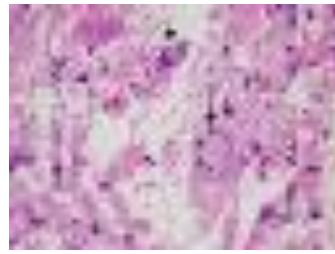


WEST VIRGINIA DEPARTMENT OF HEALTH
AND HUMAN RESOURCES

Division of Cancer Epidemiology



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Non-Hospital Affiliated Reporters Guide

For reporting cancer and other reportable neoplasms



Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301

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2017 Non-Hospital Affiliated Reporters Guide For Reporting Cancer and Other Reportable Neoplasms

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Cover images courtesy of the National Cancer Institute Visuals Online. Top left: Medulloblastoma. Top right: Ependymoma. Lower left: Oligodendroglioma. Lower right: Glioblastoma.

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**THIS MANUAL AND THE
FORMS INCLUDED IN IT ARE
FOR USE **ONLY** BY NON-
HOSPITAL AFFILIATED
REPORTERS.**

**IF YOUR PRACTICE OR FACILITY IS
AFFILIATED WITH A HOSPITAL, THE
HOSPITAL-BASED REGISTRY SHOULD
BE REPORTING YOUR CASES EVEN IF
THEY ARE SEEN SOLELY ON AN
OUTPATIENT BASIS.**

**PLEASE CONTACT YOUR HOSPITAL-
BASED REGISTRY TO ENSURE THAT
YOUR CASES ARE BEING REPORTED.**

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Reporting Basics

In West Virginia, cancer and certain other neoplasms must be reported to the West Virginia Cancer Registry.

Chapter 16-5A-2a(e) of the West Virginia Code and Title 64, West Virginia Administrative Rules, Division of Health, Cancer Registry, Series 68, which provide the legal basis for WVCR, appear in Appendix A.

Any facility or provider that diagnoses or treats cancer or other reportable neoplasms is required to report certain information to the West Virginia Cancer Registry. Rule 64CSR68, Section 3.11 requires the reporting of “(a)ny case of cancer diagnosed after December 31, 1992, where the primary tumor is determined to be malignant or carcinoma in situ, with the exception of basal cell or squamous cell carcinomas of the skin and carcinoma in situ of the cervix,” and West Virginia Code §16-5A-2a(e) mandates the inclusion of “nonmalignant intracranial and central nervous system tumors” as well. Please note that this includes West Virginia residents as well as residents of other states and countries.

The following ICD-9-CM codes are reportable:

CODE	DIAGNOSIS
C00.- - C43.- C4A.-	Malignant neoplasms (excluding category C44)
C45.- - C96.- C49.A-	Malignant neoplasms NEW: C49.A- Gastrointestinal Stromal Tumors, Effective 10/1/2016
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10- C44.19-	Unspecified/other malignant neoplasm skin of eyelid
C44.20-, C44.29	Unspecified/other malignant neoplasm of skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of other/unspecified parts of face

CODE	DIAGNOSIS
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, including 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, with 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)
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9963/3)
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3)
D47.4	Osteomyelofibrosis (9961/3)

CODE	DIAGNOSIS
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, 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 on anus
R85.614	Cytologic evidence of malignancy on smear of cervix
R85.614	Cytologic evidence of malignancy on smear of vagina

Relevant materials from the United States Department of Health and Human Services are provided in Appendix B.

The Health Insurance Portability and Accountability Act specifically permits this reporting.

The Health Insurance Portability and Accountability Act (HIPAA) permits reporting to public health authorities (an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency). According to the United States Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/publichealth.html>):

The Privacy Rule (i.e., HIPAA) permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i).

West Virginia laws provide substantial privacy protection.

Confidentiality

All West Virginia Cancer Registry employees sign a confidentiality pledge that meets the requirements of applicable state laws as well as the requirements of the Health Insurance Portability and Accountability Act (HIPAA). West Virginia code protects the confidentiality of both patient and health care provider. Legal analysis of the applicable state laws concerning the establishment and operation of the West Virginia Cancer Registry found that the West Virginia laws were, with one exception (specification of de-identification methodology), more stringent than HIPAA (http://www.wvdhhr.org/hipaa/documents/pre_matrix.pdf), pages 17 and 18 of the PDF).

Release of Identified Information

West Virginia Code permits release of identified data under the following circumstances:

1. Data provided by a facility or reporter may be provided back to that facility or reporter as a failsafe in the event of catastrophic data loss. However, ONLY data provided by the facility or reporter may be provided. Additional information provided by other sources may NOT be disclosed.
2. When a lawful reciprocal data sharing agreement exists, WVCR may provide identified data about another state or territory's residents or tribal entity's members diagnosed and/or treated in West Virginia back to the state/territory/tribal entity, which, in turn, is to provide WVCR with identified data on West Virginia residents.
3. A researcher can access identifiable data for patients in his/her study from whom a release of information is signed and provided to the WVCR after the research application is approved.

The West Virginia Cancer Registry is committed to maintaining the highest possible standards.

The West Virginia Cancer Registry is subject to certification by the North American Association of Central Cancer Registries (NAACCR). Certification is based on timeliness, completeness, and data quality. WVCR was certified at the “silver” level for diagnosis years 1995 and 1996 and at the “gold” (highest) level for diagnosis years 1997 through 2009 (the most recent year for which certification results were available at the time of this writing).

West Virginia Cancer Registry data are used in cancer control activities.

The West Virginia Cancer Registry is committed to the use of cancer incidence data as a critical component of cancer control and publishes an annual report on cancer incidence in West Virginia that is used by state, community-based, regional, and national cancer control groups. WVCR also provides de-identified summary data (rates and distributions of stage at diagnosis) for use by the American Cancer Society and provides de-identified data to the Centers for Disease Control and Prevention for the publication United States Cancer Statistics (<http://www.cdc.gov/cancer/npcr/uscs/>) and to the North American Association of Central Cancer Registries for the publication Cancer in North America (<http://www.naacr.org/DataandPublications/CINAPubs.aspx>). Researchers may obtain access to individual level data under strict controls including approval by the relevant institutional review board and the WVCR Cancer Advisory Committee.

Cases should be reported within six months of diagnosis.

West Virginia Legislative Rule, Cancer Registry, 64CSR68, section 4.3. *requires that cases be reported to WVCR within six (6) months of diagnosis.* Failure to report in compliance with 64CSR68 subjects persons to “criminal penalties prescribed in West Virginia Code 16-1-18,” including fines. When reporters fall behind, WVCR will attempt to make reasonable accommodation, but it is the responsibility of reporters to make WVCR aware of special circumstances warranting reasonable accommodation.

The West Virginia Cancer Registry conducts audits to ensure the timeliness, completeness, and quality of reporting.

In accordance with Rule 64CSR68, section 4.4., the West Virginia Cancer Registry regularly conducts audits of cancer reporters to assure “the accuracy and completeness of reported data.” Rule 64CSR68, section 4.4 also states that reporters “shall provide authorized West Virginia Cancer Registry personnel access to all medical records which would identify cases of cancer or establish characteristics of cancer.”

If your practice or center is hospital-affiliated, your hospital should be reporting.

Most hospital-based registries do an excellent job of reporting all of the cases diagnosed and/or treated at their facilities, whether the patients are seen on an inpatient or outpatient basis. However, some hospital-based registries fail to report outpatient cases. This problem is exacerbated when records are kept in different locations and made even worse when facilities or practices are in a different location from the hospital.

WVCR strongly encourages providers whose practices are hospital affiliated to contact the hospital registry to ensure that the cases are being reported. If the cases are not being reported, arrangements should be made to have the cases reported to WVCR by the hospital-based registry.

Special forms are available for use by reporters whose practices are NOT hospital-affiliated.

Copies of the forms are provided in Appendix C.

WVCR recognizes that the required reporting takes time and appreciable skill. In order to facilitate reporting by reporters whose practices ARE NOT HOSPITAL AFFILIATED, WVCR has developed forms that can be used for reporting.

Please note that these forms are for use ONLY by reporters whose practices are NOT hospital affiliated and have less than 100 cases a year. WVCR will NOT accept reports from hospital-based registries on these forms nor will WVCR accept abstracts from hospital-based registries that include only the information on the forms. If your facility has more than 100 cases a year please contact the Registry because you will need to follow the WVCR Procedure Manual -Facility Based edition for reporting.

Because certain types of information are required for certain cancers, WVCR has created both a general reporting form as well as site specific forms for the following sites/histologies:

1. Breast
2. Cervix (invasive cancers only)
3. Bladder
4. Prostate
5. Melanoma of the skin, vulva, penis, and scrotum
6. Hematopoietic diseases

Again, these forms are for use ONLY by reporters whose practices are NOT hospital-affiliated. These forms will NOT be accepted from hospital-based registries.

In the future, WVCR will transition to a secure on-line reporting system.

In accordance with the Centers for Disease Control and Prevention's National Program of Cancer Registries Program Standards, WVCR will eventually transition to a secure on-line reporting system to be used by reporters whose practices are reporting less than 100 cases a year and not hospital affiliated. WVCR will assist providers in making the transition to electronic reporting when the system is put into place and is fully functional. If your practice is reporting over 100 abstracts a year you must report electronically now.

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Information to Be Reported

West Virginia law requires that certain information be reported.

Required information includes the following:

1. Full name (last, first, middle initial, and maiden if applicable)
2. Marital status
3. Address at the time of diagnosis including street address, city, county, and zip code
4. Social security number
5. Birth date
6. Race
7. Ethnicity (Spanish/Hispanic origin)
8. Sex
9. Date of diagnosis
10. A description of the cancer including site, type, and any other information needed to describe the case clearly
11. Stage of disease at diagnosis including all information necessary to derive the stage using the Collaborative Stage Data Collection System (CS).
(<http://www.cancerstaging.org/cstage>)
12. The treatment of the cancer and the patient's medical status

13. Primary payer at diagnosis
14. Date and cause of death if the patient has died
15. Other information relevant to the identification of hazards to the public
16. The name of the reporting source
17. The name of the diagnosing physician as well as treating and following physicians
18. Sufficient documentation and narrative to support the accuracy of the report

The sections that follow discuss each of the items in detail.

Certain of the items discussed below are not required for the hematopoietic diseases. Please use this section in conjunction with the reporting forms (see Appendix C) to determine which items you are required to report.

Patient Name

Care should be taken to spell the name correctly.

Marital Status

Report the patient's marital status.

Address, City, State and Zip Code

Address at diagnosis refers to the home address, not the mailing or billing address. This has become especially critical in West Virginia due to increases in requests for investigation of community concerns about possible environmental causes of cancer.

Social Security Number

The social security number is critical to record because it is used in de-duplication efforts and updating vital status through various data linkages. It is therefore important that it be recorded correctly. Social security numbers ending with B or D should NOT be reported as they may indicate a patient receiving care under a spouse's social security number. If the social security number is unknown, it should be reported as unknown.

Date of Birth

Record the patient's date of birth as mm/dd/yyyy. If the complete date of birth is unknown, use 99 in either the month (mm) or day (dd) fields, but try to obtain the year of birth.

Race

Accurate reporting of race is vital to understanding the burden of cancer in West Virginia, describing race-associated differences in cancer incidence, and tracking temporal changes in race-associated disparities in stage at diagnosis and treatment. Race categories include but are not limited to:

- American Indian or Alaska Native (Aleutian or Eskimo)
- Asian or Pacific Islander
- Black
- White

If the person is of some other race, please specify that race. Do not report "other."

Ethnicity (Spanish/Hispanic Origin)

Spanish/Hispanic origin is NOT dependent on race. A person of Spanish or Hispanic origin may be of any race and may have European origins as well as origins in the Americas. However, Portugese, Phillipinos, and Brazilians are NOT considered to be of Spanish/Hispanic origin under U.S. Census guidelines.

Sex

Sex should be reported as male, female, transsexual, or other (e.g., hermaphrodite).

Date of Initial Diagnosis

Record the appropriate code for the month, day, and year (mm/dd/yyyy) of diagnosis. This date refers to the DATE OF FIRST DIAGNOSIS OF THIS CANCER BY ANY RECOGNIZED MEDICAL PRACTITIONER. This is often a clinical diagnosis and may not ever be confirmed histologically. Even if confirmed later, *the diagnosis date refers to the date of the first clinical diagnosis and not to the date of confirmation*. If upon medical and/or pathological review of a previous condition the patient is deemed to have a cancer at an earlier date, then this earlier date is the date of diagnosis (i.e., the date of diagnosis is back-dated).

Primary Site

Record the *International Classification of Disease for Oncology, Third Edition*, (ICD-O-3) code for the primary anatomical site where the malignancy originates. For the cancers likely to be reported on these forms, please provide the most detailed information possible, which may include the types of terms summarized below (note that, as ICD-O-3 defines it, there are no subsites for prostate):

PRIMARY SITE/ HISTOLOGY	SUBSITES
Bladder	Trigone of bladder Dome of bladder Lateral wall of bladder Anterior wall of bladder Posterior wall of bladder Bladder neck Ureteric orifice Urachus Overlapping lesion of bladder Bladder, NOS

PRIMARY SITE/ HISTOLOGY	SUBSITES	
Breast	Nipple Central portion of breast Upper inner quadrant of breast Lower inner quadrant of breast Upper outer quadrant of breast Lower outer quadrant of breast Axillary tail of breast Overlapping lesion of breast Breast, NOS	
Cervix	Endocervix Exocervix Overlapping lesion of cervix Cervix uteri	
Melanoma	Skin of	Lip Eyelid External ear Other and unspecified parts of face Scalp and neck Trunk Upper limb and shoulder Lower limb and hip Overlapping lesion of skin Skin, NOS
	Penis	Prepuce Glans penis Body of penis Overlapping lesion of penis Penis, NOS
	Scrotum, NOS	
	Vulva	Labium majus Labium minus Clitoris Overlapping lesion of vulva Vulva, NOS

Paired Organ (Laterality)

For breast and skin melanomas, report laterality or the side of the body the cancer arose on.

Histology

The *International Classification of Diseases for Oncology, Third Edition* (ICD-O-3) is the standard reference for coding the histology for tumors diagnosed in 2001 and later. The most common histologies are summarized by primary site in the table below. However, other histologies are possible for these primaries, so record the information in the pathology report as completely as possible.

PRIMARY	COMMON HISTOLOGIES
Bladder	Papillary transitional cell neoplasm Papillary transitional cell carcinoma Papillary urothelial carcinoma Transitional cell carcinoma, micropapillary Transitional cell carcinoma
Breast	Intraductal carcinoma Lobular carcinoma
Cervix	Squamous cell carcinoma Adenocarcinoma
Melanoma	Malignant melanoma Lentiginous melanoma Lentigo maligna or Hutchinson melanotic freckle Nodular melanoma
Prostate	Adenocarcinoma

Primary Payer at Diagnosis

The following are possibilities for primary payer at diagnosis:

Not insured, charity write off	Not insured, self-pay
Insurance, NOS	Private Insurance: Managed care, HMO or PPO
Private insurance: Fee for service	Medicaid
Medicaid administered through a managed care plan	Medicare without supplement, Medicare, NOS
Medicare with supplement, NOS	Medicare administered through a managed care plan
Medicare with private supplement	Medicare with Medicaid eligibility
TRICARE	Military
Veterans Affairs	Indian/Public Health Service
Unknown	

Physicians

Physician refers to the physician or physicians at your practice or facility who are seeing the patient.

If you have limited information on a patient but are aware of another physician who diagnosed and/or treated the patient, please provide that physician's name and contact information.

Tumor Size/Depth of Invasion

Record the largest dimension or the diameter of the primary tumor. Please include the units of measurement (e.g., cm or mm). If only a description is provided (e.g., size of a dime or microscopic focus of less than 1 cm), provide the description. For melanomas, please include depth of invasion (also called Breslow's measurement) as well.

Extension

Please include all information about how far the cancer has extended into adjacent structures and organs.

Lymph Nodes

Please include all information provided on lymph nodes, including the names of the lymph nodes and how they were sampled (e.g., surgically removed, aspirated) as well as the number of lymph nodes removed and how many were found to be positive. Lymph nodes often associated with specific primary sites are summarized below, but please note that other lymph nodes may also be involved and should be reported:

PRIMARY	LYMPH NODES THAT MAY BE MENTIONED	
Bladder	Perivesicle Internal iliac (obturator) External iliac Iliac, NOS Lateral sacral	Presacral Sacral promontory (Gerota's) Sacral, NOS Pelvic, NOS Regional lymph nodes, NOS
Breast	Axillary lymph nodes, ipsilateral or contralateral Internal mammary nodes, ipsilateral or contralateral IMPORTANT: Note size of metastases and whether nodes are fixed or matted, if mentioned for both axillary and internal mammary lymph nodes) Infraclavicular nodes, ipsilateral or contralateral Supraclavicular nodes	
Cervix	Common iliac Internal iliac (obturator) External iliac Iliac, NOS Paracervical Parametrial Lateral sacral	Presacral Sacral promontory (Gerota's) Uterosacral Sacral, NOS Pelvic, NOS Regional lymph nodes, NOS
Prostate	Internal iliac (obturator) External iliac Iliac, NOS Pelvic, NOS Lateral sacral	Presacral Sacral promontory (Gerota's) Periprostatic Regional lymph nodes, NOS

PRIMARY	LYMPH NODES THAT MAY BE MENTIONED	
Melanoma	ALL SITES: Regional lymph node(s), NOS	
	<p>HEAD AND NECK SITES: All subsites: Cervical, NOS Lip: Mandibular, NOS: Submandibular(submaxillary) Facial, NOS Buccinator (buccal) Nasolabial Mandibular, NOS Submental Parotid, NOS Infra-auricular Preauricular Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Facial, NOS: Mandibular, NOS Submental External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular</p>	<p>Face, Other (cheek, chin forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Mandibular, NOS Submental Scalp: Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) Mandibular, NOS Submental</p>

PRIMARY	LYMPH NODES THAT MAY BE MENTIONED
	UPPER TRUNK: Axillary Cervical Internal mammary Supraclavicular
	LOWER TRUNK: Superficial inguinal (femoral)
	ARM/SHOULDER: Axillary Epitrochlear for hand/forearm Spinal accessory (posterior cervical) for shoulder
	VULVA/PENIS/SCROTUM: Deep inguinal: Rosenmuller or Cloquet node Superficial inguinal (femoral)
	LEG/HIP: Popliteal for heel and calf Superficial inguinal (femoral)

Metastases at Diagnosis

Include only the site(s) of distant metastasis identified during initial diagnosis and workup. Common metastatic sites include:

- Peritoneum
- Lung
- Pleura
- Liver
- Bone
- Central Nervous System (CNS)
- Skin
- Distant lymph nodes
- Other, generalized, carcinomatosis, disseminated disease

Staging

(Note: This section is based on training materials from the National Cancer Institute's Surveillance, Epidemiology and End Results Training Web Site at: <http://training.seer.cancer.gov/index.html>.)

Staging is a way of categorizing how far a cancer has spread from its point of origin. Physicians most often stage using the American Joint Committee for Cancer's staging system. This system is based on information about the primary tumor (referred to as "T"), regional lymph nodes ("N"), and distant metastases ("M").

The T element designates the size and invasiveness of the primary tumor. The numerical value increases with tumor size and extent of invasiveness. For example, a small lesion confined to the organ of origin would be coded as T1; larger tumor size or deeper extension into adjacent structures, tissues, capsules, or ligaments as T2; larger tumor size or extension beyond the organ of origin but confined to the region, T3; and a massive lesion or one that directly invades another organ or viscera, major nerves, arteries, or bone, T4.

The N component designates the presence or absence of tumor in the regional nodes. In some sites there is an increasing numerical value based on size, fixation, or capsular invasion. In other sites, numerical value is based on multiple node involvement or number of location and the regional lymph nodes.

The M component identifies the presence or absence of distant metastases, including lymph nodes that are not regional.

The stage group is assigned using the table listed in each chapter. Stage 0 reflects minimal involvement, usually carcinoma in situ, whereas Stage IV indicates either greatest tumor involvement or distant metastasis.

The general rules for the AJCC staging system are defined in the AJCC Manual for Staging of Cancer. Further explanation can be found in the UICC TNM Supplement 1993 and the Workbook for Staging of Cancer, a self-instructional book published by the National Cancer Registrars Association. Before staging a cancer, the appropriate site-specific staging system must be determined. Certain sites include only specific tumor histologic types. Some sites require microscopic confirmation to verify the histology in order to stage the cancer.

The staging basis is determined by the point of evaluation. Clinical staging basis is assigned after the staging workup is completed but before any definitive treatment has begun. Evaluation is based on information from the physical exam, imaging, endoscopy evaluations, and biopsy (biopsy information can only be used for T value if size is not a criteria for the T value). The clinical staging basis is defined for each site in the AJCC Manual for Staging Cancer. Rules applicable to one site do not necessarily apply to another.

The pathologic staging basis is assigned after the resection of the primary tumor and analysis of the surgical specimen. Most sites also require the removal and examination of regional lymph nodes. Each site chapter must be reviewed for the applicable rules.

IMPORTANT: If the case being reported has not been staged, please ask the diagnosing physician to stage the case. Reporters who have not been trained to stage cases should generally not do so.

When possible, report the T, N, and M values as well as the stage group.

Treatment

Treatment may include, but is not necessarily limited to, the following:

1. Surgery of Primary Site

- A surgical procedure that removes and/or destroys tissue of the primary site performed as part of the initial work-up or first course of therapy.

2. Regional Lymph Node Surgery

- The procedure of removal, biopsy, or aspiration of **regional** lymph nodes performed during the initial work-up or first course of therapy.

3. Surgical Procedure of Other Site

- The surgical removal of distant lymph node(s) or other tissue(s) or organ(s) beyond the primary site.

4. Radiation Therapy

- This may include beam radiation, radioactive implants, radioisotopes, or radiation, NOS.

5. Chemotherapy

- Chemotherapeutic agents are chemicals that affect cancer tissue by means other than hormonal manipulation. The agents inhibit the production of cancer cells by interfering with DNA synthesis and mitosis. They may be divided into three classes with respect to their dependence on the cell cycle.
 - Alkylating agents are **not cell-cycle-specific**. Although they are toxic to all cells, they are especially toxic to proliferating cells.
 - Other drugs are **cell-cycle-specific**. Cells must be proliferating for these drugs to be effective.
 - Cell-cycle-specific drugs may also be **cell-cycle phase-specific**; such drugs are active only in one stage of the cell cycle.

6. Hormone Therapy

- Hormone therapy refers to therapy administered as first course treatment that affects cancer tissue by changing the patient's hormone balance. Hormones may be divided into three categories:
 - Hormones.

- Antihormones.
- Adrenocorticotrophic agents.

7. Immunotherapy

- This refers to immunotherapeutic (biological therapy, biotherapy, or biological response modifier) agents administered as first course of therapy. Immunotherapy **uses** the body's **immune system**, either directly or indirectly, to fight cancer or to lessen the side effects that may be caused by some cancer treatments.

8. Hematologic Transplant and Endocrine Procedures

- These procedures include bone marrow transplants (BMT) and stem cell harvests with rescue (stem cell transplant), endocrine surgery and/or radiation performed for hormonal effect (when cancer originates at another site), as well as a combination of transplants and endocrine therapy.

9. Palliative Procedures

- This identifies any care provided in an effort to palliate or alleviate symptoms. Palliative care is performed to relieve symptoms and may include surgery, radiation therapy, systemic therapy (chemotherapy, hormone therapy, or other systemic drugs), and/or other pain management therapy.

10. Other Therapy

- Other therapy identifies other treatment given that cannot be classified as surgery, radiation, systemic therapy, or ancillary treatment.

Please include all information available on the treatment, including dates, procedures, and where the treatment was provided.

Reporting to WVCR

The West Virginia Cancer Registry will eventually transition to a secure on-line reporting system to be used by reporters whose practices are not hospital affiliated. However, until that time, reporters may submit their reports in one of two ways:

1. Fax their reports to WVCR's secure fax at (304) 558-4463.
2. Mail hardcopy reports to WVCR at the following address:

West Virginia Division of Cancer Epidemiology
350 Capitol Street, Room 125
Charleston, WV 25301

WVCR will notify providers when an electronic reporting system is in place and functional, and WVCR staff will assist providers in making the transition to electronic reporting.

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APPENDIX A:

Chapter 16-5A-2a(e) of the West Virginia Code and
Title 64, West Virginia Administrative Rules, Division of Health,
Cancer Registry, Series 68

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§16-5A-2a(e). Cancer and tumor registry.

(a) To the extent funds are available, the director of the division of health shall establish a cancer and tumor registry for the purpose of collecting information concerning the incidence of cancer and nonmalignant intracranial and central nervous system tumors. The information collected by the registry shall be analyzed to prepare reports and perform studies as necessary when such data identifies hazards to public health. Pending appropriate funding, a statewide system shall be phased in and be fully operational by the first day of July, two thousand two, pursuant to the enactment of this section in two thousand one.

(b) All reporting sources, including hospitals, physicians, laboratories, clinics or other similar units diagnosing or providing treatment for cancer and nonmalignant intracranial and central nervous system tumors, shall provide a report of each cancer or tumor case to the cancer and tumor registry in a format specified by the director. The reporting sources shall grant the director or an authorized representative of the registry access to all records which would identify cases of cancer or nonmalignant intracranial and central nervous system tumors or would establish characteristics of cancer or nonmalignant intracranial or central nervous system tumors.

(c) All information reported pursuant to this section is confidential and shall be used for the purpose of determining the sources of malignant neoplasms and nonmalignant intracranial and central nervous system tumors and evaluating measures designed to eliminate, alleviate or ameliorate their effect. A report provided to the cancer and tumor registry disclosing the identity of an individual who was reported as having cancer or tumors shall only be released to reporting sources and persons demonstrating a need which is essential to health related research, except that the release shall be conditioned upon the reporting source and personal identities remaining confidential. No liability of any kind or character for damages or other relief shall arise or be enforced against any reporting source by reason of having provided the information or material to the cancer and tumor registry.

(d) The director of the division of health shall appoint an advisory committee on cancer and tumors with membership consisting of representatives of appropriate agencies, including the West Virginia hospital association; the American cancer society, West Virginia division; the American lung association of West Virginia; the West Virginia medical association; the association of osteopathic medicine; the West Virginia nurses association; the Mary Babb Randolph cancer center; and, at the discretion of the director, any other individuals directly involved. The advisory committee shall provide technical guidance regarding the operation of the cancer registry and shall provide such advice and assistance as needed to carry out effective cancer prevention and control activities. The members of the advisory committee shall serve four-year terms. Vacancies shall be filled in a like manner for the unexpired term.

(e) The director shall promulgate rules related to: (1) The content and design of all forms and reports required by this section; (2) the procedures for disclosure of information gathered by the cancer and tumor registry by monitoring and evaluating health data and from completed risk assessments; and (3) any other matter necessary to the administration of this section.

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**TITLE 64
LEGISLATIVE RULE
BUREAU FOR PUBLIC HEALTH
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 68
CANCER REGISTRY**

§64-68-1. General.

1.1. Scope. -- This legislative rule establishes standards and procedures for reporting cancer cases to the West Virginia Cancer Registry, maintaining the confidentiality of information in its cancer registry and disclosing information from the cancer registry.

1.2. Authority. -- W. Va. Code §§16-1-4, 16-1-11(a) and 16-5A-2a(e).

1.3. Filing Date. -- April 11, 2014.

1.4. Effective Date. -- May 11, 2014.

§64-68-2. Application and Enforcement.

2.1. Application. -- This rule applies to health care providers, health care facilities and persons with access to or in charge of medical records or other sources of cancer-related information.

2.2. Enforcement. -- This rule is enforced by the commissioner of the bureau for public health.

§64-68-3. Definitions.

3.1. Abstract -- A summary of information relating to the diagnosis and course of disease of an individual case of cancer.

3.2. Bureau -- The bureau for public health in the department of health and human resources.

3.3. Cancer -- A cellular tumor, the natural course of which is fatal and usually associated with the formation of secondary tumors.

3.4. Cancer Registry -- A registry maintained for the collection of information concerning newly diagnosed cancer cases.

3.5. Commissioner -- The commissioner of the bureau for public health in the department of health and human resources or his or her designee.

3.6. Confidential Information -- Information which identifies individual cancer patients, health care facilities or health care providers.

3.7. Data linkages – The service that the Bureau provides to cancer researchers or other qualified individuals or health care facilities that involves the linkage of an external data file to individual level data maintained in the West Virginia Cancer Registry.

3.8. Diagnosis -- The determination of the nature of a case of disease.

3.9. Health Care Facility -- Any hospital, nursing home, clinic, cancer treatment center, laboratory, or any other facility or institution which provides health care or diagnostic services to individuals.

3.10. Health Care Provider -- Any physician, dentist, nurse, or other individual who provides to individuals medical, dental, nursing, or other health care services of any kind.

3.11. Hospital -- An entity subject to licensure as a hospital under WV Code §16-5B-1.

3.12. Person -- An individual, partnership, corporation or other legal entity.

3.13. Reportable Cancer Case -- Any case of cancer diagnosed after December 31, 1992, where the primary tumor is determined to be malignant or carcinoma in situ, with the exception of basal cell or squamous cell carcinomas of the skin and carcinoma in situ of the cervix.

3.14. Reporting Source -- A health care facility or provider which diagnoses or provides treatment for cancer.

3.15. West Virginia Cancer Registry -- The office within the bureau for public health which collects and maintains information on cancer cases.

§64-68-4. Reporting.

4.1. All reporting sources shall provide the West Virginia Cancer Registry with the following patient-related information on all reportable cancer cases to the extent that the information would be routinely available at a particular type of reporting source:

4.1.a. The last name, first name, and middle initial;

4.1.b. Social security number;

4.1.c. Sex;

4.1.d. Birth date;

4.1.e. Maiden name;

4.1.f. Race/ethnicity;

4.1.g. Physical address at the time of diagnosis, including street, city, county and zip code, state and country or the mailing address at the time of diagnosis if physical address is unavailable;

- 4.1.h. Date of diagnosis;
 - 4.1.i. A description of the cancer, including site, type, and any other information needed to describe the case clearly;
 - 4.1.j. Stage of disease at diagnosis using:
 - 4.1.j.1. Surveillance, Epidemiology, and End Results (SEER) system;
 - 4.1.j.2. American Joint Committee on Cancer (AJCC) system if maintained by the reporting source; and
 - 4.1.j.3. Collaborative Stage Data Collection System.
 - 4.1.k. The treatment of the cancer and the patient's medical status;
 - 4.1.l. Date of death, if the patient has died;
 - 4.1.m. Cause of death;
 - 4.1.n. Usual occupation;
 - 4.1.o. Usual industry of employment;
 - 4.1.p. Name of patient's health insurance provider;
 - 4.1.q. Marital status;
 - 4.1.r. Other information relevant for the identification of hazards to the public, i.e., the presence of factors placing the patient at risk for development of cancer. Risk factor information includes, but is not limited to: tobacco use, familial history of cancer and alcohol use; and
 - 4.1.s. Other data elements required by the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR).
- 4.2. Each cancer case report shall also include:
- 4.2.a. The name of the reporting source;
 - 4.2.b. The name of the diagnosing physician and treating physician; and
 - 4.2.c. Sufficient narrative to determine the accuracy of coding and information.
- 4.3. Features of Health care facility reporting.
- 4.3.a. Any health care facility diagnosing or treating cancer patients within the state of West Virginia shall submit the required information on all reportable cases of cancer served by that facility to the West Virginia Cancer Registry within six months of diagnosis.

4.3.b. Reports shall be submitted monthly via electronic information transfer or paper copy of case abstracts, in a manner or on forms acceptable to the West Virginia Cancer Registry.

4.3.c. If the health care facility fails to report in a format prescribed by the commissioner, authorized West Virginia Cancer Registry personnel may enter the health care facility, access the information and report it in the appropriate format. In these cases the bureau for public health shall assess the health care facility a service fee for accessing and reporting the information. In accordance with WV Code §16-1-11(a) and this rule, the fee collected shall be deposited into the health services fund. The fee shall be based upon the fair market value of the services. The health care facility shall pay the bureau within sixty days of assessment of the fee.

4.4. Health care facilities shall provide authorized West Virginia Cancer Registry personnel access to all medical records which would identify cases of cancer or establish characteristics of cancer to collect the required information on reportable cases of cancer for the purposes of assuring the accuracy and completeness of reported data. Registry staff shall schedule access at reasonable times convenient to the health care facility and registry staff. The West Virginia Cancer Registry staff shall notify the health care facility a minimum of thirty days in advance of its need to access medical records to allow for the health care facility to prepare records for review.

4.5. The West Virginia Cancer Registry shall collect standardized data usable for research purposes.

§64-68-5. Confidentiality; Disclosure.

5.1. No person who obtains information protected by the provisions of WV Code §16-5A-2a and this rule may disclose confidential information to any other person except in strict compliance with WV Code §16-5A-2a and this rule.

5.2. Any person who obtains information protected by the provisions of WV Code §16-5A-2a and this rule shall sign a statement that he or she fully understands and will maintain the confidentiality of the information.

5.3. The West Virginia Cancer Registry may release information which identifies a specific patient to the reporting source which originally reported the cancer case.

5.4. The West Virginia Cancer Registry may release information which identifies a specific patient whose address at the time of diagnosis was outside West Virginia to the central cancer registry in the state where the patient resides. The West Virginia Cancer Registry shall release the information only to central cancer registries in states which have confidentiality standards equivalent to those of West Virginia and which establish reciprocal reporting with West Virginia. The West Virginia Cancer Registry shall have a written agreement with other state cancer registries to which it releases information which specifically addresses provisions for maintaining confidentiality.

5.5. The West Virginia Cancer Registry may release case data to cancer researchers for the purposes of cancer prevention, control and research.

5.5.a. Identifying data may be released for research purposes provided:

5.5.a.1. The researcher supplies the West Virginia Cancer Registry with written consent of the patient, physician, health care provider or personal representative of a deceased case, whichever is appropriate; and

5.5.a.2. The researcher assures that the data received from the West Virginia Cancer Registry will be maintained by the researcher with the same level of confidentiality as that maintained by the West Virginia Cancer Registry.

5.5.b. In accordance with the provisions of the Legislative rule on Reportable Diseases, Events and Conditions, 64CSR7, the West Virginia Cancer Registry may contact individual patients who have cancer and are in the West Virginia Cancer Registry for the purpose of patient recruitment for a research study.

5.5.c. The West Virginia Cancer Registry may provide data linkages to appropriate researchers or institutions to allow for the meaningful use of cancer registry data for a fee. The fee shall be eight hundred dollars (\$800.00) per linkage and a fifty dollar (\$50.00) per hour assessment for the bureau employee staff time associated with completing the data linkage. The fee shall be assessed and collected by the Office of Epidemiology and Prevention Services of the bureau and shall be deposited into the health services fund.

§64-68-6. Violations and Sanctions.

Failure to comply with this rule as required subjects a person to the criminal penalties prescribed in WV Code §16-1-18.

§64-68-7. Administrative Due Process.

Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the bureau for public health Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64CSR1.

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APPENDIX B:

United States Department of Health and Human Services Findings
on the Permissibility of Reporting to Public Health Authorities
under HIPAA

and

North American Association of Central Cancer Registries Legal
Opinion of Permissibility of Reporting to Central Cancer
Registries

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United States Department of Health and Human Services Findings on the Permissibility of
Reporting to Public Health Authorities under HIPAA

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
 - Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - Tracking FDA-regulated products;
 - Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered

entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual's employer, or provides the service in the capacity of a member of the employer's workforce, may disclose the individual's protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider's findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

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NORTH AMERICAN ASSOCIATION OF CENTRAL CANCER REGISTRIES
LEGAL OPINION ON PERMISSIBILITY OF REPORTING TO
CENTRAL CANCER REGISTRIES

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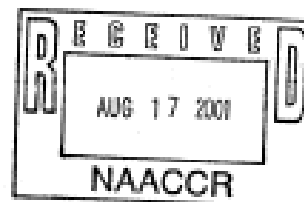
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August 15, 2001



Holly L. Howe, PhD.
Executive Director
North American Association
of Central Cancer Registries
2121 W. White Oaks Dr., Suite C
Springfield, Illinois 62708

Re: *The Federal Privacy Rule's Application to Central Cancer Registries*

Dear Dr. Howe:

At your request, we have reviewed the letter dated July 13, 2001, which you received from Professor James Hodge of the Georgetown University Law Center. As discussed by Professor Hodge, federal regulations, entitled *Standards for Privacy of Individually Identifiable Health Information* (the "Privacy Rule"), restrict the use and disclosure of health information by health care providers, health plans, and health care clearinghouses.¹ After reviewing the relevant regulations, Professor Hodge concluded that the Privacy Rule does not restrict the disclosure of patient information by a health care provider to a central cancer registry so long as the central cancer registry is a "public health authority." We agree with that conclusion.

On July 6, 2001, the U.S. Department of Health and Human Services ("DHHS") issued its Guidance on the Privacy Rule and on the issue addressed by Professor Hodge.² DHHS concluded that disclosures to public health authorities are permitted under the Privacy Rule, and among various Questions and Answers, stated:

¹ 45 C.F.R. § 164.500 et. seq.

² *Guidance on Standards for Privacy of Individually Identifiable Health Information*, issued by the U.S. Department of Health and Human Services, at pg. 54 (July 6, 2001).

Q: Must a health care provider or other covered entity obtain permission from a patient prior to notifying public health authorities of the occurrence of a reportable disease?

A: No. All states have laws that require providers to report cases of specific diseases to public health officials. The Privacy Rule allows disclosures that are required by law. Furthermore, disclosures to public health authorities that are authorized by law to collect or receive information for public health purposes are also permissible under the Privacy Rule. In order to do their job of protecting the health of the public, it is frequently necessary for public health officials to obtain information about the persons affected by a disease. In some cases they may need to contact those affected in order to determine the cause of the disease to allow for actions to prevent further illness.

The Privacy Rule continues to allow for the existing practice of sharing [protected health information] with public health authorities that are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public. Examples of such activities include those directed at the reporting of disease or injury, reporting deaths and births, investigating the occurrence and cause of injury and disease, and monitoring adverse outcomes related to food, drugs, biological products and dietary supplements. (emphasis added).

As explained by DHHS in its Guidance, the Privacy Rule allows disclosure of information to public health authorities. With respect to the disclosure of information to central cancer registries, and as noted by Professor Hodge, whether the Privacy Rule restricts the disclosure of information depends on whether each central cancer registry falls within the definition of a "public health authority." A public health authority is defined as:

an agency or authority of the United States, a State or territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency...that is responsible for public health matters as part of the official mandate.³ (emphasis added).

³ 45 C.F.R. §164.501

BROWN, HAY & STEPHENS

Holly L. Howe, PhD.

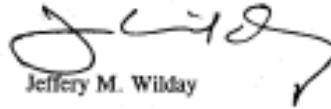
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August 15, 2001

Since state cancer registries come within this definition, the Privacy Rule does not restrict disclosure of patient information to them. For the exemption to apply to a non-governmental registry, however, the registry must operate pursuant to a contract with a public agency or under a grant of authority from a public agency.

Should you have any further questions regarding this issue, please advise.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey M. Wilday". The signature is stylized with a large initial "J" and a long, sweeping tail.

Jeffery M. Wilday

JMW:ddh

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APPENDIX C:

Provider Report Forms

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WEST VIRGINIA CANCER REGISTRY BREAST CANCER REPORT

SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name First MI Suffix Marital Status

Patient Home Address

City State Zip County

Social Security Number Sex Race Spanish/Hispanic Date of Birth (MM/DD/YYYY)

Date of Diagnosis (MM/DD/YYYY) Primary Payer at Diagnosis Number and Site of Previous Primary Cancers

Describe **primary site** and attach documentation Indicate **laterality**

Describe **cell type/histology** and attach copy of pathology report

Describe **tumor size** and attach relevant reports including reports documenting procedures done to diagnose and stage this cancer

Describe **extent of tumor** and attach relevant reports

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage) and attach relevant documents

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY) Is patient alive or dead?

Please submit report to:

West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING BREAST CANCER REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male, female or other (e.g., inter-sex; transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Primary site: The anatomic site of the cancer: Nipple; Central portion of breast; Upper-inner quadrant of breast; Lower-inner quadrant of breast; Upper-outer quadrant of breast; Lower-outer quadrant of breast; Axillary Tail of breast; Overlapping lesion of breast; or Breast, NOS

Laterality: Note whether the cancer arose in the left or right breast or whether it is bilateral in origin or of unknown origin

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Tumor size: Specify tumor size at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: May include terms such as non-invasive or in situ or Paget's disease of the nipple; may specify that tumor is confined to breast tissue and fat or note invasion of subcutaneous tissue or infiltration of dermal lymphatics, fixation to pectoral, intercostals or serratus anterior muscles, chest wall, ribs or other structures; may describe ulceration of skin of breast; may include terms such as edema of skin, en cuirasse, erythema, inflammation of skin, or peau d'orange ("pigskin") or may include notation of inflammatory carcinoma

Lymph nodes: Please include all information on regional lymph nodes, which include ipsilateral axillary, ipsilateral internal mammary, infraclavicular and supraclavicular nodes. Notations that nodes are fixed or matted and information on micrometastases in nodes should be included, as should number of nodes examined and number positive.

Metastases: Includes metastases to distant lymph nodes (cervical, NOS; contralateral or bilateral axillary or internal mammary or distant lymph nodes NOS); contiguous extension to skin of axilla, contralateral breast, sternum or abdomen; or involvement of other structures such as bone (other than adjacent rib), adrenal gland, contralateral breast (if stated as metastatic disease), lung or ovary; and/or carcinomatosis; please attach documentation

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

WEST VIRGINIA CANCER REGISTRY INVASIVE CERVICAL CANCER REPORT

SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
-------------------	-------	----	--------	----------------

Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **primary site** and attach documentation

Describe **cell type/histology** and attach copy of pathology report

Describe **tumor size** and attach relevant reports including reports documenting procedures done to diagnose and stage this cancer

Describe **extent of tumor** and attach relevant reports

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage) and attach relevant documents

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
--	---------------------------

Please submit report to:
 West Virginia Division of Cancer Epidemiology
 WVDHHR - Bureau for Public Health
 350 Capitol Street, Room 125
 Charleston, WV 25301
 Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING INVASIVE CERVICAL CANCER REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Female or other (e.g., inter-sex; transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Primary site: The anatomic site of the cancer: endocervix, exocervix, overlapping lesion of cervix or cervix uteri

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Tumor size: Specify tumor size at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: May specify depth of penetration through the primary site and/or horizontal spread or may describe extension to structures such as the vagina, corpus uterus, ligaments, bladder, rectum, pelvic wall, vulva, fallopian tubes, ovary, etc.

Lymph nodes: Include only information about regional lymph nodes here (distant lymph nodes should be included in metastases) which are: Iliac (external, internal or hypogastric and obturator); Paracervical; Parametrial; Pelvic; Sacral (lateral, middle, promontorial or Gerota's, uterosacral and presacral); and Regional Lymph Nodes, NOS; please indicate number which were examined and number which were positive and attach documentation

Metastases: May include metastases to distant lymph nodes (Aortic; Inguinal; Mediastinal), other distant metastases and/or carcinomatosis; please attach documentation

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group; may also include FIGO stage

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

WEST VIRGINIA CANCER REGISTRY PROSTATE CANCER REPORT

SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
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Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **cell type/histology** and attach copy of pathology report; if **Gleason's score** is available, please provide.

Describe **tumor size** and attach relevant reports, including reports documenting procedures done to diagnose and stage this cancer

Describe **extent of tumor** (e.g., lobes involved, extension to adjacent structures) and attach relevant reports

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage) and attach relevant documents

Provide results of **PSA** and attach relevant reports

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
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Please submit report to:

West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING PROSTATE CANCER REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male or other (e.g., inter-sex)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached; if information on Gleason's score or pattern is available, please provide it, attaching the documentation

Tumor size: Specify tumor size at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: May include information about number of lobes of prostate that were involved; extension to periprostatic tissue or contiguous extension beyond prostate (e.g., to seminal vesicles bladder neck or bladder; NOS, rectovesical fascia; rectum; external sphincter; levator muscle; skeletal muscle NOS; ureter; pelvic wall or pelvic bone; penis; sigmoid colon; other contiguous bone, muscle or soft tissue); please attach documentation

Lymph nodes: Include only information about regional lymph nodes here (distant lymph nodes should be included in metastases) which are: Iliac (external, internal or hypogastric and obturator); Pelvic; Periprostatic; Sacral (lateral, middle, promontorial or Gerota's and presacral); and Regional Lymph Nodes, NOS; please attach documentation

Metastases: Includes involvement of distant lymph nodes such as common iliac; aortic (lateral, para-aortic or periaortic); cervical (inguinal, retroperitoneal, scalene or superclavicular); or distant nodes NOS; metastases to bones; and/or carcinomatosis; please attach documentation

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group, attaching documentation

PSA: Prostate specific antigen; provide actual lab value if available or characterization (e.g., elevated) if actual lab value not available, attaching documentation

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

WEST VIRGINIA CANCER REGISTRY BLADDER CANCER REPORT

SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
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Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **primary site** and attach documentation

Describe **cell type/histology** and attach copy of pathology report

Describe **tumor size** and attach relevant reports including reports documenting procedures done to diagnose and stage this cancer

Describe **extent of tumor** and attach relevant reports

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive; size of metastases in lymph nodes) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage or Jewett-Strong-Marshall staging) and attach relevant documents

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
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Please submit report to:

West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING BLADDER CANCER REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male, female or other (e.g., inter-sex; transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Primary site: Trigone of bladder; Dome of bladder; Lateral wall of bladder; Anterior wall of bladder; Posterior wall of bladder; Bladder neck; Ureteric orifice; Urachus; Overlapping lesion of bladder; Bladder, NOS; please attach documentation

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Tumor size: Specify tumor size at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: May include statements such as: Non-invasive or in situ; Confined to mucosa; Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma); Muscle (muscularis) invaded; Extension through full thickness of bladder wall; Extension to or through serosa; Involvement of adventitia, peritoneum, periureteral fat/tissue, or perivesical fat/tissue, NOS; Extension to perivesical fat (microscopic or macroscopic); Involvement of prostate, ureter, or urethra (including prostatic urethra); Involvement of parametrium, Rectovesical / Denonvilliers' fascia, vas deferens or seminal vesicle; Involvement of uterus or vagina; Bladder is FIXED; Involvement of abdominal wall or pelvic wall; Further contiguous extension, including: pubic bone, rectum (male) or sigmoid; please attach documentation

Lymph nodes: Include only information about regional lymph nodes here (distant lymph nodes should be included in metastases) which are: Perivesical; Iliac (external, internal or hypogastric and obturator); Sacral (lateral, middle, promontorial or Gerota's and presacral); Pelvic, NOS; and Regional Lymph Nodes, NOS; include size of metastases in lymph nodes, NOT size of nodes; please attach documentation

Metastases: Includes involvement of distant lymph nodes such as common iliac; or distant nodes NOS; distant metastases to sites other than lymph nodes; and/or carcinomatosis; please attach documentation

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group; may also include Jewett-Strong-Marshall staging; please attach documentation

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

WEST VIRGINIA CANCER REGISTRY MELANOMA REPORT

SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
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Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **primary site** and attach documentation

Describe **cell type/histology** and attach copy of pathology report

Describe tumor size and attach relevant reports	Ulceration present or absent (attach relevant reports)
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Describe **depth of invasion/thickness/Breslow's measurement** and attach relevant reports

Describe **extent of tumor** or **Clark's Level** and attach relevant reports including reports documenting procedures done to diagnose and stage

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage) and attach relevant documents

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
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Please submit report to:

West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING MELANOMA REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male, female or other (e.g., inter-sex; transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Primary site: Includes: Skin of lip, NOS; Eyelid*; External ear*; Skin of other and unspecified parts of face*; Skin of scalp and neck; Skin of trunk*; Skin of upper limb and shoulder*; Skin of lower limb and hip*; Overlapping lesion of skin; Skin, NOS; Labium majus; Labium minus; Clitoris; Overlapping lesion of vulva; Vulva, NOS; Prepuce; Glans penis; Body of penis; Overlapping lesion of penis; Penis; Scrotum, NOS. NOTE: Sites marked with an * should include laterality. Please attach documentation.

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Tumor size: Specify tumor size (NOT depth or thickness) at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: In situ, noninvasive, intraepidermal or Clark's level I; Papillary dermis invaded or Clark's level II; Papillary-reticular dermal interface invaded or Clark's level III; Reticular dermis invaded or Clark's level IV; Subcutaneous tissue invaded (through entire dermis) or Clark's level V; Further contiguous extension involving underlying cartilage, bone, skeletal muscle; please attach documentation

Lymph nodes: Please include all information available on lymph nodes here; include names of nodes; whether nodes are matted; presence of satellite nodule(s) or intransit metastases and distance of such from primary tumor

Metastases: Includes non-contiguous involvement of underlying cartilage, bone or skeletal muscle; distant lymph nodes; metastases to skin or subcutaneous tissue beyond regional lymph nodes; lung; all other visceral sites; carcinomatosis; other distant sites; please attach documentation

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group, attaching documentation

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

WEST VIRGINIA CANCER REGISTRY HEMATOPOIETIC DISEASE REPORT

INSTRUCTIONS CONTINUE ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
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Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **cell type/histology** and attach copy of pathology report and reports of procedures done to diagnose this disease

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
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INSTRUCTIONS FOR COMPLETING HEMATOPOIETIC DISEASE REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS.

IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male, female or other (e.g., inter-sex, transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Histologies to be reported

Acute basophilic leukemia	Angioimmunoblastic lymphadenopathy	Langerhans cell histiocytosis disseminated	Plasma cell leukemia
Acute biphenotypic leukemia	Atypical chronic myeloid leukemia BCR/ABL negative	Langerhans cell histiocytosis, multifocal	Plasmacytoma, extramedullary
Acute leukemia, NOS	B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma	Langerhans cell histiocytosis, NOS	Plasmacytoma, NOS
Acute megakaryoblastic leukemia	Burkitt cell leukemia	Langerhans cell histiocytosis, unifocal	Polycythemia (rubra) vera
Acute monocytic leukemia	Chronic myelogenous leukemia, BCR/ABL positive	Langerhans cell sarcoma	Precursor B-cell lymphoblastic leukemia
Acute myeloid leukemia with abnormal marrow, eosinophils	Chronic myeloid leukemia	Leukemia, NOS	Precursor cell lymphoblastic leukemia, NOS
Acute myeloid leukemia with maturation	Chronic myelomonocytic leukemia, NOS	Lymphoid leukemia, NOS	Precursor T-cell lymphoblastic leukemia
Acute myeloid leukemia with multilineage dysplasia	Chronic myeloproliferative disease, NOS	Lymphoproliferative disorder, NOS	Prolymphocytic leukemia, B-cell type
Acute myeloid leukemia without maturation	Chronic neutrophilic leukemia	Malignant histiocytosis	Prolymphocytic leukemia, NOS
Acute myeloid leukemia, 11q23 abnormalities	Essential thrombocythemia	Malignant mastocytosis	Prolymphocytic leukemia, T-cell type
Acute myeloid leukemia, M6 type	Follicular dendritic cell sarcoma	Mast cell leukemia	Refractory anemia with excess blasts
Acute myeloid leukemia, minimal differentiation	Hairy cell leukemia	Mast cell sarcoma	Refractory anemia with excess blasts in transformation
Acute myeloid leukemia, NOS	Heavy chain disease, NOS	Monoclonal gammopathy of undetermined significance	Refractory anemia with sideroblasts
Acute myeloid leukemia, t(8;21)(q22;q22)	Histiocytic sarcoma	Multiple myeloma	Refractory anemia, NOS
Acute myelomonocytic leukemia	Hypereosinophilic syndrome	Myelodysplastic syndrome with 5q deletion (5q-) syndrome	Refractory cytopenia with multilineage dysplasia
Acute panmyelosis with myelofibrosis	Immunoglobulin deposition disease	Myelodysplastic syndrome, NOS	T-cell large granular lymphocytic leukemia
Acute promyelocytic leukemia	Immunoproliferative disease, NOS	Myeloid leukemia, NOS	T-gamma lymphoproliferative disease
Adult T-cell leukemia/lymphoma (HTLV-1 positive)	Immunoproliferative small intestinal disease	Myeloid sarcoma	Therapy-related acute myeloid leukemia, NOS
Aggressive NK-cell leukemia	Interdigitating dendritic cell sarcoma	Myeloproliferative disease, NOS	Therapy-related myelodysplastic syndrome, NOS
Angiocentric immunoproliferative lesion	Juvenile myelomonocytic leukemia	Myelosclerosis with myeloid metaplasia	Waldenstrom macroglobulinemia

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead

Please submit report to:

West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

WEST VIRGINIA CANCER REGISTRY GENERAL CANCER REPORT

PLEASE USE DISEASE-SPECIFIC FORMS FOR
BREAST, CERVICAL, PROSTATE, BLADDER, MELANOMA AND HEMATOPOIETIC DISEASE
SEE INSTRUCTIONS ON REVERSE

Name and address of reporting facility

Name and address of diagnosing physician

Patient Last Name	First	MI	Suffix	Marital Status
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Patient Home Address

City	State	Zip	County
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Social Security Number	Sex	Race	Spanish/Hispanic	Date of Birth (MM/DD/YYYY)
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Date of Diagnosis (MM/DD/YYYY)	Primary Payer at Diagnosis	Number and Site of Previous Primary Cancers
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Describe **primary site** and attach documentation For paired sites, indicate **laterality**

Describe **cell type/histology** and attach copy of pathology report

Describe **tumor size** and attach relevant reports including reports documenting procedures done to diagnose and stage this cancer

Describe **extent of tumor** and attach relevant reports

Provide any information about **lymph nodes** (e.g., how many and which nodes were evaluated and how many were positive) and attach relevant reports

Provide any information about **metastases** (e.g., was there evidence of metastases and if so, to where) and attach relevant reports

Provide any information about **stage at diagnosis** (e.g., AJCC stage) and attach relevant documents

Provide date and description of **first course of treatment** or, if referred elsewhere for treatment, specify to where patient was referred

Date of last contact or death (MM/DD/YYYY)	Is patient alive or dead?
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Please submit report to:
West Virginia Division of Cancer Epidemiology
WVDHHR - Bureau for Public Health
350 Capitol Street, Room 125
Charleston, WV 25301
Phone: (304) 356-4953 Fax: (304) 558-4463

INSTRUCTIONS FOR COMPLETING GENERAL CANCER REPORT FORM

PLEASE DO NOT LEAVE ITEMS BLANK. IF INFORMATION IS NOT AVAILABLE, PLEASE NOTE THAT.

PLEASE ATTACH ALL REQUESTED REPORTS. IF YOU HAVE QUESTIONS, PLEASE CALL (304) 356-4953.

Reporting facility: Name and address of reporting facility

Diagnosing physician: Name and address of physician making the diagnosis

Patient name: Patient's full name

Marital status: Patient's marital status

Patient address: Patient's home address at the time of diagnosis

Social Security Number: Patient's Social Security Number

Sex: Male, female or other (e.g., inter-sex; transgendered)

Race: American Indian or Alaska Native; Asian or Pacific Islander; Black; White (more than one race may be specified)

Spanish or Hispanic: A person is considered to be Spanish or Hispanic if their ethnic origin includes: Mexican, Puerto Rican, Cuban, South or Central American (except Brazil), Dominican Republic, or other Spanish or Hispanic origins including European

Date of birth: Patient's date of birth

Date of diagnosis: Month, day and year this cancer was first diagnosed

Primary payer at diagnosis: Patient's primary payer/insurance carrier at time of diagnosis; includes: Not Insured; Not Insured – Self Pay; Insurance, NOS; Insurance – HMO, PPO or Managed Care; Insurance - Fee for Service; Medicaid; Medicaid Administered through Managed Care; Medicare without Supplement; Medicare with Supplement; Medicare Administered through Managed Care; Medicare with Private Supplement; Medicare with Medicaid Eligibility; TRICARE; Military; Veteran's Affairs; or Indian/Public Health Service

Number and site of previous primary cancers: Primary malignancies diagnosed before this one

Primary site: The anatomic site of the cancer

Laterality: The following primary sites have laterality and reporters should note whether the cancer arose in the left or right side or whether it is bilateral in origin or of unknown origin

Parotid, submandibular and sublingual glands	Pleura	Peripheral nerves and autonomic nervous system of upper limb and shoulder and lower limb and hip	Eye and lacrimal gland
Tonsillar fossa, tonsillar pillar, overlapping lesion of tonsil and tonsil, NOS	Long and short bones of upper limb and scapula	Connective, subcutaneous and other soft tissues of upper limb and shoulder and lower limb and hip	Cerebral meninges, NOS, cerebrum, frontal lobe, temporal lobe, parietal lobe, occipital lobe
Nasal cavity (excluding nasal cartilage and nasal septum)	Long and short bones of lower limb	Breast	Olfactory nerve, optic nerve, acoustic nerve and cranial nerve, NOS
Middle ear	Rib and clavicle (excluding sternum)	Ovary and fallopian tube	Adrenal gland
Maxillary and frontal sinus	Pelvic bones (excluding sacrum, coccyx and symphysis pubis)	Testis, epididymis and spermatic cord	Carotid body
Main bronchus (excluding carina) and lung	Skin of eyelid, external ear, other and unspecified parts of face, trunk, upper limb and shoulder, lower limb and hip	Kidney, NOS, renal pelvis and ureter	

Cell type or histology: Usually found in the pathology report and should be described as specified in that report, which should also be attached

Tumor size: Specify tumor size at diagnosis and unit of measurement (e.g., mm), or, if tumor size is described (e.g., microscopic focus; less than 2 mm; pea-sized) provide that description, attaching documentation

Extent of tumor: May include terms such as non-invasive or in situ, may specify depth of penetration through the primary site or may describe extension to contiguous structures. For information specific to the site you are reporting, please refer to the Collaborative Staging Manual, found at <http://www.cancerstaging.org/cstage/manuals.html>

Lymph nodes: Please include all information on regional lymph nodes here, including number examined and number positive. For information specific to the site you are reporting, please refer to the Collaborative Staging Manual, found at <http://www.cancerstaging.org/cstage/manuals.html>

Metastases: For information specific to the site you are reporting, please refer to the Collaborative Staging Manual, found at <http://www.cancerstaging.org/cstage/manuals.html>

Stage at diagnosis: Usually based on the American Joint Committee on Cancer Staging Manual (currently 6th edition); if available, provide T, N, and M as well as the stage group

First course of treatment: All treatment modalities (e.g., surgery, chemotherapy, radiation, biologic response modifier, hormone) included in the first course of treatment planned after diagnosis; be as specific as possible, including start dates, agents, etc. and attach documentation when possible

Date of last contact: Provide date your facility last had contact with patient or the date of death, if applicable

Alive or dead: If date of last contact was date of death, note that patient is dead