

REQUIRED METHOD OF REPORTING TO THE CCR

There are two methods of reporting cancer cases to the CCR: Abstract and Confidential Morbidity Report (CMR) or other approved notification mechanism.

A full abstract is required for any case diagnosed and/or treated at the reporting facility (analytic cases) and for applicable nonanalytic cases. A CMR or other approved notification mechanism is used for cases diagnosed and treated elsewhere; however, they must be submitted to the CCR/Region for incidence reporting. The CCR/Region may request the reporting facility to submit an abstract if the case submitted via CMR or other approved notification mechanism is not found in the CCR database.

Class of Case	Req'd by CCR	Rept'g Method	Scenario
ANALYTIC CASES			
<i>Initial Diagnosis at Reporting Facility</i>			
00	Yes	Abstract	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.
			<i>Note: Beginning in 2010, Class of Case 00 includes cases diagnosed by the reporting facility that are treated in staff physician offices, as well as, cases when it is known that the patient went elsewhere for treatment.</i>
10	Yes	Abstract	Initial diagnosis at the reporting facility or in a staff physician's office AND all or part of first course of treatment or a decision not to treat was at the reporting facility, NOS.
			<i>Note: Use Class of Case 10 if there is no information about whether or where the patient was treated.</i>
11	Yes	Abstract	Initial diagnosis in a staff physician's office AND part of first course treatment was done at the reporting facility

Key to Reporting Method: CMR – Confidential Morbidity Report/approved notification mechanism NR – Not Reportable

12	Yes	Abstract	Initial diagnosis in a staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
13	Yes	Abstract	Initial diagnosis at the reporting facility AND part of first course treatment was done elsewhere.
14	Yes	Abstract	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
			<i>Note: Use Class of Case 14 if the patient received no treatment, either because the patient refused recommended treatment or a decision was made not to treat.</i>
			<i>Initial Diagnosis Elsewhere, Facility Involved in First Course Therapy</i>
20	Yes	Abstract	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS
21	Yes	Abstract	Initial diagnosis elsewhere AND part of first course treatment was done at elsewhere.
			<i>Example:</i> <ul style="list-style-type: none"> • Definitive or repeat biopsy following initial FNA or biopsy performed elsewhere
22	Yes	Abstract	Initial diagnosis elsewhere AND all first course of treatment or a decision not to treat was done at the reporting facility.
NONANALYTIC CASES			
			<i>Patient Appears in Person at Reporting Facility; Both Initial Diagnosis and Treatment Elsewhere</i>
30	Yes	Abstract	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup
			<i>Example:</i> <ul style="list-style-type: none"> • Staging workup/treatment planning

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31	Yes	CMR	Initial diagnosis and all first course treatment provided elsewhere AND reporting facility provided in-transient care
			<i>Example: Patient receiving transient care to avoid interrupting therapy initiated elsewhere (equipment failure at the reporting facility or while vacationing)</i>
32	Yes	Abstract	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (whether treatment is performed or not).
			<i>Examples: • Patient with active disease admitted for other medical condition(s) • Patient expires in the ER with lung metastases</i>
			<i>A minimum of a CMR or other approved notification mechanism must be submitted for the following types of cases: • Catheter placement for cancer therapy only • Cancer Conference (Tumor Board) presentation only • Consultation only • Hospice only Note: The CCR/Region may request the reporting facility to submit an abstract for incidence reporting if the case is not found in the CCR database. If an abstract requested, use Class of Case code 32.</i>
33	No	NR	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only
34	Yes	Abstract	Cases required to be reported and followed by the CCR; Initial diagnosis AND all or part of first course treatment at reporting facility

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			<p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Benign and borderline intracranial/CNS tumors diagnosed 1/1/2001 – 12/31/2003 only.</i> <p><i>Note: Class of Case 34 does not apply to benign and borderline CNS/intracranial tumors diagnosed 1/1/2004 forward, when national reporting began.</i></p> <ul style="list-style-type: none"> • <i>Borderline ovarian tumors diagnosed 1/1/2001 forward</i> • <i>Intraepithelial neoplasia Grade III tumors as follows:</i> <ul style="list-style-type: none"> ○ <i>AIN III cases (anal mucosa only), diagnosed 1/1/2001 forward</i> ○ <i>VAIN III cases, diagnosed 1/1/2001 forward</i> ○ <i>VIN III cases, diagnosed 1/1/1992 forward</i>
35	Yes	Abstract	<p>Cases diagnosed before the reporting facility's reference date AND initial diagnosis AND all or part of first course treatment at reporting facility</p> <p><i>Note: Reportable to the CCR for cases diagnosed on or after 1/1/1988, or the regional registry reference date if earlier. See Section I.1.6.</i></p>
36	Yes	Abstract	<p>Cases required by the CCR AND initial diagnosis elsewhere AND all or part of first course treatment at reporting facility</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Benign and borderline intracranial/CNS tumors diagnosed 1/1/2001 – 12/31/2003 only.</i> <p><i>Note: Class of Case 36 does not apply to benign and borderline CNS/intracranial tumors diagnosed 1/1/2004 forward, when national reporting began.</i></p> <ul style="list-style-type: none"> • <i>Borderline ovarian tumors diagnosed 1/1/2001 forward</i> • <i>Intraepithelial neoplasia Grade III tumors as follows:</i> <ul style="list-style-type: none"> ○ <i>AIN III cases (anal mucosa only), diagnosed 1/1/2001 forward</i> ○ <i>VAIN III cases, diagnosed 1/1/2001 forward</i> ○ <i>VIN III cases, diagnosed 1/1/1992 forward</i>

37	Yes	Abstract	Cases diagnosed before the reporting facility's reference date AND initial diagnosis elsewhere AND all or part of first course treatment at reporting facility
			<i>Note: Reportable to the CCR for cases diagnosed on or after 1/1/1988, or the regional registry reference date if earlier. See Section I.1.6.</i>
38	Yes	Abstract	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
			<i>Note: If the patient is suspected to have a malignancy, confirmed at autopsy, code to Class of Case 14.</i>
			<i>Patient Does Not Appear in Person at Reporting Facility</i>
40	No	NR	Diagnosis AND all first course of treatment given at the same staff physician's office
41	No	NR	Diagnosis AND all first course treatment given in two or more different staff physician offices
42	Yes	Abstract	Nonstaff physician, clinic or other facility, not part of reporting facility, accessioned by agreement by reporting facility for diagnosis and/or treatment by that entity
			<i>Example: Hospital abstracts cases from an independent radiation facility</i>
43	Yes	CMR	Pathology or other lab specimens only
			<i>Note: If a pathology specimen is submitted by a physician's office to be read at the reporting facility, notification to the regional registry is required via CMR or other approved notification mechanism.</i>
49	Yes	Abstract	Death certificate only – Used by CCR/ Regional registries only

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