

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 website, 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.naacr.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.

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