

Cancer Registry Rule

1.0 Authority

1.1 This rule is adopted pursuant to 18 V.S.A. § 152(a).

2.0 Purpose

This rule implements the Vermont Cancer Registry (VCR) created by 18 V.S.A. chapter 4 that requires the Commissioner of Health to establish a uniform statewide population-based cancer registry system for the collection of information determining the incidence of cancer and related data.

3.0 Definitions

3.1 “Cancer” means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma, Hodgkin’s disease, and leukemia, but excluding basal cell and squamous cell carcinoma of the skin.

3.2 "Health care facility" means all persons or institutions, including mobile facilities, whether public or private, proprietary or not for profit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any institution operated by religious groups relying solely on spiritual means through prayer for healing, but shall include but is not limited to:

3.2.1 Hospitals, including general hospitals, mental hospitals, chronic disease facilities, birthing centers, maternity hospitals, and psychiatric facilities including any hospital conducted, maintained, or operated by the state of Vermont, or its subdivisions, or a duly authorized agency thereof; and

3.2.2 Nursing homes, health maintenance organizations, home health agencies, outpatient diagnostic or therapy programs, kidney disease treatment centers, mental health agencies or centers, diagnostic imaging facilities, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, or any inpatient or ambulatory surgical, diagnostic, or treatment center.

3.3 "Health care provider" means a person, partnership, corporation, facility, or institution, licensed or certified or authorized by law to provide professional health care service in this state to an individual during that individual's medical care, treatment, or confinement.

4.0 Data Reporting Requirements

4.1 Reporting Timeliness

- 4.1.1 A health care facility or health care provider diagnosing or providing treatment to cancer patients must report each case of cancer to the VCR within 180 days of admission or diagnosis as prescribed by these regulations if the cancer is diagnosed on or after November 1, 1993.

4.2 Reportable Neoplasms

- 4.2.1 The following neoplasms are reportable:

4.2.1.1 All cancers with a behavior code of "2" (in situ) or "3" (malignant) in the latest edition of the International Classification of Diseases for Oncology (ICD-O); and

4.2.1.2 Benign and borderline (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3).

- 4.2.2 The following are not reportable to the VCR:

4.2.2.1 Skin primary (C440-C449) with any of the following histologies:

- Malignant neoplasm (8000-8005)
- Epithelial carcinoma (8010-8046)
- Papillary and squamous cell carcinoma (8050-8084)
- Basal cell carcinoma (8090-8110).

4.2.2.2 Carcinoma in situ of cervix (/2) or cervical intraepithelial neoplasia (CIN III) of the cervix (C530-C539);

4.2.2.4 Prostatic intraepithelial neoplasia (PIN III) of the prostate (C619).

4.3 Data Elements

Each health care facility or health care provider shall report cases to VCR in the format defined in the VCR Procedure Manual and shall include all of the data elements detailed in the VCR Procedure Manual. The data elements include information related to:

- Patient Identifiers and Demographics
- Provider and Facility Identifiers
- Cancer Identification
- Extent of Disease at Diagnosis
- First Course of Treatment
- Follow-up

5.0 Data Quality

5.1 Reviews

- 5.1.1 Each health care facility or health care provider shall permit periodic quality control reviews by the VCR, including case finding, abstracting, coding, and data submission processing.
- 5.1.2 Each new abstractor reporting to VCR must complete the New Registrar Procedure, as defined in the VCR Procedure Manual.
- 5.1.3 Health care facilities or health care providers reporting cases to the VCR shall adhere to the data quality standards as outlined in the VCR Procedure Manual.

5.2 Timing

Unless other arrangements are made with a facility or provider, no fewer than 10 working days' notice is established as the minimum notice period applicable whenever the VCR wishes to have access to information on site at a facility.

5.2 Training

The VCR will ensure the provision of data reporting and data quality training and consultation.

5.3 Mortality and Incidence Reconciliation

Health care facilities or health care providers shall assist the VCR in annual reconciliation of cancer mortality and incidence data.