Why is there Ambulatory Surgical Center and Cancer Treatment Center Electronic Cancer Reporting?

What is the Oregon State Cancer Registry and why should I report cancer to comply with Oregon State law.

November 2018
# Ambulatory Surgical Center and Cancer Treatment Center Cancer Data Reporters

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Non-hospital Cancer Incidence Reporters

- Ambulatory Surgery Centers
- Cancer Treatment Centers
- Physicians
- Radiation Treatment Facilities
- Pathology Labs
I. Overall Learning Objectives

This guide will help you:

- Learn why cancer cases are reported to the Oregon State Cancer Registry (OSCaR)
- Learn which neoplasms are currently reportable
- Understand in which situations to report cases
- Learn process for reporting cancer incidences
II. OSCaR History

In this section you will learn about:

- The background and history of the Oregon State Cancer Registry and reporting legislation
- The importance of cancer data reporting by Ambulatory Surgical Centers and Cancer Treatment Centers
- What happens to your data after it is reported to OSCaR
- Issues of confidentiality of data reported to OSCaR
What is the Oregon State Cancer Registry (OSCaR)?

The Oregon State Cancer Registry (OSCaR) is the sole repository of complete cancer incidence data for cancer surveillance, prevention and control efforts for the State of Oregon.

OSCaR is a population-based reporting system that collects and analyzes information about cancer cases occurring in Oregon. Oregon was one of the last states to develop a statewide cancer registry. Located in the Oregon Health Authority, OSCaR was established by the 1995 Oregon legislature and began collecting information on all cancers diagnosed in Oregon as of January 1, 1996.
Cancer is a reportable disease in Oregon

Every year, thousands of Oregonians are diagnosed with cancer. The Oregon State Cancer Registry (OSCaR) was established after the Oregon Legislature unanimously passed legislation making cancer a reportable disease.

OSCaR is a statewide, population-based registry that collects and analyzes information about cancer cases occurring in Oregon. The ability to identify who is diagnosed statewide is important in the development of ways to prevent and control cancer.

Data from OSCaR provide an overview of all cancers diagnosed in Oregon. This information is useful for cancer prevention programs, clinicians, policy makers, and the public for understanding the impact of cancer among Oregonians.
The NPCR provides funding and support for state cancer registries to:

- Monitor cancer trends over time
- Determine cancer patterns in various populations
- Guide planning and evaluation of cancer control programs
- Help set priorities for allocating health resources
- Advance cancer research
- Provide information for a national database of cancer incidence

Why Ambulatory Surgical Center (ASC) and Cancer Treatment Center (CTC) Reporting?

- Shift in recent years toward outpatient diagnosis and treatment for cancer patients
- Pathology labs, physicians offices, ambulatory surgery centers, cancer treatment centers and radiation treatment centers together with hospitals play a key role in the collection of cancer information
- Without Ambulatory Surgical Center reporting, Oregon cancer statistics would not be accurate and the OSCaR database could not be relied upon to help direct cancer prevention and control efforts
- Increases completeness of data for cancer incidence in Oregon
The most common types of cancer diagnosed or treated outside of the hospital are:

- Melanoma
- Prostate
- Non-invasive bladder tumors
- Colorectal tumors
- Lymphoma, leukemia, multiple myeloma and other bone marrow primaries
What does OSCaR do with the data you report?

- Provides accurate cancer data for public health policy-making and epidemiological research and investigation efforts related to cancer control efforts.
- Provides surveillance of cancers addressed by cancer prevention or early detection programs for targeting and evaluating control.
- Tracks cancer incidence and treatment trends in Oregon.
- Assesses suspected cancer data or cancer hazards in local communities.
- Supports efforts by community hospitals, health systems, and community-based cancer prevention programs by providing statistics on the distribution of cancer cases by type and treatment.
Confidentiality at OSCaR

OSCaR maintains the confidentiality of data

- OSCaR has procedures in place to assure that the confidentiality provisions of state law, ARRA HITECH and HIPPA are implemented. Staff sign confidentiality agreements annually and data is kept in secured offices, workstations, applications and networks.

- Only aggregated data that does not reveal patient identity is released for published reports or to respond to general data requests.

- Researchers needing confidential data from OSCaR must undergo a stringent approval process.

- HIPAA privacy regulations allow OSCaR, as a public health authority, to collect information for the purpose of preventing and controlling cancer.
III. Why Report Cancer Incidence Data?

Learning Objectives

In this section you will learn about:

- Cancer Data Required to be Reported to OSCaR
- How OSCaR data is used in cancer surveillance and cancer control efforts
Types of data that are currently collected by OSCaR include:

- Primary Site (Cancer site)
- Demographic data (Patient data)
- Diagnostic information, including pathology report data
- Staging data (Extent of the disease)
- First Course of Treatment(s)
Additional Data that may be required

Ambulatory Surgical Center and Cancer Treatment Center offices may be contacted by OSCaR to obtain additional information such as:

- Any illegible or questionable data
- Diagnostic and treatment information for cancer cases identified through death certificate review
Uses of OSCaR Data

Examples of how OSCaR data is used:

- Oregon Health Authority (OHA) Chronic Disease data website - [OSCaR Data](http://www.cancer-rates.info/naaccr/)
- Treatment and follow-up data collected for use in planned quality of cancer care and survivorship studies
IV. Why do all Ambulatory Surgical Center facilities need to report?

Learning Objective

- In this section, you will learn why reporting from Ambulatory Surgical Centers and Cancer Treatment Centers is essential for complete data collection.
Why ASC and CTC facilities in Oregon need to report

- Cancer is a reportable disease with mandatory reporting requirements.

- Even minimal clinical data for a patient, such as date of diagnosis, cancer site and type, helps us to create the most complete patient record.

- Cancer patients often travel between Oregon and its (3) border states for treatment.

- A patient could be referred to an Oregon hospital for treatment but, not go there for these services then, this case could go unreported.

- Data from different reporting sources is consolidated at OSCaR for a complete, accurate cancer abstract for each case.
V. What neoplasms are reportable to OSCaR?

Learning Objectives

In this section, you will learn:

- Which neoplasms are reportable
- Exclusions to reporting
How do you select cancer cases to report?

Your office may select cases to report to OSCaR based on:

- Text from the patient’s pathology report, medical records, or other documentation

- Codes: A comprehensive list of ICD-10 codes is provided on our website. Use it to run a search of your billing system for cases with these codes

  http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/CANCER/OSCAR/Pages/reporting.aspx
“Reportable non-malignant condition” means benign or borderline tumors of the brain (including the meninges and intracranial endocrine structures) and central nervous system, diagnosed on or after January 1, 2004.

OAR 33-010-0000 (18)

- juvenile astrocytoma,
- pilocytic astrocytoma
- piloid astrocytoma

**ARE** reportable to the Oregon State Cancer Registry
"Reportable cancer" means all malignant neoplasms including carcinoma in situ. OAR 33-010-0000 (16)

EXCLUDE:

- basal and squamous cell carcinoma of the skin
- carcinoma in situ of the cervix uteri
- CIN III (diagnosed on or after January 1, 1996)
- PIN III (diagnosed on or after January 1, 2001)

DO NOT REPORT when a patient has only a history of cancer with no currently active disease
Follow These Guidelines When Selecting Cases Using Codes:

ICD-10 Codes C00 – D49*

Includes:

- Malignant neoplasms
- Benign brain/CNS neoplasms
- Carcinoma in situ
- Hematopoietic neoplasms
Additional Guidelines:

- Report each primary cancer site separately. Any concurrent or subsequent diagnosis of or treatment for cancer in another primary site should be reported as a separate case.

  Example: A patient has biopsies of the skin on the right and left cheek. Pathology results show a malignant melanoma, Clark’s Level II of the right cheek, and a melanoma in situ of the left cheek. Each primary melanoma should be reported as a separate case.
Reportability Tips to Remember

Ambiguous Terms That **Constitute a Diagnosis**

- Apparent (ly)       Most likely
- Appears            Presumed
- Comparable with     Probable
- Compatible with     Suspect (ed)
- Consistent with     Suspicious (for)
- Favors Tumor *      Typical of Neoplasm*

*additional terms for non malignant primary intra-cranial and central nervous system tumors only*
Reportability Tips to Remember

Ambiguous Terms that DO NOT Constitute a Diagnosis

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favors
- Malignant appearing
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)
VI. When to Report Cases to OSCaR

- Reporting frequency will depend on reporting category and number of cases.
- Ambulatory Surgical Centers will be required to report at least quarterly.
- Cancer Treatment Centers will be required to report at least quarterly.
- Physicians are only required to report those cases not reported by another entity, and these cases can be reported quarterly.
The schedule for reporting cases to the OSCaR is based on your caseload/year.

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<th># of Reportable Cases/Year</th>
<th>Reporting Interval</th>
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<tbody>
<tr>
<td>&gt;75</td>
<td>Monthly</td>
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<tr>
<td>25-74</td>
<td>Every other month</td>
</tr>
<tr>
<td>&lt;25</td>
<td>Quarterly</td>
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VII. Submitting Cancer Data Electronically

COMING SOON:

- **OSCaR is in the final development stages of an Oregon-customized version of Abstract Plus.** This software is a cancer data collection tool developed by the Centers for Disease Control and Prevention (CDC). Abstract Plus is free software. Availability is expected Spring 2019.

- **OSCaR maintains a highly secure, encrypted web portal for cancer data file transfers.** Web Plus is hosted on a secure Web server that has a digital certificate installed; the communication between the client and the server is encrypted with Secure Sockets Layer (SSL) technology. Using Web Plus is free. Currently available for NAACCR format.
Questions? Call OSCaR @ 971-673-0986 or email oscar.ohd@state.or.us