



DELAWARE HEALTH  
AND SOCIAL SERVICES  
Division of Public Health

# **Delaware Cancer Registry (DCR)**

## **Non-Hospital Reporting of Cancer**

*Data Collection, Management and Analysis*

### **General Procedures**

*February 2011*

Delaware Cancer Registry  
256 Chapman Road  
Oxford Building, Suite 100  
Newark, Delaware 19702  
Telephone: (302) 283-7200  
Fax: (302) 283-7201

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## INTRODUCTION

The Delaware Cancer Registry was established in 1972 to collect and provide accurate and up-to-date information about cancer in the State of Delaware. Since this time hospitals have reported each case of cancer diagnosed and/or treated at their facility to the registry. **Effective for cases diagnosed on or after January 1, 1996, the law was amended to require reporting by all health care facilities that diagnose or treat cancer patients.** The Delaware Cancer Control Act can be found at the following site: <http://delcode.delaware.gov/title16/c032/index.shtml> and is included in the appendix of this manual.

The Delaware Cancer Registry is an essential part of our fight against cancer. Data collected is used for the following activities:

- Monitor trends in cancer incidence and mortality by site, geographic area and demographic characteristics of the population
- Guide cancer control program planning and evaluation
- Assist in prioritizing health resource allocations
- Advance clinical, epidemiological, and health services research
- Evaluate cancer cluster reports

In recent years, because an increasing number of cancer patients are receiving diagnostic and treatment services outside of the hospital, the reporting of cancer case information by physician's offices and other non-hospital facilities has become more crucial for assuring the completeness of information in our state's central cancer database. Together with the hospitals, laboratories, and ambulatory surgery centers, the physicians of Delaware play a key role in the collection of information. Without your help we could not answer many of the questions about cancer in Delaware.

## WHO IS RESPONSIBLE TO REPORT?

Effective for cases diagnosed on or after January 1, 1996, **all health care facilities that diagnose or treat cancer** are required to report cancer case information. Chapter 32 of the Cancer Control Act, states:

“Those required to report to the Department occurrences of cancer and benign tumors will include:

- (A) **Any physician, surgeon, dentist, podiatrist, or other health care practitioners** who diagnose or provide treatment for cancer or benign tumors;
- (B) **The designated representative of any hospital, dispensary, asylum, or other similar public or private institution** that diagnose or provide 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”.

The most common types of cancer diagnosed or treated outside a hospital setting include melanoma, noninvasive bladder tumors, small eye tumors, oral or genital tumors, some prostate and breast tumors, tumors in colorectal polyps, lymphoma, leukemia, multiple myeloma, and other bone marrow primaries.

*Please contact the Delaware Cancer Registry at (302) 283-7200 if you have any questions*

## WHAT IS TO BE REPORTED?\*

1. **Report** neoplasms described with the following terms:
  - a. in situ; noninvasive; intraepithelial; noninfiltrating; stage 0
  - b. malignant; cancer; malignant neoplasm, carcinoma
2. **Report** benign tumors of the brain and CNS (for diagnoses after January 1, 2004), in any of the following sites:
  - The brain, meninges, spinal cord, cranial nerves, and other parts of the central nervous system, pituitary gland, craniopharyngeal duct, and pineal gland.
3. **Report** cases when the diagnosis is described with terms such as “apparently”, “compatible with”, “consistent with”, “favors”, “most likely”, “probable”, “suspect”, “suspicious”.
4. **Do not report** cases described as “possible”, “questionable”, “suggests”, “rule out”, “equivocal”.
5. **Report** each primary site cancer separately. Any subsequent diagnosis of or treatment for cancer in another primary site should be reported as a separate case.
6. **Do not report** when a patient has *only a history* of cancer with no currently active disease.
7. **Do not report:**
  - Basal cell and squamous cell carcinoma of skin, except of genitalia. (effective 1/1/2003)
  - In situ carcinoma of the cervix uteri
  - Cervical intraepithelial neoplasia grade III (CIN III) and
  - Prostatic intraepithelial neoplasia grade III (PIN III).

*\*Consult Table A in the appendix for additional description of reportable and non-reportable neoplasms and corresponding ICD-0-3 codes. See Table B for specific reportable neoplasms and corresponding ICD-9-CM diagnosis codes. Refer to Tables C and D for newly reportable hematopoietic and lymphoid neoplasm terms and corresponding ICD-0-3 codes.*

*When in doubt about whether to report a case, please feel free to contact the  
Delaware Cancer Registry at (302) 283-7200*

## HOW TO REPORT?

Please complete the Cancer Reporting Form (CRF) in the appendix for *each* primary site diagnosed. If more than one cancer is diagnosed simultaneously, please complete a form for each case. Two (2) versions of the CRF are in the appendix. **Reporting facilities should submit cancer cases using the standard CRF (Doc. #35-05-02/07/10/08), except surgery centers which are to report using the version subtitled “Ambulatory Surgery Centers (Doc. #35-05-02/07/10/09)”**. Send completed form(s) and supporting documentation to:

Delaware Cancer Registry  
256 Chapman Road  
Oxford Building, Suite 100  
Newark, Delaware 19702  
Fax: (302) 283-7201  
Phone: (302) 283-7200

### ***PATHOLOGY REPORTS OR OTHER SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THE REPORTING FORM***

If information is incomplete, a representative from the Delaware Cancer Registry will contact your office to gather the information required to complete case entry into the state system.

## TIME PERIOD FOR REPORTING

All cancer cases being reported to the Delaware Cancer Registry must be submitted within **180 days following initial diagnosis and/or first course of treatment**. If a case requires longer than 180 days time to yield sufficient information to complete the Cancer Reporting Form, an extension may be granted by phoning the Delaware Cancer Registry at (302) 283-7200.

## **\$100 FINE**

As specified in the Delaware Cancer Control Act, any person or entity who violates any provision of this chapter shall be fined \$100 for each violation.

## **INFORMATION REQUIRED TO COMPLETE CASE REPORT**

### **PATIENT IDENTIFICATION**

- ❖ Patient Name
- ❖ Social Security Number
- ❖ Address at Diagnosis
- ❖ Marital Status
- ❖ Sex
- ❖ Race
- ❖ Spanish/Hispanic origin
- ❖ Date of Birth
- ❖ Birthplace
- ❖ Usual occupation/industry

### **FIRST COURSE OF TREATMENT**

- ❖ Watchful waiting
- ❖ Patient refused treatment
- ❖ Surgery
- ❖ Radiation
- ❖ Chemotherapy
- ❖ Other therapy

### **FOLLOW-UP**

- ❖ Vital status/tumor status
- ❖ Date of last contact or date of death

### **DIAGNOSIS**

- ❖ Date/place of initial diagnosis
- ❖ PE/scans/scopes/lab
- ❖ Operative/pathology findings
- ❖ Residual tumor
- ❖ Diagnostic confirmation
- ❖ Hospital referred from/to

### **CANCER INFORMATION**

- ❖ Primary site/Histology/Grade (differentiation)
- ❖ Tumor Size
- ❖ Extent of Disease/lymph node involvement
- ❖ Staging information

## **APPENDIX**



**TITLE 16**  
**Health and Safety**  
**PART III**  
**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. |.**

NOTICE: The Delaware Code appearing on this site was prepared by the Division of Research of Legislative Council of the General Assembly with the assistance of the Government Information Center, under the supervision of the Delaware Code Revisors and the editorial staff of LexisNexis, and includes all acts up to and including those from the 142nd General Assembly Regular Session.

DISCLAIMER: Please Note: With respect to the Delaware Code documents available from this site or server, neither the State of Delaware nor any of its employees, makes any warranty, express or implied, including the warranties of merchantability and fitness for a particular purpose, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately-owned rights. This information is provided for informational purposes only. Please seek legal counsel for help on interpretation

TABLE A.

**REPORTABLE NEOPLASMS – TERMS AND ICD-0-3 CODES<sup>1</sup>**

	Cancer Site/Type Terms	ICD-0 3 <sup>rd</sup> Edition Codes
<b>NEOPLASMS THAT ARE REPORTABLE TO THE DELAWARE CANCER REGISTRY</b>	Malignancy ( <i>see exclusions in non-reportable section below</i> ) Malignant neoplasm Cancer	Behavior Code “3”
	“Carcinoma In Situ” ( <i>see exclusions in non-reportable section below</i> ) “Stage 0” “Noninvasive” “Intraepithelial” “Noninfiltrating”  <i>Includes:</i> Vaginal Intraepithelial Neoplasia, grade III (VAIN III) Vulvar Intraepithelial Neoplasia, grade III (VIN III) Anal Intraepithelial Neoplasia, grade III (AIN III)	Behavior Code “2”  C52.__ ; M-8077/2 C51.__ ; M-8077/2 C21.1 ; M-8077/2
	<i>Non-malignant (benign or borderline) primary brain and central nervous system tumors* (diagnosed on or after 1/1/2004), in any of the following sites:</i>  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
<b>NON- REPORTABLE NEOPLASMS</b>	The following skin cancers are <b>NOT</b> 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.__ <b>with</b> histology codes 8000-8110
	The following in situ neoplasms are <b>NOT</b> 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

\*\*Note: skin cancers in the genital sites (vagina, clitoris, labium, vulva, prepuce, penis and scrotum) **are reportable**.

<sup>1</sup> References: International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition; NAACCR Standards for Cancer Registries, Vol. II; 2010 Facility Oncology Registry Data Standards (FORDS) Manual

**TABLE B**

**ICD-9-CM CASE FINDING CODES FOR REPORTABLE TUMORS**

(Effective 1/1/2010)

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 2010 Comprehensive ICD-9-CM Case Finding Code list ^ is intended to assist reporting facilities in casefinding of reportable neoplasms.

<b>COMPREHENSIVE ICD-9-CM CASE FINDING CODE LIST FOR REPORTABLE TUMORS ^ (EFFECTIVE DATE: 1/1/2010)</b>	
<b>ICD-9-CM</b>	<b>Explanation of Code</b>
140.0 – 208.92	Malignant neoplasms <b>(see exceptions in notes below)</b>
209.00 - 209.30	Neuroendocrine tumors <b>(effective date: 1/1/2009)</b>
209.31 – 209.36	Merkel cell carcinoma <b>(effective date: 10/1/09)</b>
209.70 – 209.79	Secondary neuroendocrine tumors <b>(effective date: 10/1/09)</b>
225.0 – 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3 – 227.4	Benign neoplasm of pituitary gland, pineal body and other intracranial endocrine-related structures
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site
230.0-234.9	Carcinoma in situ (exclude 233.1, cervix)
236.0	Endometrial stroma, low grade (8931/1)
237.0 – 237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3), extramedullary plasmacytoma (9734/3)
238.7	Other lymphatic and hematopoietic tissues <b>Note: This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes</b>
238.71	Essential thrombocythemia (9962/3)
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9983/3, 9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3)
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9987/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3)
238.77	Post transplant lymphoproliferative disorder (9987/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/3, 0031/3)
239.6	Neoplasms of uncertain nature, brain
239.7	Neoplasms of uncertain nature; endocrine glands and other parts of nervous system
239.81-239.89	Neoplasms of unspecified nature; other specified sites <b>(effective date: 10/1/09)</b>
273.2	Other paraproteinemias; Franklin's disease (9762/3); Gamma heavy chain disease (9762/3); Mu-chain disease (9762/3)
273.3	Macroglobulinemia; Waldenstrom's macroglobulinemia (9761/3)

**COMPREHENSIVE ICD-9-CM CASE FINDING CODE LIST FOR REPORTABLE TUMORS ^  
(EFFECTIVE DATE: 1/1/2010)**

ICD-9-CM	Explanation of Code
288.3	Eosinophilia <b>Note: This code is for eosinophilia, which is not reportable. Do not abstract unless diagnosis is “hypereosinophilic syndrome” (9964/3)</b>
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0-V10.89	Personal history of malignancy (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V10.90	Personal history of unspecified malignant neoplasm ( <b>effective date: 10/1/09</b> ) (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V10.91	Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma ( <b>effective date: 10/1/09</b> ) (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V12.41	Personal history of benign neoplasm of the brain

**PLEASE CONTACT THE DELAWARE CANCER REGISTRY AT (302) 283-7200 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.
- 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, Ninth Revision (ICD-9-CM). It is available on the SEER website at the following address:

[http://seer.cancer.gov/tools/casefinding/fy2010\\_casefindinglist\\_long.pdf](http://seer.cancer.gov/tools/casefinding/fy2010_casefindinglist_long.pdf)

**TABLE C**

<b>2008 WHO CLASSIFICATION OF TUMORS OF HEMATOPOIETIC AND LYMPHOID TISSUES - NEWLY REPORTABLE TERMS AND CODES – CASES DIAGNOSED JANUARY 1, 2010 OR LATER</b>	<b>ICD-0 CODE</b>
Primary cutaneous follicle centre lymphoma	9597/3
T-cell/histiocyte rich large B-cell lymphoma	9688/3
Intravascular large B-cell lymphoma	9712/3
Systemic EBV positive T-cell lymphoproliferative disease of childhood	9724/3
Hydroa vacciniforme-like lymphoma	9725/3
Primary cutaneous gamma-delta T-cell lymphoma	9726/3
Plasmablastic lymphoma	9735/3
ALK positive large B-cell lymphoma	9737/3
Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	9738/3
Fibroblastic reticular cell tumor	9759/3
Mixed phenotype acute leukemia with t(9;22)(q34;q11.2);BCR-ABL1	9806/3
Mixed phenotype acute leukemia with t(v;11q23);MLL rearranged	9807/3
Mixed phenotype acute leukemia, B/myeloid, NOS	9808/3
Mixed phenotype acute leukemia, T/myeloid, NOS	9809/3
B lymphoblastic leukemia/lymphoma, NOS	9811/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3
B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged	9813/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with hyperdiploidy	9815/3
B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL)	9816/3
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); IL3-IGH	9817/3
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); E2A PBX1 (TCF3 PBX1)	9818/3
T lymphoblastic leukemia/lymphoma	9837/3
Acute myeloid leukemia with t(6;9)(p23;q34) DEK-NUP214	9865/3
Acute myeloid leukemia with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1EV11	9869/3
Myeloid leukemia associated with Down Syndrome	9898/3
Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1	9911/3
Myeloid and lymphoid neoplasms with PDGFRB rearrangement	9965/3
Myeloid and lymphoid neoplasms with PDGFRB arrangement	9966/3
Myeloid and lymphoid neoplasm with FGFR1 abnormalities	9967/3
Polymorphic PTLD	9971/3
Refractory neutropenia	9991/3
Refractory thrombocytopenia	9992/3

Reference: NAACCR 2010 Implementation Guidelines, August 2009. [www.naacccr.org](http://www.naacccr.org)

**TABLE D**

<b>HISTOLOGIC TERMS AND CODES WITH CHANGES IN CASE REPORTABILITY * (NEWLY REPORTABLE CONDITIONS – CASES DIAGNOSED JANUARY 1, 2010 OR LATER)</b>	
<b>Name</b>	<b>Proposed ICD-0-3 Code</b>
Chronic lymphoproliferative disorder of NK-cells	9831/1
T-cell large granular lymphocytic leukemia	9831/3
Langerhans cell histiocytosis, NOS (9751/1)	9751/3
Langerhans cell histiocytosis, unifocal (9752/1)	9751/3
Langerhans cell histiocytosis, multifocal (9753/1)	9751/3
Myelodysplastic/Myeloproliferative neoplasm, unclassifiable	9975/3
Myeloproliferative neoplasm, unclassifiable	9975/3

\*Prior to 2010, the above neoplasms were reported only when a physician stated that they were malignant.

Reference: NAACCR 2010 Implementation Guidelines, August 2009. [www.naacr.org](http://www.naacr.org)

## **INSTRUCTIONS FOR COMPLETING THE CANCER REPORTING FORM (CRF)**

The Delaware Cancer Registry (DCR) appreciates your cooperation in complying with data submission requirements for reportable diseases. Every attempt is made to streamline the reporting process and to minimize follow-up contacts with reporting facilities. The following instructions are included to clarify those data items that are commonly left blank or incorrectly coded. **Please observe the following instructions to avoid additional data request calls from the DCR.**

### **GENERAL INSTRUCTIONS**

- a) Complete a CRF for *each* patient **your facility** diagnosed with or treated for a reportable disease. Do NOT assume that a hospital or other clinician your facility referred a patient to will submit the data.
- b) Include pathology/cytology reports with the completed CRF. If these reports are not in your patient records then be sure to note that under COMMENTS.

### **PRACTITIONER IDENTIFICATION**

1. **Practitioner/Facility Name** – Indicate the name of the attending clinician/facility that is reporting a cancer diagnosis/treatment.
2. **Person completing form** – Indicate the name of the person completing the CRF.

### **CASE IDENTIFICATION**

1. **Sex** – Indicate patient's sex at birth.
2. **Race 1, 2** – Indicate the appropriate race group(s) the patient belongs to.
3. **Ethnicity** – Indicate whether the patient is of Spanish/Latin descent.
4. **Patient's Usual Occupation** - Indicate what job the patient worked for the majority of his/her career, regardless of whether patient is currently retired. For example, if the patient delivered the US mail for 30 years but is now retired then enter "postal carrier" as the occupation, not "retired".
5. **Company or Industry** – Indicate the patient's employer or the kind of business the patient worked in.

## **INSTRUCTIONS FOR COMPLETING THE CANCER REPORTING FORM (CRF)**

### **CANCER IDENTIFICATION**

1. **Date of Initial Diagnosis** – For a specimen sent to pathology, indicate the date the specimen was COLLECTED, not the date that pathology returned a positive diagnosis.
2. **Place of Diagnosis** – Indicate the facility/office where the specimen was collected (e.g., name of physician’s office or ambulatory surgery center).
3. **Primary Cancer Site** – Indicate where the cancer originated (e.g. breast, prostate, bone marrow, skin)
4. **Histology** – Indicate the type of tissue involved (e.g. adenocarcinoma, acute lymphocytic leukemia, melanoma)
5. **Laterality** – Indicate which side of organ is involved with cancer - for example: right breast, skin of mid-back, left and right lung, left kidney.
6. **Diagnostic Confirmation** – Indicate what process/procedure(s) was used to substantiate the cancer diagnosis.
7. **Summary Stage** – Indicate the stage of the cancer.

### **CANCER DIRECTED 1<sup>ST</sup> COURSE OF TREATMENT**

1. Indicate what treatment(s) the patient has undergone. Be sure to include the date the treatment began.
2. **Type** – Indicate the *name* of the surgical procedure, drug, or therapy the patient underwent and the amount received. Also, no treatment is a form of treatment. Be sure to indicate when the treatment plan is either watchful waiting or when the patient refuses treatment.
3. **Date of Last Contact (or Death)** – Indicate when your facility last saw the patient. **If the patient has expired** then provide the date of death and circle the word “Death”.
4. **Evidence of Cancer at Last Visit?** – Indicate whether the patient was cancer free at last visit.
5. **Patient Referred From** – Indicate the name and specialty of the physician that sent the patient to your facility.
6. **Patient Referred To** – Indicate the name and specialty of the physician. Also provide the name of the facility if applicable.

## DELAWARE CANCER REGISTRY REPORTING FORM

Revised March 2011

**Instructions:**

1. Please type or print clearly.
2. Complete this form for *each* cancer diagnosed.
3. Mail/fax completed form along with pathology report and any supporting documentation to:

**DELAWARE CANCER REGISTRY**

256 Chapman Road  
Oxford Building, Suite 100  
Newark, DE 19702

Phone: (302) 283-7200

Fax: (302) 283-7201

### PRACTITIONER IDENTIFICATION

Practitioner/Facility Name: \_\_\_\_\_ Practitioner/facility # \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date Form completed: \_\_\_\_\_

### CASE IDENTIFICATION

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex:  Male  Female Soc. Sec. #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Date of Birth (MM-DD-YYYY): \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Unknown

Race 1		Race 2	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian (specify) _____	<input type="checkbox"/> African American	<input type="checkbox"/> Asian (specify) _____
<input type="checkbox"/> White		<input type="checkbox"/> White	
<input type="checkbox"/> American Indian/ Alaskan native	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> American Indian/ Alaskan native	<input type="checkbox"/> Other (specify) _____

ETHNICITY - Hispanic/Latin Origin:  No  Yes Specify if yes: \_\_\_\_\_

Patient's usual occupation: \_\_\_\_\_ Company or Industry: \_\_\_\_\_

Patient's address at time of diagnosis: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

### CANCER DIAGNOSTIC DATA

Date of Initial Diagnosis: \_\_\_\_\_ Place of Diagnosis (office/facility name): \_\_\_\_\_

Primary Cancer Site: \_\_\_\_\_ Histology: \_\_\_\_\_ Grade: \_\_\_\_\_

Laterality:  Left  Mid  Right If Melanoma: Ulceration present? \_\_\_\_ Yes \_\_\_\_ No Tumor Depth: \_\_\_\_ mm

#### Diagnostic Confirmation (Check all that apply)

- Histology/pathology  Cytology  Radiology  Lab Test/Marker Study  Endoscopy  
 Immunophenotyping  Genetic studies  Clinical diagnosis  Others (specify) \_\_\_\_\_

Findings: \_\_\_\_\_

#### Staging

Summary Stage:  In situ  Localized  Regional, direct extension  Regional lymph nodes  Distant  Unknown

AJCC Stage: T \_\_\_\_ N \_\_\_\_ M \_\_\_\_ Stage \_\_\_\_ Residual Tumor: \_\_\_\_\_

### CANCER DIRECTED FIRST COURSE OF TREATMENT

\_\_\_\_ Watchful Waiting: Date \_\_\_\_\_ Patient Refused TX: Date \_\_\_\_\_

Surgery	Chemotherapy	Radiation Therapy	Hormone Therapy	Other Therapy
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Type: _____	Type: _____	Type: _____	Type: _____	Type: _____

Patient status:  Alive  Dead  Unknown Date of last contact (or death): \_\_\_\_\_

Evidence of cancer at last visit?  Yes  No Patient Referred From: \_\_\_\_\_

Patient Referred To: \_\_\_\_\_ Comments: \_\_\_\_\_



DELAWARE CANCER REGISTRY REPORTING FORM for Ambulatory Surgery Centers

Instructions:

- 1. Print clearly or type.
2. Complete this form for each cancer diagnosed.
3. Mail/fax completed form along with pathology report and any supporting documentation to:

DELAWARE CANCER REGISTRY

Phone: (302) 283-7200

Fax: (302) 283-7201

256 Chapman Road
Oxford Building, Suite 100
Newark, DE 19702

PRACTITIONER IDENTIFICATION

Practitioner Name: Phone:

Practitioner Address:

Person completing form: Date Form Completed:

CASE IDENTIFICATION

Patient's Last Name: First Name: Middle Initial:

Sex: Male Female Social Security #: Date of Birth:

Marital Status: Single Married Divorced Widowed Unknown

Table with 2 columns: Race 1, Race 2. Rows include checkboxes for African American, White, American Indian/Alaskan native, and Asian/Other (specify).

ETHNICITY - Hispanic/Latino Origin: No Yes Specify if yes:

Patient's address at time of diagnosis: Street:

City: State: Zip Code:

Patient's usual occupation: Company or industry:

CANCER DIAGNOSTIC DATA (please attach pathology report): Date of Initial Diagnosis:

Place of Diagnosis (office/facility name):

Primary Site of Cancer: Histology:

Grade: Laterality: Left Mid Right

Patient Referred From:

Patient Referred To:

If available, please note any additional information on stage of cancer and first course of treatment:

Four horizontal lines for providing additional information.