State cancer registry laws and requirements

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<td>Physicians must report cancer cases in the following two instances:</td>
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<td>Arizona Department of Health Services</td>
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<td>Physicians are required to report within 30 days from the date of diagnosis for cases meeting all the following criteria:</td>
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<td>Colorado Department of Public Health and Environment</td>
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<td>25-1-107(l)(z)</td>
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<tr>
<td>District of Columbia Department of Health</td>
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<td>Florida Department of Health</td>
<td>Florida Administrative Code Title 10</td>
<td>25-1-107(l)(z)</td>
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<td>Georgia Department of Public Health</td>
<td>Georgia Code Title 381</td>
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Notes:

- Physicians are required to report within 30 days from date of diagnosis for cases meeting all the following criteria:
  1. New diagnosis of any in situ or malignant neoplasm of the cervix uteri, excluding squamous and basal cell carcinoma of the skin.
  2. Basal and squamous cell carcinomas of non-genital skin sites are not reportable regardless of extent of disease at the time of diagnosis or the date of first contact with the reporting facility.
  3. In situ carcinoma of the cervix—In situ carcinoma of the cervix uteri occurring in a patient under the age of 30 years or the patient has never been pregnant or the patient has never been sexually active.
  4. Hemorrhoids treated with medication only. (A) A surgical clinic licensed under Chapter 1, Section 1204, of Division 2 of the Health and Safety Code; (B) A surgical clinic licensed under Chapter 27, Title 15, of the Public Health Code; (C) An office or clinic licensed under Title 20 or Title 25 of the Public Health Code; or (D) A facility licensed under Title 20 or Title 25 of the Public Health Code in which the surgery is performed for a patient who has been referred to the facility for that particular surgery. The Hawaii Tumor Registry staff or their representative or hospital-based registry staff may assist the hospitals, institutions, treatment or hospital registry unless the patient has previously been admitted or treated at a hospital, skilled nursing home, intermediate care facility, or free-standing radiation oncology protection board.

- Physicians are required to report within 30 days from date of diagnosis for cases meeting all the following criteria:
  1. The ACR receives a pathology report of a cancer case not already reported by a hospital or cancer clinic, the ACR will send the physician a partially completed report form. If the physician is prompted to verify and complete the report, the accuracy of the report will be verified and completed. The report is completed and sent to the ACR within 30 days of receipt of the initial data. |
  2. Physicians are required to report within 30 days from date of diagnosis for cases meeting all the following criteria: |
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The Department requires, but does not require, the following facilities to report cancer incidence information concerning general or special residents of Illinois:

- Hospitals, clinical laboratories, ambulatory surgical treatment centers, and clinics maintained by the federal government, or agencies, with the United States, and those which are public or non-profit charitable, when those facilities, or any of the above, do business within the state of Illinois.

**IC 16-38-2**

**105 CMR 301.010**

- Reports of a case of malignant disease and benign brain-related tumor disease required to be reported by


- The University of Iowa

- The University of Kentucky

- University of Kansas Medical Center

- Kansas Cancer Registry

- The University of Iowa

- State Health Registry of Iowa

- Indiana State Department of Health

- Illinois State Cancer Registry

- Illinois Health and Hospitals, ID 10.14.01.00

- New Mexico

- New Mexico Cancer Registry

- New Mexico Department of Health and Human Services

- New Mexico Health and Human Services

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- New M
The NHSCR collects incidence data on all cancer cases diagnosed or treated in New Hampshire.

State cancer registry laws and requirements

Nebraska

- Medicaid and self-induced cancers except breast, ovarian, or uterine cancers of the skin.
- Breast tumors of the breast, CML, plasmacytomas.
- Cancer of unknown primary.
State cancer registry laws and requirements

North Carolina

- The North Carolina Central Cancer Registry collects information about new cancer cases, cancer treatment and cancer deaths. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- Health care providers are required to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.

South Dakota
- The South Dakota Cancer Registry collects information about new cancer cases, cancer treatment and cancer deaths. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The South Dakota Cancer Registry shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Ohio
- The Ohio Cancer Incidence Surveillance System (OCISS) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The Ohio Cancer Incidence Surveillance System (OCISS) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

North Carolina
- All cases of cancer diagnosed on or after January 1, 1996, must be reported to the North Carolina Cancer Registry (NCCR). Completeness in reporting cases requires that the full reporting of any existing cases includes hospitals, ambulatory care centers, nursing facilities, and cancer treatment centers.
- The North Carolina Cancer Registry (NCCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Rhode Island
- The Rhode Island Cancer Registry (RICR) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The Rhode Island Cancer Registry (RICR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Utah Cancer Registry
- The Utah Cancer Registry (UCR) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The Utah Cancer Registry (UCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Oregon State Cancer Registry
- The Oregon State Cancer Registry (OSCR) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The Oregon State Cancer Registry (OSCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Ohio Cancer Incidence Surveillance System
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- The North Dakota Cancer Registry (NDCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

South Carolina Central Cancer Registry
- The South Carolina Central Cancer Registry (SCCCR) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
- The South Carolina Central Cancer Registry (SCCCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.

Pennsylvania
- The Pennsylvania Cancer Incidence Surveillance System (PCISS) collects and analyzes cancer incidence and cancer death data. All hospital laboratories, physicians, and other health care providers that perform biopsies, surgical resections, or radiation therapy are required by state law to report all new primary cases of invasive malignant neoplasms, in situ malignant neoplasms, and in situ carcinomas.
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The North Carolina Cancer Registry (NCCR) shall receive information from all sources, other than laboratories, regarding the medical status of any identified cancer patient.
A health care facility or health care provider diagnosing or providing treatment to cancer patients must report each case of cancer to the Director of the VDH within 120 days of admission or diagnosis, as prescribed by this regulation.

In cases with a behavior code of “2” (in situ) or “3” (malignant) in the latest edition of the International Classification of Diseases for Oncology (ICD-O) must be reported. However, the following skin cancers, as coded in ICD-0, are excluded from reporting: 8000-8004 Neoplasms, malignant, NOS of the skin (C44.0-C44.9); 8010-8045 Epithelial carcinomas of the skin (C44.0-C44.9); 8050-8082 Papillary and squamous cell carcinomas of the skin (C44.0-C44.9); 8090-8110 Basal cell carcinomas of any site except genital sites.

All carcinomas, sarcomas, melanomas, Hodgkin and non-Hodgkin lymphomas, and myelomas resulting from blood and lymphatic system cancers are reported to the Virginia Cancer Registry in the Department. Reporting to the state is not optional.

**Virginia Department of Health**

**Virginia Cancer Registry**

**Virginia Department of Health**

**Virginia Cancer Registry**

**For more information:**

Fax: (307) 777-3419

Phone: (307) 777-3477

Wyoming Department of Health

Wyoming Cancer Surveillance Program

Fax: (608) 264-9881

Phone: (608) 266-8926

**Wisconsin Cancer Reporting System**

Thomas Jefferson University Health System

Fax: (215) 955-7800

Phone: (215) 955-7800

**Washington State Department of Health**

Washington State Cancer Registry

Fax: (360) 586-2714

Phone: (360) 586-6421

**West Virginia Department of Health and Human Resources**

West Virginia Cancer Registry

Fax: (304) 558-4463

Phone: (304) 558-6421

**Wyoming Department of Health**

Wyoming Cancer Surveillance Program

Fax: (307) 777-3419

Phone: (307) 777-3477

**Wyoming Cancer Surveillance Program**

Fax: (307) 777-3419

Phone: (307) 777-3477

**American Academy of Dermatology**

Correspondence: PO Box 4114

Schumburg, Illinois 60176

Fax: 847.260.1800

For more information: www.aad.org

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**Wyoming**

**Wisconsin**

**West Virginia**

**Washington**

**Virginia**

**Vermont**