California Department of PublicHealth

CALIFORNIA CANCER REGISTRY

PHYSICIAN'S REPORTING REQUIREMENTS FOR

Cancer Reporting in California

Contents

LAST UPDATED: 5/2023

Introduction

The California Cancer Registry (CCR) is a population based, statewide cancer registry that was established in 1988. CCR collects information about most cancers diagnosed in California. All hospitals, facilities, and physicians diagnosing and/or providing treatment to cancer patients are required by law to report cases of cancer to CCR, which includes demographic, diagnostic, and treatment data.

CCR is a program of the California Department of Public Health. CCR monitors the number of cancer cases and cancer deaths in California, examines treatment choices and other predictors of survival, conducts research to find the causes and cures of cancer, and responds to public concerns about cancer.

Background

In 1985, the California legislature enacted a law that established the CCR and since 1987, the California Health and Safety Code, Section 103885 has required hospitals, physicians, and certain other health-care providers to report all new diagnoses of cancer. Beginning January 1, 2001, diagnoses of benign and borderline primary intracranial and central nervous system (CNS) neoplasms as well as Reportable Hematopoietic Diseases are reportable. Physicians[1] must report diagnoses for patients who do not undergo diagnostic procedures or treatment of their malignancies or brain neoplasms at a hospital or other cancer-reporting facility[2] in California. Confidentiality of data collected is strictly maintained in accordance with Health and Safety Code Sections 100330 and 103885; Civil Code, Section 56.05 and 1798; and Federal Law PL 104-191.

Purpose

This Volume IV: Non-Hospital Reporting Facilities' Requirements for Cancer Reporting in California contains the necessary specifications for the implementation of standardized data transmissions from a physician office and non-hospital reporting facilities to CCR. Volume IV defines the specific data elements to be retrieved and included in the cancer reports; describes how to create the appropriate, valid electronic message for transmission; and details how to transmit the cancer report to CCR over a secure electronic transmission mechanism. Transport mechanisms between a Laboratory Information Systems (LIS) or Electronic Health Record (EHR) to CCR have also been defined and included in this Volume IV.

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1. The reporting requirements for physicians also apply to dentists, podiatrists, and other health-care practitioners, primary-care clinics (as defined in Section 1204 of the California Health and Safety Code), and acute care psychiatric hospitals (as defined in Section 1250 of the Code) for cases they diagnose or treat without referring the patient to a cancer-treatment facility.
2. Under Title 17 of the California Code of Regulations, 2593(a)(7), cancer-reporting facility is defined as a hospital or other facility that diagnoses or treats cancer and is either

   (a) Licensed as a health facility under the provisions of the Health and Safety Code (commencing with Section 1250); or

   (b) A surgical clinic licensed under the Health and Safety Code, Section 1204; or

   (c) Covered by the provisions of Section 1206, except for subsection (f), of the Code and even though it is not licensed as a clinic, is operated for the predominant purpose of diagnosing or treating cancer or where 100 or more cancer cases are diagnosed or treated in a year.

"CCR collects information about most cancers diagnosed in California."

Reporting Requirements

Physicians[1] are to report cancer diagnoses within **30 days** of first seeing the patient for the cancer. CCR has adopted the morphology section of the International Classification of Diseases for Oncology (ICD-O-3rd edition) which delineates the list of reportable neoplasms.

Reportable Diagnoses Criteria

All reportable neoplasms meeting the criteria below are to be transmitted to the CCR. Neoplasms outlined under the Non-Reportable Diagnoses are not to be transmitted. In the event an ambiguous term(s) precede a reportable cancer diagnoses, the case is to be considered reportable. Examples of ambiguous terminology include, but are not limited to the following: apparently, appear to, suspicious, most likely, favors, comparable, consistent with, typical (of), probable, presumed, malignant appearing. For complete list of ambiguous diagnostic reportable terms, refer to Volume I, II.2.2.

Reportable Diagnoses

Refer to the reportability guide below for information on specific histologies and sites for tumors that are reportable to the CCR.

- **Invasive Malignancies**
- **In-situ Malignancies***
- **Severe or High-grade Dysplasia** documented as synonymous with carcinoma
- **All benign and borderline intracranial** and/or Central Nervous System (CNS) tumors
- **All hematopoietic and lymphoid neoplasms** as outlined in the following link: http://seer.cancer.gov/seertools/hemelymph
- **Lymphangioleiomyomatosis, 9173/3, dx 01/01/2023 +**
- **Malignant perivascular epithelioid cell tumor (PEComa)**
- **Anal, Vulva, and Vaginal Intraepithelial Neoplasia grade II (AIN II, VIN II, VAIN II) became reportable for 2021 forward based on ICDO-3.2.** However, the CCR requires these cases be included for 2022 casefinding. There is no expectation by the CCR to go back and perform casefinding for 2021 to identify these cases.

30DAYS

"Physicians[1] are to report cancer diagnoses within 30 days of first seeing the patient for the cancer."

- **Appendix:**
  - Carcinoid tumors, NOS
  - Low-grade appendiceal mucinous neoplasm (LAMN)
  - High grade appendiceal mucinous neoplasm (HAMN)
- **Bones, Joints, and Articular Cartilage**
  - Chondrosarcoma, grade 1
- **Brain**
  - Multinodular and vacuolating neuronal tumor (MVNT)
  - Diffuse leptomeningeal glioneuronal tumor, dx 01/01/2023 +
  - High-Grade astrocytoma with Piloid features (HGAP), dx 01/01/2023 +
- **Gastrointestinal Stromal Tumors (GIST)** all GIST tumors.
- **Liver** with LR-4 or LR-5 defined in the following link: https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/LI-RADS/CT-MRI-LI-RADS-v2018
- **Ovary** Noninvasive low grade (Micropapillary) serous carcinoma (MPSC).
- **Pancreas:** Neuroendocrine tumor (NET) when diagnosis is insulinoma; cystic pancreatic endocrine neoplasm (CPEN); cystic pancreatic specified as neuroendocrine tumor, grades 1 and 2; solid pseudopapillary neoplasm of pancreas; non-invasive mucinous cystic neoplasm (MCN) of pancreas with high-grade dysplasia
- **Pituitary:** Rathke pouch tumor
- **Prostate:** PI-4 or PI-5 defined in the following link: https://www.acr.org/-/media/ACR/Files/RADS/Pi-RADS/PIRADS-v2-1.pdf
- **Stomach and Small Intestine:**
  - Intestinal-Type adenoma, high grade
  - Adenomatous polyp, high grade dysplasia
  - Serrated dysplasia, high grade
- **Testis:** Mature teratoma of the testes in adult (adult defined as post-puberty)
- **Thymoma - All except:** Microscopic thymoma or thymoma, benign; Micronodular thymoma with lymphoid stroma; Ectopic hamartomatous thymoma.
- **Skin:** Early or evolving melanoma of any type; Basal and squamous cell carcinoma of skin of genital organs (vagina, clitoris, labium, vulva, prepuce, penis and scrotum); adnexal carcinomas (sweat glands, sebaceous gland, ceruminous gland and hair follicle); adenocarcinomas, lymphomas, melanomas, sarcomas and Merkel cell tumors of the skin (regardless of site); any carcinoma arising in a hemorrhoid is reportable as hemorrhoids arise in mucosa, not skin.
- **Urine Cytology:** Positive for malignancy.

Note: 2023 ICD-O-3.2 histology coding changes: Updates include new and revised histology terms, codes, and behaviors for cases diagnosed January 1, 2023 and forward. Please see the 2023 ICD-O-3.2 – Coding Tables. (www.naaccr.org/icdo3/).

* See Appendix A for a list of *in situ* terms.

Non-Reportable Diagnoses

- **Benign and borderline neoplasms** that are not primary intracranial and/or CNS neoplasm
- **Cervix:** Carcinoma in-situ (CIS) or intraepithelial neoplasia grade III (CIN III)
- **Lymphoma in-situ**
- **Prostate:** Prostatic intraepithelial neoplasia, grade III (PIN III)
- **Skin:** Basal and squamous cell carcinomas of the skin unless it occurs on genital organs. Non-reportable skin cancers includes the following
  - » Neoplasms, malignant, NOS of the skin;
  - » Epithelial carcinomas of the skin
  - » Papillary and squamous cell carcinomas of the skin
  - » Basal cell carcinomas of the skin
- **Thyroid:** Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)

General Instructions

Report cases as follows:

1. A diagnosis must be reported even if it has not been microscopically confirmed.
2. Patient is not being referred to a hospital or other cancer reporting facility for diagnosis or treatment for this tumor.
3. If patient is referred to a cancer reporting facility for a condition other than this tumor, the case must be reported by the physician.

If you are in doubt whether the diagnosis is reportable, please submit a report.

The Health Insurance Portability and Accountability Act (HIPAA) does not change or affect the mandate for reporting cancer in California. CCR and its Regional Cancer Registries are considered Public Health authorities and disclosure of protected health information (PHI) to the registries is permitted by HIPAA without patient signed consent. HIPAA federal regulations citation: 45 CFR 164.512.

California law does not require written or verbal patient consent to report, and specifically exempts physicians from any legal action or damages from meeting their legal obligation to report cancer cases or to provide access to those patients' medical records.

Cancer Case Reporting

Cancer Reporting Portal

In order to report a cancer diagnosis, physicians (or their designee) must follow the steps below:

1. **Cancer Reporting Portal Registration:**
   - First time users will need to register by logging into the CCR Confidential Physician Cancer Reporting Portal (https://cancerreporting.ccr.ca.gov).
   - Upon verification of registration information by CCR, the Physician User will receive an e-mail with an invitation code from CCR.
   - Complete the information related to a reportable cancer case by logging into the CCR Confidential Physician Cancer Reporting Portal (https://cancerreporting.ccr.ca.gov).
2. **Cancer Reporting Portal User Guide:**
   - To access the physician cancer reporting portal user guide, please go the following link: https://www.ccrcal.org/wp-content/uploads/2019/01/regguide.pdf

3. **Physicians Already Registered:**
   - Sign in at the CCR Confidential Physician Cancer Reporting Portal (https://cancer reporting.ccr.ca.gov) and complete the information related to a reportable cancer case.

4. **Faxing Instructions:**
   - If you are unable to complete the information online, complete all required fields on the Physician Cancer Reporting fax form located on page 7, and fax to your regional registry representative using the Physician Reporting Portal.

Required Information

The following information is required for each reportable tumor in order to satisfy the CCR requirement for reporting a cancer case:

Patient Identifiers: Report the patient's complete name (first and last), date of birth, sex, patient's street address (including city, state and zip code), and patient's medical record number. This information is required in order to accurately identify multiple reports for the same patient from different sources thereby enabling CCR to accurately reflect cancer incidence.

Physician Identifiers: Enter the first and last name of the physician reporting the case, the physician license number and physician ID number (NPI) as well as physician's contact information (including physician's address, city, state and zip code) and e-mail address.

Patient Cancer Diagnosis: Enter the primary site of the tumor, histology, behavior, and laterality (if applicable). Indicate the exact date the diagnosis was first made. This could be the first clinical diagnosis, not necessarily the date of the microscopic confirmation.

Required Information if Available

- **Patient Identifiers:** Patient's social security number, insurance provider, longest held occupation, race, Spanish/Hispanic origin, and date of last contact or death.
- **Patient Cancer Diagnosis:** Tumor grade, diagnostic confirmation, clinical T, N and M as well as clinical stage group; pathological T, N, and M as well as pathological stage group.
- **Treatment:** Surgical treatment (procedure), the date of surgery, the facility where the surgery was performed, tumor size, whether or not radiation therapy was administered and if so, the date and radiation summary information. Additionally, if cancer drugs were administered, please specify the agents and the start date.

Reporting for Dermatopathologists

Reporting Requirements

If patients are diagnosed/treated AND corresponding pathology reports are created by you that are not sent automatically via an electronic interface, then report via the Physician Reporting Portal and attach a copy of the patient's pathology report. https://cancerreporting.ccr.ca.gov/.

If you only create pathology reports and you do not diagnose/treat patients, then report via the Pathologists Reporting Portal https://pathreporting.ccr.ca.gov/directdataentry/.

Reporting Procedures

In order to report a cancer diagnosis, Dermatopathologist (or their designee) must follow the steps on the Physician Reporting Portal https://cancerreporting.ccr.ca.gov/ or the Pathologist Reporting Portal https://pathreporting.ccr.ca.gov/directdataentry/.

"If you are in doubt whether the diagnosis is reportable, please submit a report."

Regional Cancer Registries

Cancer Registry of Greater California

1750 Howe Ave., Suite 550
Sacramento, CA 95825

Contact:
Kyle Ziegler, BA, CTR
Email: kziegler@crgc-cancer.org
Phone: (916) 779-0300

Web Site: http://crgc-cancer.org/

Counties:

Central Region (Fresno, Kern, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare and Tuolumne Counties).

Sacramento Region (Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Sutter, Yolo and Yuba Counties).

Tri-County Region (San Luis Obispo, Santa Barbara and Ventura Counties).

Inland Empire Region (Inyo, Mono, Riverside and San Bernardino Counties).

North Region (Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, Shasta, Siskiyou, Sonoma, Tehama and Trinity Counties)

San Diego Region (Imperial and San Diego Counties)

Orange County

Greater Bay Area Cancer Registry

University of California, San Francisco
39141 Civic Center Dr., Suite 425
Fremont, CA 94538

Contact:
Kathleen Davidson-Allen, CTR
Email: Kathleen.Davidson-Allen@ucsf.edu
Phone: (510) 608-5000

Web Site: https://cancerregistry.ucsf.edu/

Counties:

Santa Clara Region (Monterey, San Benito, Santa Clara and Santa Cruz Counties). Bay Area Region (Alameda, Contra Costa, Marin, San Francisco and San Mateo Counties)

Los Angeles Cancer Surveillance Program

University of Southern California
1845 N. Soto Street, SSB 305
Los Angeles, CA 90032*

* Use ZIP 90032 for UPS/GSO/FedEx

Contact:
Andrea Sipin-Baliwas, MS, CPHI, CTR
Email: asipin@usc.edu
Phone: (323) 442-2300

Web Site: https://csp.usc.edu

County:

Los Angeles County

California Cancer Registry

California Department of Public Health

Cancer Surveillance Section
1631 Alhambra Blvd., Suite 200
Sacramento, CA 95816
(916) 731-2500

Web Site: www.ccrcal.org

Print Clear Form

Confidential Fax Transmittal Physician Cancer Reporting Form

TO:	ATTENTION:	FAX:
FROM:	TOTAL PAGES WITH COVER:	DATE:

Confidentiality Notice: If you, the reader, are not the intended recipient, you are hereby notified that any dissemination, distribution, duplication, or action taken in reliance on the contents of any part of this communication is strictly prohibited. If you have received this communication in error, please notify CCR at 916-731-2500.

Required Information: The (*) next to the fields below denote the information required for meeting your cancer reporting requirements. The remaining fields are required if available and enhance the completeness of the physician reported data.

Patient

FIRST NAME*	MIDDLE NAME	LAST NAME*
BIRTH DATE*	SOCIAL SECURITY NUMBER (SSN)	MEDICAL RECORD NUMBER*
SPANISH/HISPANIC ORIGIN ☐ Yes ☐ No	RACE	SEX*
INSURANCE PAYER		
LONGEST HELD OCCUPATION		DATE LAST CONTACT

Patient Address

STREET*		
CITY*	STATE*	ZIP CODE*

Attending Physician Details

FIRST NAME*	MIDDLE NAME	LAST NAME*
BIRTH DATE*	NPI NUMBER*	CALIFORNIA LICENSE NUMBER*
EMAIL*		
STREET*		
CITY*	STATE*	ZIP CODE*

Diagnosis

DATE OF DIAGNOSIS*	DIAGNOSTIC CONFIRMATION*

PRIMARY SITE*	HISTOLOGY BEHAVIOR*

LATERALITY*

AJCC CLINICAL TNM	AJCC PATHOLOGIC TNM

Surgery

SURGICAL FACILITY	SURGICAL DATE

SURGICAL TREATMENT	TUMOR SIZE

Radiation

RADIATION THERAPY*	RADIATION START DATE

RADIATION PROCEDURE

Drugs

DRUG AGENTS	DRUG START DATE

DRUG TREATMENT NARRATIVE

Comment(s)

California Cancer Registry, California Department of Public Health
Cancer Surveillance Section, 1631 Alhambra Blvd., Suite 200 Sacramento, CA 95816 | (916) 731-2500 | www.ccrcal.org

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Appendix A

Terms Indicating In-Situ Behavior

GENERAL REPORTABLE TERMS INDICATING IN SITU BEHAVIOR

- Bowen's disease (excluding skin)
- Confined to epithelium (does not extend beyond base membrane)
- Ductal carcinoma in-situ, (DCIS) (any site)
- Intracystic, Intraepidermal (NOS), Intrasquamous, In-situ
- Intraepithelial carcinoma, NOS
- Intraepithelial neoplasia grade III, not otherwise specified (NOS)
- Involvement up to, but not including basement membrane
- Lobular carcinoma in-situ (LCIS)
- Mesothelioma in situ, 9050/2, dx 01/01/2023+
- No stromal invasion
- Non-infiltrating; Non-invasive
- Squamous intraepithelial neoplasia grade III (SIN III) (excluding cervix and skin), dx 01/01/2014+
- Papillary, non-infiltrating or intraductal
- Pre-invasive

Site-Specific Terms Indicating In-Situ Behavior

INTRAEPITHELIAL NEOPLASIA:

- Grade III must be included in the diagnosis for these to be reportable. No variation in terms allowed.

ANUS:

- Anal intraepithelial neoplasia grade III (AIN III), dx 01/01/2001+
- Anal intraepithelial neoplasia grade II (AIN II), dx 01/01/2022+
- High grade squamous intraepithelial lesion (HGSIL or HSIL), dx 1/1/2018+

BREAST:

- Ductal intraepithelial neoplasia grade III (DIN III), dx 01/01/2001+
- Lobular intraepithelial neoplasia grade III (LIN III), dx 01/01/2016+
- Lobular neoplasia grade III (LN III), dx 01/01/2016+
- Lobular, non-infiltrating

BREAST, COLON, RECTUM:

- Stage 0 (excluding Paget's disease) confined to lamina propria

GALLBLADDER:

- High grade biliary intraepithelial neoplasia grade III (BilN III), dx 01/01/2018+

LARYNX:

- Laryngeal intraepithelial neoplasia grade III (LIN III), dx 01/01/2001+

PANCREAS:

- Pancreatic intraepithelial neoplasia grade III (PanIN III), dx 01/01/2004+

PENIS:

- Penile intraepithelial neoplasia grade III (PeIN III), dx 01/01/2001+
- Queyrat's erythroplasia

SKIN:

- Clark's level I (melanoma; limited to epithelium)
- Hutchinson's melanotic freckle, not otherwise specified (NOS)
- Lentigo maligna
- Precancerous melanosis

VAGINA:

- Vaginal intraepithelial neoplasia grade III (VAIN III), dx 01/01/1992+
- Vaginal intraepithelial neoplasia grade II (VAIN II), dx 01/01/2022+
- High grade squamous intraepithelial lesion (HGSIL or HSIL), dx 1/1/2018+

VULVA:

- Vulvar intraepithelial neoplasia grade III (VIN III), DX dx 01/01/1992 +
- Vulvar intraepithelial neoplasia grade II (VIN II), dx 01/01/2022+
- High grade squamous intraepithelial lesion (HGSIL or HSIL), dx 1/1/2018+

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