CHAPTER 4606
DEPARTMENT OF HEALTH
CANCER SURVEILLANCE SYSTEM

4606.3300 PURPOSE.

The purpose of parts 4606.3300 to 4606.3309 is to establish a process and assign responsibility for:

A. collecting data on the occurrence and outcomes of cancer in the state; and

B. investigating the occurrence of cancer.

Statutory Authority: *MS s 144.672*

History: *36 SR 615*

4606.3302 DEFINITIONS.

Subpart 1. **Abstract.** "Abstract" means an electronic record, in a format specified by the commissioner, which contains the information required in part 4606.3304.

[For text of subp 2, see M.R.]

Subp. 3. **Cancer.** "Cancer" means:

A. malignant and in situ neoplasms of all sites, except:

(1) basal and squamous cell carcinomas of the skin;

(2) in situ neoplasms of the uterine cervix; and

(3) intraepithelial neoplasia of the uterine cervix;

B. basal and squamous cell carcinomas of the genitalia; and

C. all brain and central nervous system neoplasms regardless of malignancy.

Subp. 3a. **Cancer registry.** "Cancer registry" means a collection of cancer data on patients that is maintained as an identified repository of such data for or within any hospital, medical clinic, or centralized institution.

[For text of subp 4, see M.R.]

Subp. 5. **Case report.** "Case report" means a complete report of a diagnosis of cancer, which has been made by a physician or dentist. At a minimum, this shall consist of source documents that contain all or as much as is known of the information required in part 4606.3304.

[For text of subps 6 to 8, see M.R.]

Subp. 9. [Repealed, 36 SR 615]

[For text of subps 10 to 15, see M.R.]

Subp. 16. **Reporting entity.** "Reporting entity" means the individual or operational unit within an institution such as a medical laboratory, hospital, clinic, or cancer registry, designated by the institution to submit case reports required by parts 4606.3300 to 4606.3309.

Subp. 17. **Source documents.** "Source documents" means copies of the demographic forms and the portions of a medical record, including pathology laboratory reports that contain the information required in part 4606.3304 for cases.

Subp. 18. [Repealed, 36 SR 615]

Statutory Authority: *MS s 144.672*

History: *36 SR 615*

4606.3303 COMPREHENSIVE REPORTS OF CANCER.

Subpart 1. **Cancer registries.** Cancer registries shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner within 15 working days of the date the patient's record in the cancer registry was completed.

Subp. 2. **Medical laboratories.** Medical laboratories shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner for all cases of cancer within 15 working days of the date of diagnosis.

Subp. 3. **Hospitals and medical clinics.** Hospitals and medical clinics shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner for all cases of cancer diagnosed in the institution within 15 working days of the date of diagnosis.

Subp. 4. **Physicians and dentists.**

A. Physicians and dentists who diagnose cancer in humans shall forward by first class mail, by messenger, or by electronic means, case reports to the commissioner within 15 working days of the date of diagnosis.

B. A physician or dentist is exempted from item A if the physician or dentist (i) is working within a hospital, medical clinic, or medical laboratory required to report by this part, (ii) knows the case was admitted to a hospital required to report by this part, or (iii) has received, from a medical laboratory required to report by this part, a written report indicating the presence of cancer in the case.

Subp. 5. **Designating a reporting entity.** Alternatively, cancer registries, medical laboratories, hospitals, medical clinics, or any combination of these within or as part of an institution, may notify the commissioner of the identity of a reporting entity to report on behalf of the institution and as such shall meet the requirements of cancer reporting under subparts 1 to 4.

Statutory Authority: *MS s 144.672*

History: *36 SR 615*

4606.3304 REPORTS.

Subpart 1. **Case information.** Reports of case information that are required in part 4606.3303 must consist of source documents and contain as much of the following information as is known:

A. patient identifiers, including Social Security number, and demographics;

B. provider and facility information;

C. cancer diagnostic information;

D. extent of disease and other prognostic factor information;

E. first course of cancer-directed treatment;

F. follow-up information; and

G. other information as needed for system administration.

Subp. 1a. **Data items.** The commissioner shall, at least once per year and by publication in the State Register and electronic notice on the Minnesota Cancer Surveillance System Web site, provide a list of the data items to be reported under part 4606.3303, subpart 1, and specify the format to be used for electronic reports. The list will be revised according to national cancer reporting standards.

Subp. 1b. **Reporting standards.** The following guides and standards for reporting the information required in subparts 1 and 1a are incorporated by reference and are available through the Minitex interlibrary loan system. They are also available electronically as specified in items A and D.

A. Standards for Cancer Registries: Volume II, Data Standards and Data Dictionary, Fourteenth Edition Record Layout Version 12 (2010), and subsequent editions; and Volume V, Electronic Pathology Reporting Standards, Version 3.0 (2009) and subsequent editions; North American Association of Central Cancer Registries (NAACCR), Springfield, Illinois. NAACCR reporting standards are updated frequently and are published electronically at www.naaccr.org.

B. Summary Staging Guide, Cancer Surveillance Epidemiology and End Results Reporting, SEER Program (April 1977, reprinted July 1986), published by the National Institutes of Health (NIH), Public Health Service, U.S. Department of Health and Human Services, NIH publication number 86-2313 (cancers diagnosed before 2001). The Summary Staging Guide is not subject to frequent change.

C. SEER Summary Staging Manual - 2000 (July 2001), published by the NIH, Public Health Service, U.S. Department of Health and Human Services, NIH publication number 01-4969 (cancers diagnosed in 2001 through 2003). The SEER Summary Staging Manual is not subject to frequent change.

D. Collaborative Staging Manual and Coding Instructions version 1.0 and subsequent editions, published by the NIH, Public Health Service, U.S. Department of Health and Human Services, NIH publication number 04-5496 (cancers diagnosed in 2004 and later). The Collaborative Staging Manual is subject to frequent change and is published electronically at www.cancerstaging.org/cstage/index.html.

E. Data Acquisition Manual (revised edition September 1994), published by the Commission on Cancer, American College of Surgeons (cancers diagnosed in 1995). The manual is not subject to frequent change.

F. Standards of the Commission on Cancer, Volume II: Registry Operations and Data Standards (ROADS) (1996 and 1998), published by the Commission on Cancer, American College of Surgeons (cancers diagnosed in 1996 through 2002). The manual is not subject to frequent change.

G. Facility Oncology Registry Data Standards (FORDS) (2002 and subsequent editions), published by the Commission on Cancer, American College of Surgeons (cancers diagnosed in 2003 and later). The standards of the Commission on Cancer are changed as often as every year.

H. Manual for Staging of Cancer (4th edition 1992 and subsequent editions), American Joint Commission on Cancer (AJCC), published by J.B. Lippincott Company. The AJCC manual is not subject to frequent change.

I. SEER Program Coding and Staging Manual 2007; Johnson CH, Adamo M (eds.), National Cancer Institute, NIH publication number 07-5581, Bethesda, MD 2007. The SEER manual is not subject to frequent change.

Subp. 2. **Abstracts.** Alternatively, reports of case information that are required in part 4606.3303 may consist of completed electronic abstracts and must contain the information required in subpart 1.

Subp. 3. **Occupational data.** Hospitals, medical clinics, and physicians shall, upon request of the commissioner, report as much information as is known concerning the occupational history of cancer cases. The commissioner shall by publication in the State Register request reports of such information when the following conditions exist:

A. epidemiologic surveillance and studies based on this information will assist in identifying cancer risks in certain occupational groups; and

B. there is a specific, planned mechanism for the surveillance and epidemiologic study of the cancer related to the occupational group.

Statutory Authority: *MS s 144.672*

History: *36 SR 615*

4606.3305 DATA SUBMISSION.

Subpart 1. **Completeness.** Every case report shall include, at a minimum, legible source documents or completed abstracts that must contain the data required in part 4606.3304. Electronic abstracts must be submitted in the format required by the commissioner.

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 144.672*

History: *36 SR 615*

4606.3306 PHYSICIAN CONSENT.

[For text of subp 1, see M.R.]

Subp. 2. **Approach without consent.** The commissioner may approach a case named in a report or a personal representative of a deceased case as defined in Minnesota Statutes, section 13.10, subdivision 1, paragraph (c), without the consent of the attending physician as identified in the case report in order to conduct epidemiologic investigations if the attending physician is deceased, is no longer licensed in the state, is no longer practicing, cannot otherwise be located, or is no longer caring for the case and is unable to identify the case's current attending physician.

Statutory Authority: *MS s 144.672*

History: *36 SR 615*