A data exchange form (DEF) is used to initiate changes or corrections by hospital registries. The DCR has developed an Excel DEF to assist in submitting changes in electronic format. A DEF entry is to be completed when you want to change a previously submitted case, specifically, when changing any of the data items listed in the following table. Submission of paper copies of reports, i.e. additional treatment information, is permissible in lieu of completing the DEFs.

Data Field Changes to Report on DEFs (1/2018+)	
Patient identification: • Patient name • Accession # • Date of birth • SSN • Race • Sex • Sequence number **Cancer identification:** • Class of case • Diagnosis Date • Primary Site • Histology • Grade • Subsite • Laterality • Behavior • Tumor size	**Stage of disease:** • EOD Primary Tumor • EOD Regional Nodes • EOD Mets • Summary Stage 2018 • AJCC Stage 8th **First course of treatment:** • Date of first course treatment • Surgery Date • Surgery of Primary Site • Regional Lymph Node Surgery • Surgery of Other Regional/Distant Site • Radiation therapy dates, treatment volume, modality, dose and number of treatments, boost radiation • Chemotherapy dates, agents/regimen • Hormone therapy dates and agents • RX Summ-Treatment Status (New 2010 data item)

- A DEF does not need to be completed when changing information in text fields. Exception: a DEF must be completed when changing patient name. A sample DEF is included in Appendix B to this manual.

Reminders…

- A DEF must be completed when changing Accession or Sequence Numbers.
- Submit DEFs with your data exchange.

REGISTRY OUTSOURCING

Any hospital wishing to outsource any of or its entire registry must notify the DCR of the selected outsourcing company. This is to protect the integrity of the state's data as a whole. The individual or company providing outsourcing will be required to comply with all standards and regulations set by the DCR. If done properly outsourcing can help facilities manage through times of resource shortage, human and fiscal, without sacrificing quality. The DCR recommends that facilities use outsourcing agencies with national accreditation. These can be found on the website of the American Health Information Management Association (ahima.org). See thehimmarketplace.com for agency listings.

REGISTRY REFERENCE DATE

Any hospital wishing to change its reference date must submit a written notification to the DCR prior to requesting Commission on Cancer approval. The notification shall include the reasons for the reference date change and verification of approval from the hospital's Cancer Committee.

ABSTRACTING & REPORTING TIMELINESS & COMPLETENESS

Abstracting must be completed within 180 days from the date of the initial contact for the reportable disease. This applies to reportable non-analytic cases as well as analytic cases. By law, cases are required to be reported to DCR within 180 days of the date of first contact to avoid a $100 fine per case.

Timeliness and completeness of reporting are tracked by the DCR through quarterly reports that are issued to facilities. These reports show expected and actual case numbers reported each quarter. Contact the DCR if there are factors preventing your registry from meeting timeliness requirements.

DCR QUALITY CONTROLS

Hospital Completeness/Case Accuracy Audits: Facility audits will be conducted on a regular basis by the DCR staff or its delegates. For casefinding audits, the hospital will be required to provide a Disease Index from its Medical Records Department and a pathology report listing to be reviewed for potential missed cases. For data quality audits, the hospital will be required to provide charts for review and reabstracting; these will be requested by the DCR prior to the reabstraction audit if submitting electronically (password protected pdf file) or mailed (paper copies or USB drive). If those options are not feasible, then the facility must provide the auditor access to their hospital electronic medical record (EMR) system. Proper access and confidentiality forms will be completed by the auditor prior to the reabstraction audit; auditor will have access to the hospital EMR on the date set upon by the facility. Following the reabstraction audit, the hospital registrar and department manager/supervisor will be given an opportunity to review any discrepancies found and will be provided with a report detailing results and suggestions.

Data Exchange Quality Evaluation: The DCR performs the following procedures for each hospital data submission:

- Electronic error checking using the latest version of NAACCR Genedits. With each data submission, 95% of the analytic cases must be error free.
- All new primary cancer cases are individually visually reviewed.
- All cases requiring consolidation with abstracts already on the DCR database are individually visually reviewed.

Your facility may be contacted for additional information and for possible edit/error resolution.

Quarterly Review: Patient name/gender, cancer site/gender checks and duplicate checks are performed on cases added to the DCR database during the previous quarter. Your facility may be contacted for additional information to assist in resolution of errors.

Annual Reports/Reviews:

- DCR provides annual listings of cases shared by your facility with other facilities. These listings show selected data items including treatment codes and dates, post-case consolidation at DCR. These listings may provide supplemental data for your facility. Please contact the DCR or other listed facilities for additional information/clarification on shared cases.
- Data Quality Indicator reports are issued to each facility annually. These reports show hospital-specific percentages of missing/unknown values for selected data items including laterality, race, diagnostic confirmation and month of diagnosis.

Other Reviews:

- Targeted Q/A: Selected site/data field case reviews are conducted periodically. Targeted reviews are based on results of DCR data quality audits and focus on the more challenging topics. Hospital registries are contacted for error resolution and to discuss results of these reviews.
- Registrar Q/A: A portion of each hospital registrars' work may periodically be reviewed for accuracy on 10 data fields, with feedback provided to the registrar and his/her supervisor. A sample Registrar Quality Evaluation form is included in Appendix B of this manual.

CONFIDENTIALITY & RELEASE OF INFORMATION

Follow your hospital's confidentiality guidelines and current HIPAA rules to protect patient data. Consult your facility release of information policy before releasing information in an abstract from another facility, as that facility's consent may be required.

PROCEDURE MANUAL

A facility’s cancer registry procedure manual must include DCR requirements where they apply in addition to the criteria set by the STORE Manual.

SECTION TWO

GENERAL PRINCIPLES: CODING

HOSPITAL REGISTRY OPERATIONS

Hospital registry operations are determined and defined by the current STORE Manual and Commission on Cancer Program Standards.

Per STORE Manual, all cases diagnosed on or after January 1, 2018, the American College of Surgeons Commission on Cancer (CoC) will require its accredited programs to use STandards for Oncology Registry Entry (STORE); *AJCC Cancer Staging Manual, Eighth Edition* (8th Edition), Site-Specific Data Items (SSDIs) for collection of site-specific information; NAACCR Guidelines for ICD-O-3 Update Implementation; 2018 Solid Tumor Coding Rules; SEER Summary Stage 2018 Manual to assign Summary Stage; most current SEER Hematopoietic and Lymphoid Neoplasm Database and rules; and SEER*RX systemic therapy application. Revisions to CoC reporting requirements for 2018 accommodate the transition from Collaborative Stage Site-Specific Factors to the new SSDI and Grade data items, as well as implementation of new data items for the collection of radiation therapy, information associated with sentinel and regional lymph nodes, and cancer recurrence.

STAGING

The DCR requires use of the staging standards that are applicable for the date of diagnosis of the case.

For cases diagnosed January 1, 2004 and later the DCR follows NAACCR required fields and format.

For cases diagnosed January 1, 2018 and later the DCR follows V18 NAACCR required fields and format

For cases diagnosed prior to January 1, 2004 the DCR requires submission of

- SEER Summary Stage 1977 or SEER Summary Stage 2000

DATA ITEM INSTRUCTIONS

The DCR does not impose any additional instructions and guidelines other than those in the STORE manual pertaining to those data sets.

DCR REQUIRED DATA SET

Analytic Cases – DCR follows NAACCR data items required to be submitted for every reportable analytic case sent to the DCR. Please note that some of these DCR required items may not currently be required by the Commission on Cancer. If you are not currently collecting

any of these items, contact your software vendor to have them included. Data items not listed in Table 7 may be transmitted to DCR.

Non-analytic cases – At a minimum, submit data items shown in the following table for all non-analytic cases.

Table 7

DCR Required Data Items – Non-analytic Cases	
NAACCR Item #	**Data Item**
70	Address at DX - City
2330	Address at DX-No and Street
100	Address at DX - Postal code
80	Address at DX - State
70	Address at DX - City
523	Behavior Code ICD-0-3
610	Class of Case
90	County at Dx
240	Date of Birth
241	Date of Birth Flag
390	Date of Diagnosis
391	Date of Diagnosis Flag
1750	Date of Last Contact
1751	Date of Last Contact Flag
490	Diagnostic Confirmation
440	Grade
420	Histologic Type ICD-0-2
522	Histologic Type ICD-0-3
410	Laterality
2240	Name – First
2230	Name – Last
2390	Name – Maiden
2250	Name – Middle
400	Primary Site
160-164	Race 1-5
220	Sex
2320	Social Security Number
190	Spanish/Hispanic Origin
2520-2570; 2680; 2600	Text
1760	Vital Status

ADDITIONAL ITEMS REQUIRED

Text is one of the most important tools we have to get the "big picture" of a case. Text is required to be submitted to the extent that it describes the following.

- Diagnosis
- Site
- Pathology
- Staging
- Treatment
- Recurrence
- Cause of Death

Some of this information will come from the physician notes or actual reports, but recording this text information is essential. In some cases it may be necessary to contact the physician for this information.

SOLID TUMOR RULES (2018)

DCR requires that hospitals code cases diagnosed prior to January 1, 2018 using the 2007 Multiple Primary Rules. 2018 Solid Tumor coding rules are to be used to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2018 and forward. The Solid Tumor coding rules and the 2018 General Instructions replaced the 2007 Multiple Primary & Histology (MP/H) Rules for the following sites ONLY:

Breast
Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)
Head & Neck
Kidney
Lung
Malignant CNS and Peripheral Nerves
Non-malignant CNS tumors
Urinary Sites

The 2007 Multiple Primary & Histology rules and the 2007 General Instructions are to be used for cases diagnosed 1/1/2007 to 12/31/2020 for the following site groups: Cutaneous melanoma, other sites.

Solid Tumor Rule site: https://seer.cancer.gov/tools/solidtumor/STM_2018.pdf

HEMATOPOIETIC AND LYMPHOID NEOPLASMS

The DCR requires that hospitals use the new coding guidelines for cases diagnosed January 1, 2010 and later.

These tools/references are needed for coding hematopoietic and lymphoid neoplasms:

1) The Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) https://seer.cancer.gov/seertools/hemelymph/

2) The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual (Manual) https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf

The new coding and reportability guidelines are embedded in the Hematopoietic DB. The Manual comprises a section in the Hematopoietic DB. It is advised that registrars consult the Manual first for detailed instructions and guidelines. The Hematopoietic DB is used when the rules specifically instruct the abstractor to refer to the DB or when the abstractor has used all of the rules in the Manual.

The following table provides a summary of the prevailing cancer registration standards. Please contact DCR for clarification if needed.

WHEN DO WE USE THE NEW 2010 RULES – AND WHERE DO WE FIND THEM?	
Rules & References	**When to Use**
Hematopoietic and Lymphoid Neoplasm Rules – 2018 Database: https://seer.cancer.gov/seertools/hemelymph/ Manual: https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf	• User Guide https://seer.cancer.gov/django/seertools/static/docs/Web_Hema_Lymph_DB.pdf

WHEN DO WE USE THE NEW 2018 RULES – AND WHERE DO WE FIND THEM?	
Rules & References	**When to Use**
SSDI/ Grade *SSDI Manual:* *https://www.naaccr.org/SSDI/SSDI-Manual.pdf?v=1573666389* *Grade Manual:* *https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1573666389*	**2018+** *https://apps.naaccr.org/ssdi/list/*
Solid Tumor Rules (2018) https://seer.cancer.gov/tools/solidtumor/STM_2018.pdf	For cases diagnosed January 1, 2018 and later: • The Solid Tumor coding rules and the 2018 General Instructions replace the 2007 Multiple Primary & Histology (MP/H) Rules for the following sites ONLY: Breast, Colon, Head and Neck, Kidney, Lung, Malignant CNS and Peripheral Nerves, Non-malignant CNS, Urinary Sites
STORE Manual (2018) https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx	• Replaces previous versions; required for all cases diagnosed January 1, 2018 and later.
Cancer Program Standards 2016 Revised Edition http://www.facs.org/cancer/coc/programstandards.html	• Apply any changes

WHEN DO WE USE THE NEW 2018 RULES – AND WHERE DO WE FIND THEM?	
Rules & References	**When to Use**
AJCC Cancer Staging Manual, 8th Edition https://cancerstaging.org/Pages/default.aspx	• Effective for all cases diagnosed 1/1/2018 and later.
SUMMARY STAGE/ EOD (2018) Cancer Schema list: https://staging.seer.cancer.gov/eod_public/list/1.4/ Staging Resources: https://seer.cancer.gov/tools/staging/	• Effective for all cases diagnosed 1/1/2018 and later.

APPENDIX A

TITLE 16

Health and Safety

Vital Statistics

CHAPTER 32. CANCER CONTROL ACT

§ 3201. Short title.

This chapter may be cited as the Delaware Cancer Control Act. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3202. Purpose.

The intent of the General Assembly is to require the establishment and maintenance of a cancer registry for the State. This responsibility is delegated to the Department of Health and Social Services, along with the authority to exercise certain powers to implement this requirement. To ensure an accurate and continuing source of data concerning cancer and certain specified tumors of a benign nature, the General Assembly by this chapter requires certain health care practitioners and all hospitals, clinical laboratories and cancer treatment centers within the State to make available to the Department of Health and Social Services information contained in the medical records of patients who have cancer or tumors of a benign nature. It is intended that the product of these efforts will be a central data bank of accurate, precise and current information regarding the subject diseases. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3203. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning.

(1) "Benign tumor" means any nonmalignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(2) "Cancer" means any malignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(3) "Department" means the State of Delaware Department of Health and Social Services. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3204. Cancer registry.

The Department shall adopt, promulgate, amend and repeal any rules and regulations that are consistent with law relative to this chapter and necessary to achieve the purpose and requirements of this chapter. These rules and regulations shall include provisions for:

(1) The establishment and maintenance of an up-to-date registry that shall document every occurrence of cancer and of benign tumor in this State;

(2) The establishment of a procedure for reporting to the Department, within 180 days of initial diagnosis or treatment, every occurrence of cancer and of benign tumor in this State. Such procedure shall include the reporting of specified information that the Department deems necessary and appropriate for the recognition, prevention, control or cure of cancer and benign tumors, and shall minimally include the reporting requirements of the National Cancer Data Base established by the American College of Surgeons, along with information regarding the patient's length of residency in

Delaware, primary residential address in Delaware and the location and nature of the patient's primary past employment. Those required to report to the Department occurrences of cancer and benign tumors shall include:

a. Any physician, surgeon, dentist, podiatrist or other health care practitioner who diagnoses or provides treatment for cancer or benign tumors;

b. The designated representative of any hospital, dispensary, asylum or other similar public or private institution that diagnoses or provides treatment for cancer or benign tumors; and

c. The designated representative of any laboratory that examines tissue specimens which disclose the existence of cancer or benign tumor;

(3) The establishment of a procedure for the publication and distribution of forms, instructions and notices required by this chapter or necessary to accomplish the purpose of this chapter; and

(4) The establishment of a procedure to obtain follow-up information from those required to report occurrences of cancer and benign tumors pursuant to this chapter. Any follow-up information deemed necessary by the Department shall be submitted to the Department at least 1 time each year by those required to report occurrences of cancer and benign tumors.

This chapter and any rules or regulations issued pursuant to this chapter shall not apply to any person or private institution that, as an exercise of religious freedom, treats the sick or suffering by spiritual means through prayer alone. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, §§ 1, 2.)

§ 3205. Confidentiality of reports.

(a) Any report of an occurrence of cancer or benign tumor made pursuant to this chapter shall not be divulged nor made public in any way that might tend to disclose the identity of the person to whom it relates. However, patient-identifying

information may be exchanged among cancer control agencies as authorized by the Department and upon receipt by the Department of satisfactory assurances by those agencies of the preservation of the confidentiality of such information.

(b) No individual or organization providing information to the Department in accordance with this chapter shall be deemed to be, or held liable for, divulging confidential information. (62 Del. Laws, c. 334, § 1; 63 Del. Laws, c. 288, § 1; 70 Del. Laws, c. 149, § 148; 70 Del. Laws, c. 391, § 1.)

§ 3206. Compulsion prohibited.

Nothing in this chapter shall be construed to compel any individual to submit to any medical or public health examination, treatment or supervision. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3207. Violations.

Any person or entity who violates any provision of this chapter shall be fined $100 for each violation. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, § 3.)

§ 3208. Audit and Abstraction of records by department.

(a) Upon request of a person or organization required to report by § 3204 of this title, the Department may audit records and abstract information that is required to be reported.

(b) Any person or organization failing to report as required by this chapter shall permit the Department to audit records and abstract information that is required to be reported.

(c) The Department may charge a fee to be established by regulation to persons and organizations subjected to an audit pursuant to subsection (a) or (b) of this section. Said person or organization shall reimburse the Department. (73 Del. Laws, c. 431, § 3.)

§ 3209. [Reserved.]

APPENDIX B

STATE REGISTRY PROCESSING FLOW SHEET

WHEN IT IS TIME FOR YOU TO SUBMIT YOUR DATA EXCHANGE TO THE STATE

Create a dataset of cases added and updated since your last data exchange and then run the NAACCR (CDC) edits error report on that dataset. Correct all errors, run report again, and include a copy of the final summary pages with your next data exchange submission (be sure you keep a copy for your files.)	
Create "follow-up" and "new cases" data files for the state Registry. You will be prompted by the computer for the exact date that you last sent data to the state. If you do not know the date, contact the state office now!	
Upload the new and follow-up data files in WebPlus	

√ BE SURE THAT YOUR SUBMISSION TO THE STATE REGISTRY INCLUDES:

{ } DEFs
{ } UPLOAD NEW AND FU CASES IN WEBPLUS

DELAWARE HOSPITAL

DATA EXCHANGE SUBMISSION CYCLE

Data Exchanges from	are due week	of
Christiana Care (410)	1	every month
Milford Memorial (480)	2	odd months
Kent General (485)	2	odd months
St. Francis (470)	3	even months
Nanticoke Memorial (490)	4	odd months
Beebe Medical Center (460)	4	even months
AI Dupont Hospital for Children	3	even months
VA Hospital (450)	1	quarterly (Jan, Apr, Jul, Oct)

Odd months: JAN, MAR, MAY, JUL, SEP, NOV

Even months: FEB, APR, JUN, AUG, OCT, DEC

Please direct questions to

DELAWARE CANCER REGISTRY
Thomas Collins Building
540 South Dupont Hwy. 2nd floor Suite 11
Dover, DE 19901
Telephone: 1-855-386-6149
Fax: (302) 741-9029

EXCEL DATA EXCHANGE FORM (DEF) – INSTRUCTIONS and EXAMPLES

If submitting paper documentation for case updates, there is no need to enter this information on the electronic DEF.---
Select your hospital from the pull down list by clicking on the red box.------
If entering multiple data item changes for a patient, enter each data item on a separate line.-----
Provide the reason for the change in the **Reason for DEF** column (e.g., correct a typo, or received -----
new information on the case). --------
Select the data item to be changed from the drop down box in the **Data Element to Change** column.-----
Record any new data in the **Change To** (yellow) column.-------
Record the old value in the **Previously Submitted Information** column------
If information for more than one patient is included, select the next consecutive entry number and enter next patient's information.---
If the data element you are changing is not in the drop down list, enter it in the miscellaneous column at the end of the form.----
Key in all dates as you would on an abstract (mmddyyyy)-------

405 Blue Hen Memorial										
Entry #	**REGISTRAR'S INITIALS**	**REASON FOR DEF**	**ACC#**	**SEQ #**	**PT NAME (last, first MI)**	**DOB**	**DATA ELEMENT TO CHANGE**	**CHANGE TO**	**PREVIOUSLY SUBMITTED INFORMATION**	**MISC**
1	PLA	revised DOB confirmed by birth certificate	20091111	00	duck, donald T.	01/01/ 1920	DOB	01/01/1920	01/01/1910	
2	BRS	change or correction	20097777	01	mouse, mickey	02/03/ 1945	Behavior	3	2	
3	CLE	Info. from a newly obtained report	20092222	02	bunny, bugs	04/05/ 1957	Date First Course Tx (include whereTX was administered)	01/02/2009 CCHS	None	
4	BRS	Info. from a newly obtained report	20097777	01	mouse, mickey	02/03/ 1945	Chemo Drugs/ Regimens	Taxol & Carboplatin	None	
5	BRS	new information	"	01	mouse, mickey	02/03/ 1945	Chemo Tx Code	03	None	

Delaware Cancer Registry **Registrar Quality Evaluation - EXAMPLE**		
Facility	***Blue Hen Memorial***	
Abstractor	***ZGY***	
# cases	***20***	
Time period	***10/1/09-12/31/09***	
Data Items Reviewed	***Errors***	***Error Description***
Date of Dx	1	200900110 - 8/8/09 miscoded as 8/8/08
Site		
Histology	1	200900200 - 80103 to 82603 - papillary carcinoma of the thyroid gland
Grade		
Laterality		
CS fields		
Date 1st course tx		
Sx codes	1	200900201 - Surgery code 40 to 41
Scope LN surgery		
Sx other site		
Total Errors	***3***	
Total Fields	***200***	
Error Percent	***1.5%***	

APPENDIX C

Table 1. WHAT TO REPORT TO THE DELAWARE CANCER REGISTRY[1]

	Cancer Site/Type Terms	ICD-O 3rd Edition Codes
NEOPLASMS THAT <u>ARE</u> REPORTABLE TO THE DELAWARE CANCER REGISTRY	Malignancies *(see exclusions in non-reportable section below)* Malignant neoplasms Cancers	All Neoplasms with Behavior Code "3" *(see exclusions below)*
	"Carcinoma In Situ" *(see exclusions in non-reportable section below)* "Stage 0" "Noninvasive" "Intraepithelial" "Noninfiltrating" *Per NPCR guidelines* include: Vaginal Intraepithelial Neoplasia, grade III (VAIN III) Vulvar Intraepithelial Neoplasia, grade III (VIN III) Anal Intraepithelial Neoplasia, grade III (AIN III)	All Neoplasms with Behavior Code "2" *(see exclusions below)* Site Code; Morphology Code C52.__ ; M-8077/2 C51.__; M-8077/2 C21.1 ; M-8077/2
	Non-malignant (benign or borderline) primary brain and central nervous system tumors,* in any of the following sites: Brain…… Meninges…… Spinal cord, cranial nerves, and other parts of the central nervous system……..... Pituitary gland…… Craniopharyngeal duct…….. Pineal gland……	Behavior Codes: "0" (Benign) *or* "1" (Borderline) Site Codes: C71.0 - 71.9 C70.0 - 70.0 C72.0 - 72.9 C75.1 C75.2 C75.3
NON-REPORTABLE NEOPLASMS	The following skin cancers (in non-genital skin sites) are ***NOT*** reportable:** Basal cell carcinomas of the skin Epithelial carcinomas of the skin Papillary carcinomas of the skin Squamous cell carcinomas of the skin	Site code C44.__ with histology codes 8000-8110
	The following in situ neoplasms are ***NOT*** reportable: Carcinoma in situ of the cervix (CIS)…….. Cervical Intraepithelial Neoplasia grade III (CIN III)…… Cervical Intraepithelial Neoplasia with severe dysplasia (CIN III). Prostatic Intraepithelial Neoplasia grade III (PIN III)…….	 Site Code; Morphology Code C53.____; M-8077/2 C53.____; M-8077/2 C53.____; M-8077/2 C61.9; M-8148/2

* *including* juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma; code behavior as /3

[1] References: International Classification of Diseases for Oncology, 3rd Edition; NAACCR Standards for Cancer Registries, Vol II, Standards for Oncology Registry Entry STORE 2018

** Note: Skin cancers in the genital sites (vagina, clitoris, labium, vulva, prepuce, penis and scrotum) ***are reportable*.** Early or evolving melanoma, in situ or invasive ***is reportable*** to Delaware.

TABLE 2. ICD-10-CM CASE FINDING CODES FOR REPORTABLE TUMORS
(EFFECTIVE 1/01/2018)

Cases reportable to the Delaware Cancer Registry include **all invasive and in situ malignant neoplasms** and **specified benign and borderline neoplasms of the brain and CNS.**

The following 2018-2019 Comprehensive ICD-10-CM Case Finding Code list is intended to assist reporting facilities in casefinding of reportable neoplasms.

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 1/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10-CM	**Explanation of Code**
C00.- - C43.-, C4A.-, C45.- - C48.-, C49.- - C96.-	Malignant neoplasms (excluding category C44 and C49.A), stated or presumed to be primary (of specified site) and certain specified histologies ***NEW for FY2018:*** *C96.20 Malignant mast cell neoplasm, unspecified* *C96.21 Aggressive systemic mastocytosis* *C96.22 Mast cell sarcoma* *C96.29 Other malignant cell neoplasm*
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.13-	Sebaceous cell carcinoma of skin of eyelid, including canthus Note: Effective 10/1/2018
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
C49.A-	Gastrointestinal Stromal Tumors Note: GIST is only reportable when it is malignant (/3). GIST, NOS (not stated whether malignant or benign) is a /1 and is not reportable.
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
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)
D47.02	Systemic mastocytosis
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_)

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 1/1/2018-9/30/2019) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10-CM	**Explanation of Code**
	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
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 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

PLEASE CONTACT THE DELAWARE CANCER REGISTRY AT (855) 386-6149 IF YOU HAVE QUESTIONS.

Notes

- **Reportable** diagnoses include juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma; behavior is coded as /3 (malignant).
- **Reportable skin cancers include:**
    - Cancers occurring in the skin of genital sites (any histology) -- including vagina, clitoris, vulva, prepuce, penis, and scrotum.
    - Adnexal carcinomas, adenocarcinomas, lymphomas, melanomas, sarcomas and Merkel cell tumor **are reportable**
- **Non-reportable skin cancers** (primary site C44.__; histology codes 8000-8110) include basal cell carcinoma and squamous cell carcinoma occurring in non-genital sites.
- **Early or evolving melanoma, in situ or invasive** is REPORTABLE to Delaware.
- In situ carcinoma of the cervix uteri is **not reportable.**
- Prostatic intraepithelial neoplasia (PIN III) **is not reportable**.

^ *This* code list incorporates the latest revisions and additions to the International Classification of Diseases (ICD-10-CM). It is available on the SEER website at the following address: https://seer.cancer.gov/tools/casefinding/fy2019-casefindinglist-icd10cm.pdf