**Section 840.115 Methods of Reporting Cancer Registry Information**

a) All patients identified at a reporting facility, whether as an inpatient or outpatient, who meet one of the three following criteria are reportable to the Registry:

1) Patients with a newly diagnosed cancer who have, within six months after diagnosis, received cancer-directed treatment or refused treatment.

2) Patient with cancer diagnosed through autopsy.

3) Patient diagnosed and receiving all first course treatment elsewhere and now receiving cancer-directed treatment at the reporting facility.

b) A patient is considered to have a malignant neoplasm when a licensed physician or dentist indicates that he/she does. Otherwise, the following terminology, when applied to a malignancy, shall be interpreted as indicating involvement by a cancerous tumor:

1) apparent,

2) appears to,

3) comparable with,

4) compatible with,

5) consistent with,

6) favors,

7) malignant appearing,

8) most likely,

9) presumed,

10) probable,

11) suspected,

12) suspicious for, and

13) typical of.

c) The following terminology, when applied to a malignancy without additional information, shall be interpreted as indicating non-involvement by a cancerous tumor:

1) cannot be ruled out,

2) equivocal,

3) possible,

4) potentially malignant,

5) questionable,

6) rule out,

7) suggests, and

8) worrisome.

d) Determination of whether or not a given primary tumor is reportable shall be made by reference to the morphology codes (M-codes) of the International Classification of Diseases for Oncology (ICD-O).

e) The specified cases of tumorous or precancerous diseases that shall be reported to the Registry are:

1) benign intracranial tumors, and

2) other conditions that the facility wishes to report.

f) Cases of basal or squamous cell neoplasms of the skin shall be reported only when located in the following areas: penis, scrotum, anus, eyelid, and muco-cutaneous junctions of the lips, labia and vulva.

g) Facilities shall electronically submit the report in the NAACCR data exchange format, using the version specified by the Registry (see Section 840.20). Supporting text documentation that is sufficient to support the diagnosis, stage and treatment should be included for each case submitted.

h) All reporting facilities are responsible for complete casefinding, which means identifying all first time reported cancer patients and completing an incidence report form for the Registry. To achieve complete case ascertainment, the following sources should be reviewed as they apply: Medical Record Disease Index (ICD-CM) or CPT Coding Index; pathology reports; cytology reports; autopsy reports; surgery and/or outpatient logs; radiation therapy and/or oncology clinic logs and appointment books; and diagnostic X-rays, nuclear medicine reports, and/or other imaging techniques.

1) Any patient's clinical record identified with any of the following ICD-9-CM Diagnosis, ICD-10-CM Diagnosis, or Procedure Codes by the Medical Record Department shall be reviewed for reportability to the Registry:

Diagnosis Codes Diagnosis (in preferred ICD-O-3 terminology)

A) 042 AIDS with malignancy

B) 140.0-208.9 Malignant neoplasms

 C) 203.1 Plasma cell leukemia (9733/3)

D) 205.1 Chronic neutrophilic leukemia (9963/3)

E) 225.0-225.4 Benign intracranial and CNS neoplasms

225.8-225.9

227.3-227.4

F) 230.0-234.9 Carcinoma in situ

G) 237.0-237.1 Borderline intracranial and CNS neoplasms

 237.5-237.6

 237.7, 237.9

H) 238.4 Polycythermia erra (9950/3)

I) 238.6 Solitary plasmacytoma (9731/3)

J) 238.6 Extramedullary plasmacytoma (9734/3)

K) 238.7 Chronic Myeloproliferative disease (9960/3)

L) 238.7 Myelosclerosis with myeloid metaplasia (9961.3)

M) 238.7 Essential thrombocythemia (9962/3)

N) 238.7 Refractory cytopenia with multilineage displasia (9985/3)

O) 238.7 Myelodisplastic syndrome with 5q-syndrome (9986/3)

P) 238.7 Therapy related myelodisplastic syndrome (9987/3)

Q) 239.0-239.9 Neoplasms of unspecified behavior

R) 273.2 Gamma heavy chain disease; Franklin's disease

S) 273.3 Waldenstrom's macroglobulinemia

T) 273.9 Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscodes)

U) 284.9 Refractory anemia (9980/3)

V) 285.0 Refractory anemia with ringed sideroblasts (9982/3)

W) 285.0 Refractory anemia with excess blasts (9983/3)

X) 285.0 Refractory anemia with excess blasts in transformation (9984/3)

Y) 288.3 Hypereosinophilic syndrome (9964/3)

Z) 289.8 Acute myelofibrosis (9932/3)

AA) V07.8 Other prophylactic chemotherapy (screen carefully for miscoded malignancies)

BB) V07.8 Other specified prophylactic measures

CC) V10.0-V10.9 Personal history of malignant neoplasm (review these for recurrences, subsequent primaries and/or subsequent treatment)

DD) V58.0 Admission for radiotherapy

EE) V58.1 Admission for chemotherapy

FF) V66.1 Convalescence following radiotherapy

GG) V66.2 Convalescence following chemotherapy

HH) V67.1 Radiation therapy follow-up

II) V67.2 Chemotherapy follow-up

JJ) V71.1 Observation for suspected malignant neoplasm

KK) V76-V76.9 Special screening for malignant neoplasm

LL) 92.21-92.29 Therapeutic radiology and nuclear medicine

MM) 92.21-92.29 Injection or infusion of cancer

 chemotherapeutic substance

NN) C00-C43, C45-C96 Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies. (Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (i.e., 9421/3 not 9421/1).)

OO) 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.)

PP) D18.02 Hemangioma of intracranial structures and any site

QQ) D18.1 Lymphangioma, any site (Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable.)

RR) D32 Benign neoplasm of meninges (cerebral, spinal and unspecified)

SS) D33 Benign neoplasm of brain and other parts of central nervous system (CNS)

TT) D35.2-D35.4 Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland

UU) D42-D43 Neoplasm of uncertain or unknown behavior of meninges, brain, CNS

VV) D44.3-D44.5 Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland

WW) D45 Polycythemia vera (9950/3)

XX) D46 Myelodysplastic syndromes

YY) D47.1 Chronic myeloproliferative disease

ZZ) D47.3 Essential (hemorrhagic) thrombocythemia (9962/3))

AAA) D47.4 Osteomyelofibrosis (9961/3)

BBB) D47.7 Other specified neoplasms of uncertain/unknown behavior of lymphoid, hematopoietic

CCC) D47.Z Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

DDD) D47.9 Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue unspecified

EEE) D49.6, D49.7 Neoplasm of unspecified behavior of brain, endocrine glands and other CNS

FFF) J91.0 Malignant pleural effusion

GGG) R18.0 Malignant ascites

HHH) Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm

III) Z12 Encounter for screening for malignant neoplasms

JJJ) Z51.0 Encounter for antineoplastic radiation therapy

KKK) Z51.1 Encounter for antineoplastic chemotherapy and immunotherapy

LLL) Z85 Personal history of malignant neoplasm

MMM) Z86.0, Z86.01, Personal history of in situ and benign

 Z86.03 neoplasms and neoplasms of uncertain behavior

NNN) Z92.21, Z92.23, Personal history of antineoplastic

 Z92.25, Z92.3 chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)

OOO) R85.614 Cytologic evidence of malignancy on smear of anus

PPP) R87.614 Cytologic evidence of malignancy on smear of cervix

QQQ) R87.624 Cytologic evidence of malignancy on smear of vagina

2) All pathology and cytology reports from the facility with a positive morphologic diagnosis of cancer shall be reviewed for reportable neoplasms, including reports on inpatient and outpatient surgical resections and biopsy specimens, bone marrow biopsies, cytology specimens and autopsies.

3) Any conflict of interpretation of cancer incidence shall defer to the clinician's determination.

i) All reporting facilities shall submit the report forms on a monthly basis.

(Source: Amended at 40 Ill. Reg. 13397, effective September 12, 2016)