

Physician Cancer Reporting Using the NYSDOH Health Commerce System

1

New York State Cancer Registry

Topics covered

- Overview document “Physician Reporting”
- Health Commerce System (HCS) Accounts and Login
- Application “Welcome” Pages
- General features of the reporting application
- Detailed guidance for data entry:
 - Patient Information
 - Cancer Information
 - Treatment

2

New York State Cancer Registry

Obtaining Assistance

3

New York State Cancer Registry


Contacting the Cancer Registry

- Field representatives are available to provide assistance with using the HCS Physician Cancer Reporting application and to answer any questions you may have about the Cancer Registry or the reporting of cancer cases.
 - Electronic Mail: mdreports@health.state.ny.us
or
 - Telephone: dial 518-474-0971 and ask for help with physician reporting.

4

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Resources for Physician Offices

- To obtain the physician office cancer reporting documents:
 - go to the “Physician Cancer Reporting” profile page  of the HCS.
 - go to the NYSDOH website (<http://www.health.ny.gov/>).
 - call the NYSCR at 518-474-0971.

5

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Physician Reporting Overview

6

New York State Cancer Registry

Physician reporting

- Refer to the document *Overview of Physician Reporting - New York State Cancer Registry* for information about:
 - the New York State Cancer Registry (NYSCR)
 - public health laws that require physician reporting
 - privacy and HIPAA
 - which cancer cases are reportable
 - how to identify reportable cases
 - the NYSDOH's secure Health Commerce System (HCS)

7

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Which cases to report

- Each physician or practice should have a systematic approach for identifying and reporting cases diagnosed and/or treated in the private practice.
 - Contact the Registry for help with casefinding or tracking cancer case reporting.
- It is not necessary to report patients who were hospitalized as **inpatients** to receive cancer-directed treatments such as surgery or chemotherapy.
- Because treatment information is very important, wait to submit the report until after the treatment plan is established and initiated.
 - For patients not treated at all or when there is a decision not to treat right away (watchful waiting or active surveillance), report that decision under the "First course of treatment" section of the Treatment tab page.
- Note: "Cancer-directed treatment" and "First course of treatment" are described near the end of this presentation in the Treatment section.

8

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Health Commerce System (HCS)

9

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Obtaining HCS accounts

- Each user must have his/her own HCS account with User Id and password.
- Refer to the document *Guide for Physician Medical Practices to Obtain Health Commerce (HCS) Accounts*.

10

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HCS login page

(https://commerce.health.state.ny.us/)



Log into the HCS using your individual User Id and password.

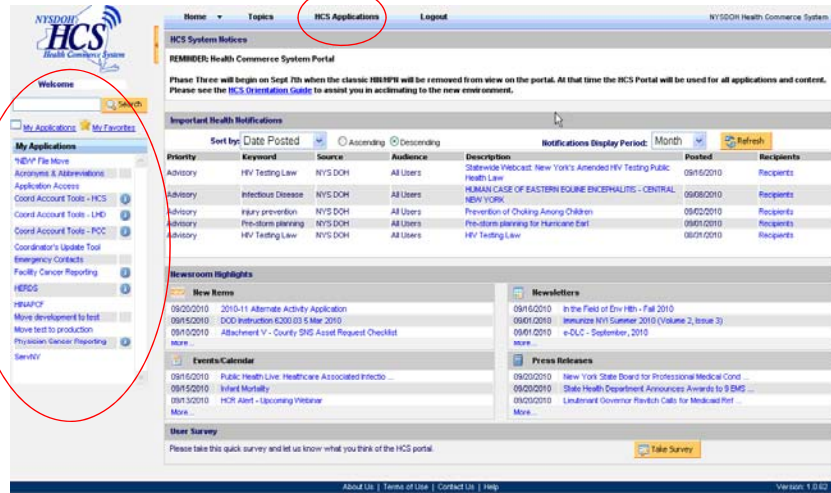
Do not share accounts.

If you have forgotten your password, call CAMU for assistance.

11 New York State Cancer Registry

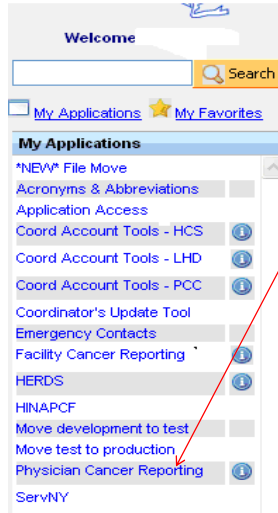
HCS home page (after login)

Two ways to access the application:



12 New York State Cancer Registry

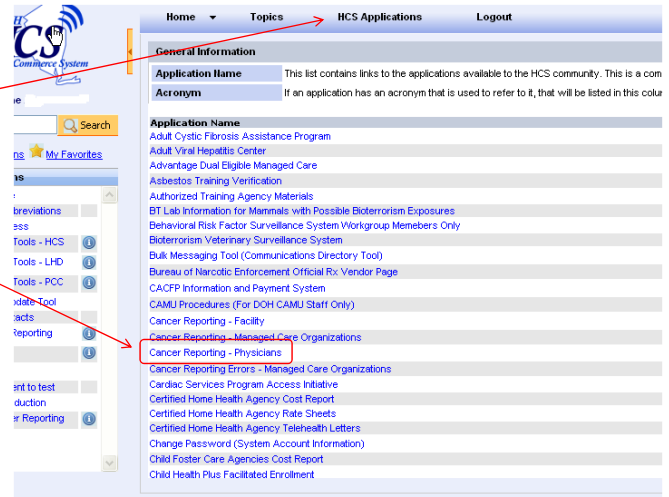
My Applications (a closer look)



To access the on-line application for reporting cancer cases, simply click **Physician Cancer Reporting** under **My Applications**.

For information about this application, a link to the Physician Manual, information about casefinding and reportability, or our contact information, click **i** to the right of **Physician Cancer Reporting**.

HCS Applications list



Click **HCS Applications** on the menu bar across the top.

And then click **Cancer Reporting - Physicians** from the list.

Welcome Pages

Three welcome pages may be encountered depending on the status of the user's HCS account

Welcome page (PHY101)

If your HCS account is affiliated with multiple physicians, you will encounter this Welcome page that displays a physician list. Select the physician whose patient you will be reporting and then click the **Continue** button.



Pending cases may be followback cases for which the Cancer Registry is requesting information or new case reports that have been started and saved.

Note that every screen has a page number that begins with PHY.

Welcome page (PHY102)

This patient list screen appears if you are a physician, your HCS account is affiliated with only one physician, or you have selected a physician on page PHY101.

Select the first line to begin a **NEW** case report.

LAB is a followback request originating from a laboratory report.

DCO is a followback request originating from a death certificate only case.

If a case report is started and saved, the date it was last saved will appear to the right of the DOB

Welcome page (PHY100)

This screen appears if your HCS account is not affiliated with a NYS-licensed physician. For assistance, call 518-474-0971 or click on **Contact CR** to send an email.

Application Features

These user options appear in upper right of every page

The screenshot shows the top navigation bar of the application. It includes a 'Welcome' message with a green star icon, and a horizontal menu with four items: 'Home', 'NYS Cancer Statistics', 'Contact CR', and 'Help - Physician Manual'. Red arrows point from text annotations to each of these elements.

User's name appears in welcome line

Click **Home** to go back to your welcome page.

Click **NYS Cancer Statistics** to link to cancer statistics and information on the NYSDOH public website.

Click **Contact CR** to bring up a convenient form to send an email to staff at the Registry.

Click **Help – Physician Manual** to open a detailed manual for Physician offices

Continue & Save and Exit buttons

You may click **Save and Exit** at any time until the case report is submitted to the Registry. The started case will appear in the patient selection list (PHY102) for completion at a later time.

After clicking **Continue**, a check for missing required fields or errors will be performed. If none are detected, the next tab page opens.

Physician Cancer Case Reporting System
 Physician Name: Lynn A Smith
 License Number: 706777

Patient Information (*) Required field

1. First Name*
 2. Middle Name
 3. Last Name*
 4. Suffix
 5. Birth Name
 6. SSN
 7. DOB (mm/dd/yyyy)*

8. Gender*
 9. Marital Status
 10. Hispanic Origin*
 11. Race*
 12. Birth Place
 13. Usual Occupation
 14. Industry
 15. Primary Payer

Patient Address at Time of Cancer Diagnosis

16. Address 1*
 17. Address 2
 18. City*
 19. State*
 20. Zip Code*
 21. County

Patient Vital Status Information

22. Vital Status
 23. Date of Death
 24. Date of Last Contact

25. Select Type of Cancer (required):
 Melanoma
 Prostate
 Leukemia
 Lymphoma
 Hematopoietic - Other
 Other type of cancer

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Navigating the application

Each case report has 3 or 4 forms (tab pages) to complete. Followback Status appears for followback cases only.

To move forward: Click **Continue** to move from one form to the next. You can move forward only if a page is complete and error free.

When returning to a saved report, you must pass through each page from the beginning.

Physician Cancer Case Reporting System
 Physician Name: Lynn A Smith
 License Number: 706777

Patient Information (Complete and correct if necessary) (*) Required field

1. First Name*
 2. Middle Name
 3. Last Name*
 4. Suffix
 5. Birth Name
 6. SSN
 7. DOB (mm/dd/yyyy)*

8. Gender*
 9. Marital Status
 10. Hispanic Origin*
 11. Race*
 12. Birth Place
 13. Usual Occupation
 14. Industry
 15. Primary Payer

Patient Address at Time of Cancer Diagnosis

16. Address 1*
 17. Address 2
 18. City*
 19. State*
 20. Zip Code*
 21. County

Patient Vital Status Information

22. Vital Status
 23. Date of Death
 24. Date of Last Contact

25. Select Type of Cancer (required):
 Melanoma
 Prostate
 Leukemia
 Lymphoma
 Hematopoietic - Other
 Other type of cancer

To go back: Click the desired tab on the top to return to previously completed pages.

Do not use the back button on your browser to go back to a previous page!

If you use the browser back button, you may lose data you entered or receive an error message.

Completing data fields

Physician Cancer Case Reporting System
Physician Name: Lynn A Smith
License Number: 706777

Patient Information
(*) Required field

1. First Name*: PANSY
2. Middle Name:
3. Last Name*: PARKINSON
4. Suffix:
5. Birth Name:
6. SSN: 123456789
7. DOB (mm/dd/yyyy)*: 04 / 20 / 1932
8. Gender*: Female
9. Marital Status: Married (including common law)
10. Hispanic Origin*: Non-Spanish, non-Hispanic
11. Race*: Black
12. Birth Place: Please Select
13. Usual Occupation: teacher
14. Industry: education
15. Primary Payer: Medicare with supplemental

Fields are convenient drop-down selection lists or simple text entry.

Use the tab key or click in the box to move from field to field.

Date fields are entered as month, day, year using the tab key to move from each box.

Place cursor over Help icon to display information about the field.

Required data fields & error messages

While not all fields are required, all requested information is important; therefore, please fill in each case report as completely as possible.

Required fields must be completed before continuing to the next tab page.

Error messages will alert you if required fields are not filled in or if other problems are detected. You will not be able to continue to the next tab until all errors are resolved.

Physician Cancer Case Reporting System
Physician Name: Lynn A Smith
License Number: 706777

Patient Information (Complete and correct if necessary)
(*) Required field

- Error: Birth Date is required
- Error: Type of Cancer must be selected

1. First Name*: Pansy
2. Middle Name:
3. Last Name*: Parkinson
4. Suffix:
5. Birth Name:
6. SSN:
7. DOB (mm/dd/yyyy)*: / /
8. Gender*: Female
9. Marital Status*: Married (including common law)
10. Hispanic Origin*: Non-Spanish, non-Hispanic
11. Race*: Black
12. Birth Place: Please Select
13. Usual Occupation: teacher
14. Industry: education
15. Primary Payer: Medicare with supplemental

Patient Address at Time of Cancer Diagnosis

16. Address 1*: 1 Test Case Lane
17. Address 2:
18. City*: Test City
19. State*: New York
20. Zip Code*: 12204
21. County*: Albany

Patient Vital Status Information

22. Vital Status: Alive
23. Date of Death: / /
24. Date of Last Contact: 10 / 15 / 2010

25. Select Type of Cancer (required):
 Melanoma
 Prostate
 Leukemia
 Lymphoma
 Hematopoietic - Other
 Other type of cancer

Data Entry Tabs (Pages)

25

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Data entry tabs (or pages)

- Followback Status (for followback cases only)
- Patient Information
- Cancer Information
 - Melanoma
 - Prostate cancer
 - Leukemia
 - Lymphoma
 - Hematopoietic – other
 - Other types of cancer
- Treatment

26

New York State Cancer Registry

Followback Status Tab (PHY 201)

27

New York State Cancer Registry

Followback Status

The Followback Status tab appears only for specific patients for whom the Cancer Registry is requesting follow-up information.

Click **Continue** to move to the Patient Information tab and begin the case report. (The first radio button is automatically selected.)

If you cannot complete a case report (e.g., it is not your patient), select the appropriate response and click **Continue** to submit your reason for not providing a case report.

NYS Cancer Registry | Welcome | Home | NYS Cancer Statistics | Contact CR | Help - Physician Manual
 Followback Status | Patient Information | Cancer Information | Treatment
 Physician Cancer Case Reporting System
 Physician Name: Lynn A Smith
 License Number: 706777
 Patient Name: MINNIE MOUSE | Type of Case Report: LAB
 Patient Birthdate: 05/04/1909 | Lab Reported Diag Date: 12/02/2008
 Select one of the following:
 Case report will be completed (Click "Continue" to move to Patient Information tab)
 Physician is a Coroner and has no additional information
 Not this physician's patient
 Non-reportable (squamous or basal cell skin, cervix in situ, PIN3, CIN3, evolving melanoma, MGUS)
 No additional information available
 Previously reported (e.g. by a hospital)
 No case report to be submitted/referred or treated by another physician (enter information below*)
 *Provide physician referral information and hospital/other facility where case was diagnosed and/or treated:

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28

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Providing referral information

If you are *NOT* completing a case report, use this box to enter physician referral information.

Select one of the following:

- Case report will be completed (Click "Continue" to move to Patient Information tab)
- Physician is a Coroner and has no additional information
- Not this physician's patient
- Non-reportable (squamous or basal cell skin, cervix in situ, PIN3, CIN3, evolving melanoma, MGUS)
- No additional information available
- Previously reported (e.g. by a hospital)
- No case report to be submitted/referred or treated by another physician (enter information below*)

*Provide physician referral information and hospital/other facility where case was diagnosed and/or treated:

Patient referred to:
Dr. Brown at Oncology Associates of NY, 2011 Main St, Albany, NY 12210

Continue

If you are completing a case report and have information about other treating physicians or facilities, use the comment box located at the bottom of the Treatment tab (PHY 501).

29

New York State Cancer Registry

Patient Information Tab (PHY301)

30

New York State Cancer Registry

Patient Information

The **Patient Information** page is used to collect important demographic information.

Refer to the patient's medical record/chart and fill out all fields as completely as possible.

Physician Cancer Case Reporting System
Physician Name: Lynn A Smith
License Number: 706777

Patient Information
(*) Required field

1. First Name*
2. Middle Name
3. Last Name*
4. Suffix
5. Birth Name
6. SSN
7. DOB (mm/dd/yyyy)*

8. Gender*
9. Marital Status
10. Hispanic Origin*
11. Race*
12. Birth Place
13. Usual Occupation
14. Industry
15. Primary Payer

Patient Address at Time of Cancer Diagnosis

16. Address 1*
17. Address 2
18. City*
19. State*
20. Zip Code*
21. County

Patient Vital Status Information

22. Vital Status
23. Date of Death
24. Date of Last Contact

25. Select Type of Cancer (required)

- Melanoma
- Prostate
- Leukemia
- Lymphoma
- Hematopoietic - Other
- Other type of cancer

Buttons: Continue, Save and Exit

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Patient Information

Physician Cancer Case Reporting System
Physician Name: Lynn A Smith
License Number: 706777

Patient Information
(*) Required field

1. First Name*
2. Middle Name
3. Last Name*
4. Suffix
5. Birth Name
6. SSN
7. DOB (mm/dd/yyyy)*

8. Gender*
9. Marital Status
10. Hispanic Origin*
11. Race*
12. Birth Place
13. Usual Occupation
14. Industry
15. Primary Payer

Patient Address at Time of Cancer Diagnosis

16. Address 1*
17. Address 2
18. City*
19. State*
20. Zip Code*
21. County

Patient Vital Status Information

22. Vital Status
23. Date of Death
24. Date of Last Contact

25. Select Type of Cancer (required)

- Melanoma
- Prostate
- Leukemia
- Lymphoma
- Hematopoietic - Other
- Other type of cancer

Buttons: Continue, Save and Exit

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The patient's type of cancer must be selected to proceed to the appropriate Cancer Information tab.

Select the "Other type of cancer" for malignancies not specified in the list.

Cancer Information Tabs (PHY401)

33

New York State Cancer Registry

Cancer Information

- Six different Cancer Information tab pages are available – the page displayed depends on the type of cancer selected on the Patient Information tab.
 - Melanoma
 - Prostate cancer
 - Leukemia
 - Lymphoma
 - Hematopoietic – other
 - Other types of cancer
- Some fields are not applicable for all cancer types; therefore, the field numbers on this page may not be sequential.

34

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Cancer Information

- The information collected includes:
 - pathology report text
 - location of the primary tumor (site) and cell type (histology)
 - date and method of diagnosis
 - size of tumor and staging information
- Use all pertinent information in the medical record/chart to select the most specific term from the drop-downs lists.
- Sources of information for diagnosis and staging include:
 - pathology and bone marrow reports
 - history and physical exam
 - operative reports
 - lab tests, tumor markers
 - X-rays, MRIs, ultrasounds, other imaging tests

35

New York State Cancer Registry

Cancer Information

- Diagnosis date: date of first diagnosis of this cancer by a medical practitioner.
 - It may be a clinical diagnosis that has not been histologically (pathologically) confirmed.
 - After a biopsy confirms the diagnosis, the date still remains the date of first clinical diagnosis.
- Helpful information to include in the pathology text field:
 - Primary site of neoplasm; cell type and grade; behavior of tumor (in situ, invasive, microinvasive); Gleason score or grade for prostate; location within organ; depth of invasion; involvement of surgical margins and serosal surface of organ; names of structures and organs affected
- For guidance, use the help buttons ⓘ located next to fields.

36

New York State Cancer Registry

Cancer Information Tab

Melanoma (PHY401-MEL)

37

New York State Cancer Registry

Cancer Information - Melanoma

- All malignant cancers, *except* basal cell and squamous cell of skin of non-mucoepidermoid sites, are reportable.
- For skin cancers other than melanoma, select either “Other types of cancer” or “Lymphoma” on the Patient Information tab.
 - Examples: Merkel cell carcinoma (select “Other type of cancer”); Mycosis fungoides (select “Lymphoma”)
- Each primary lesion should be reported in a separate case report.
- “Evolving melanoma” is not reportable.
 - Definition: proliferation of atypical melanocytes confined to epidermal and adnexal epithelium, atypical intraepidermal melanocytic proliferation/dysplasia, or severe melanocytic dysplasia

38

New York State Cancer Registry

Cancer Information - Melanoma

Top Section

Patient Information Cancer Information - Melanoma

Physician Cancer Case Reporting System

Physician Name: Lynn A Smith
License Number: 706777

Cancer Information

26. Pathology Report* (Limited to 1000 characters or about 175 words)

27. Diagnosis Date (mm/dd/yyyy)*: / /

28. Age at Diagnosis:

29. Primary Site of Cancer*:

30. Laterality of Primary Tumor*:

31. Histology*:

32. Behavior*:

38. Source of Diagnostic Confirmation*:

39. Does this patient have a history of another primary cancer? If so, indicate the type(s) and diagnosis date(s). (Limited to 250 characters):

Include pathology report information such as cell type/differentiation, size of tumor, depth of invasion, Clark level of invasion, ulceration, margin involvement, type of biopsy, procedural history of this lesion.

Required fields are indicated with an asterisk (*).

When using drop-down lists, select the most specific term that describes the cancer case.

Cancer Information - Melanoma

Bottom Section

Use all pertinent information from the medical record to complete "Stage of Disease at Diagnosis" section.

Use the help buttons for short descriptions of how to complete each item.

Stage of Disease at Diagnosis

40. Size of Tumor(mm):

41. Depth of Invasion (hundredths of mm.)

42. Ulceration:

43. Tumor Extension:

44. Size/Extension Determined by:

45. Regional Lymph Node Involvement:

46. Metastasis at Diagnosis:

48. Clinical TNM Stage of Disease: T: N: M: TNM Stage:

49. Pathologic TNM Stage of Disease: T: N: M: TNM Stage:

Enter the depth of invasion (thickness, Breslow Measurement) in hundredths of millimeters (mm). This field is a three digit field; do not enter decimal points. For example: 0.06 mm - 006; 0.61 mm - 061; 6.1 mm - 610.

Cancer Information Tab

Prostate (PHY401-PRO)

Cancer Information - Prostate

Top Section

Include pathology report information such as date and type of biopsy, cell type/differentiation, grade, Gleason pattern, Gleason score, size, and location of tumor.

Required fields are indicated with an asterisk (*).

Gleason Pattern, Gleason Score, and PSA are unique to this module and provide important information.

Use the help buttons for short descriptions of how to complete each item.

The screenshot shows the 'Cancer Information - Prostate' section of the reporting system. It includes a header with 'Patient Information' and 'Cancer Information - Prostate' tabs. Below the header, it displays the physician's name (Lynn A Smith) and license number (706777). The 'Cancer Information' section contains several fields: 26. Pathology Report (text area), 27. Diagnosis Date (date picker), 28. Age at Diagnosis (text field), 31. Histology* (dropdown), 33. Grade* (dropdown), 34. Gleason Pattern* (dropdown), 35. Gleason Score* (dropdown), 36. PSA* (dropdown), 38. Source of Diagnostic Confirmation* (dropdown), and 39. Does this patient have a history of another primary cancer? (checkbox). A help box for item 39 provides instructions on selecting the most definitive method of diagnostic confirmation.

Cancer Information - Prostate Bottom Section

Stage of Disease at Diagnosis

40. Size of Tumor(mm):

43. Tumor Extension:

44. Size/Extension Determined by:

45. Regional Lymph Node Involvement:

46. Metastasis at Diagnosis:

48. Clinical TNM Stage of Disease: T: N: M: TNM Stage:

49. Pathologic TNM Stage of Disease: T: N: M: TNM Stage:

For each parameter (T, N, M, TNM Stage), select the TNM value that is stated in the patient's medical record or, if no TNM staging is found, leave blank.

Cancer Information Tab

Hematopoietic Malignancies (PHY401-LEU, PHY401-LYM, PHY401-HEM)

Hematopoietic malignancies

- Three separate Cancer Information tabs are available
 - Leukemia (PHY401-LEU)
 - Lymphoma (PHY401-LYM)
 - Hematopoietic – Other (PHY401-HEM)
 - Examples:
 - Multiple Myeloma (plasma cell myeloma, smoldering myeloma, evolving myeloma)
 - Myeloproliferative disease
 - Polycythemia vera
 - Refractory conditions (refractory anemia, refractory neutropenia, refractory thrombocytopenia)
 - Essential thrombocythemia
 - Myelodysplastic syndrome (pre-leukemia, smoldering leukemia)
 - Waldenstrom macroglobulinemia, Heavy chain disease

45

New York State Cancer Registry

Hematopoietic malignancies – determining when to report

- Use the NYSCR *Guide to Determine Reportability for Physician Medical Practices*.
 - Reportable conditions are listed in order of ICD-9 code.
- Use the most specific diagnosis from pathology reports and bone marrow reports.
- Report if there is a physician statement (clinical diagnosis) of a hematopoietic or lymphoid neoplasm.
- Report when the physician has started *cancer-directed treatment* (or made a decision not to treat).

46

New York State Cancer Registry

Hematopoietic malignancies – Transformations

- Frequently, hematologic malignancies are diagnosed in the chronic phase and then, later on, there is a transformation to another diagnosed condition
 - Example 1: Polycythemia vera may transform to acute myeloid leukemia or myelodysplastic syndrome.
 - Example 2: Chronic Lymphocytic Leukemia (CLL) may transform to diffuse large B-cell lymphoma or Hodgkin lymphoma
- If a neoplasm is originally diagnosed in the chronic phase and 21 or more days later, diagnosed in the blast or acute phase, report both of these as separate cases.
- If both chronic and acute phases are diagnosed within 21 days, call the Cancer Registry for guidance about whether to report as one or separate neoplasms.

47

New York State Cancer Registry

Hematopoietic malignancies – Cell Line (field # 33)

- Field # 33 for leukemia, lymphoma, and hematopoietic-other modules
- Describes the cell line of the lymphoid neoplasms
- Use statements from the medical record to determine (pathology report, history and physical, consultation, final diagnosis, face sheet)
- Select “Not applicable” for myeloproliferative neoplasms, myelodysplastic syndromes, histiocytic / dendritic cell neoplasms

48

New York State Cancer Registry

Hematopoietic malignancies – Cell Line (field # 33)

- Select “T-cell” if identified as T-cell, T-cell phenotype, T-precursor, pre-T, gamma-delta T, or null cell and T-cell
- Select “B-cell” if identified as B-cell, B-cell phenotype, B-precursor, pre-B, or null cell and B-cell
- Select “Null cell” if described as null cell, non-T non-B, or common cell
- Select “NK (natural killer)” cell if NK cell, natural killer cell, nasal NK/T-cell lymphoma, or null-cell and NK cell
- Select “Not applicable; unknown, not in chart” if there is no statement describing cell type, if described as combined T and B cell or combined B and NK cell

Cancer Information - Leukemia

Source of Diagnostic Confirmation refers to the most definitive method used to diagnose the patient. For example, if a flow cytometry test and a bone marrow biopsy were used to make the diagnosis, select “Immunophenotype/genetics + Pos histology.”

The screenshot shows the 'Cancer Information - Leukemia' section of the Physician Cancer Case Reporting System. The form includes the following fields:

- 26. Pathology Report, including Bone Marrow Report (Limited to 1000 characters or about 175 words)
- 27. Diagnosis Date (mm/dd/yyyy)*
- 28. Age at Diagnosis
- 31. Histology* (Please Select)
- 32. Cell Line* (Please Select)
- 33. Source of Diagnostic Confirmation* (Please Select)
- 39. Does this person have a history of another primary cancer? If so, indicate the type(s) and diagnosis date(s), (Limited to 250 characters)

Enter pertinent information from the final diagnosis from the pathology or bone marrow report. Other sources include results from flow cytology and cytogenetic testing.

Cancer Information - Lymphoma

Use the patient's medical record to locate information about the lymphoma, such as:

- where the tumor is located (**Primary Site**) and which side of the body (**Laterality**)
- the type of cancer cells (**Histology and Cell Line**)
- how the cancer was diagnosed (**Diagnostic Confirmation**)
- the stage at diagnosis (**Tumor Extension**)

Patient Information | Cancer Information - Lymphoma

Physician Cancer Case Reporting System

Physician Name: Lynn A Smith
License Number: 706777

Cancer Information

26. Pathology Report:
(Limited to 1000 characters or about 175 words.)

27. Diagnosis Date (mm/dd/yyyy)*: [] / [] / []

28. Age at Diagnosis: []

29. Primary Site of Cancer*: [Select Primary Site]

30. Laterality of Primary Tumor*: [Select Laterality]

31. Histology*: [Please Select]

33. Cell Line*: [Please Select]

38. Source of Diagnostic Confirmation*: [Please Select]

39. Does this patient have a history of another primary cancer?
If so, indicate the type(s) and diagnosis date(s), (Limited to 250 characters):

43. Tumor Extension: [Please Select]

[Continue] [Save and Exit]

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Cancer Information – Other Hematopoietic

(Use this module for hematopoietic malignancies other than leukemia or lymphoma)

Testing for **JAK2 Mutation** is primarily for myeloproliferative diseases such as *polycythemia vera*, *essential thrombocythemia*, and *myelofibrosis*. Use the best selection from the list to describe the result or select not applicable if the test is not used for the diagnosis (e.g., multiple myeloma).

Patient Information | Cancer Information - Hematopoietic

Physician Cancer Case Reporting System

Physician Name: Lynn A Smith
License Number: 706777

Cancer Information

26. Pathology Report, including Bone Marrow Report:
(Limited to 1000 characters or about 175 words.)

27. Diagnosis Date (mm/dd/yyyy)*: [] / [] / []

28. Age at Diagnosis: []

29. Primary Site of Cancer*: [Select Primary Site]

30. Laterality of Primary Tumor*: [Select Laterality]

31. Histology*: [Please Select]

33. Cell Line*: [Please Select]

37. JAK2 Mutation*: [Please Select]

38. Source of Diagnostic Confirmation*: [Please Select]

39. Does this patient have a history of another primary cancer?
If so, indicate the type(s) and diagnosis date(s), (Limited to 250 characters):

43. Tumor Extension: [Please Select]

The **primary site** for almost all of these cases is the bone marrow; however, some do originate in the blood (e.g., Waldenstrom macroglobulinemia) or other sites.

Also, for most malignancies in this module, select "Not a paired site" for **laterality**.

Cancer Information Tab

Other Types (PHY401-OTH)

53

New York State Cancer Registry

Cancer Information – Other types Top Section

Use all pertinent information in the medical record to select, from the drop-down lists, the most specific description of the location of the cancer's origin (**primary site**), side of the body (**laterality**), the type of cells (**histology**), the invasiveness (**behavior**), cell differentiation (**grade**), and the method used to diagnose the case (**diagnostic confirmation**).

Hover over ⓘ to get more information about each field.

Patient Information	Cancer Information
Physician Cancer Case Reporting System	
Physician Name: Lynn A Smith License Number: 706777	
Cancer Information	
26. Pathology Report: (Limited to 1000 characters or about 175 words)	<input type="text"/>
27. Diagnosis Date (mm/dd/yyyy)* ⓘ	<input type="text"/> / <input type="text"/> / <input type="text"/>
28. Age at Diagnosis:	<input type="text"/>
29. Primary Site of Cancer* ⓘ	Select Primary Site <input type="button" value="v"/>
30. Laterality of Primary Tumor* ⓘ	Select Laterality <input type="button" value="v"/>
31. Histology* ⓘ	Please Select <input type="button" value="v"/>
32. Behavior* ⓘ	Please Select <input type="button" value="v"/>
33. Grade* ⓘ	Please Select <input type="button" value="v"/>
38. Source of Diagnostic Confirmation* ⓘ	Please Select <input type="button" value="v"/>
39. Does this patient have a history of another primary cancer? If so, indicate the type(s) and diagnosis date(s), (Limited to 250 characters): ⓘ	<input type="text"/>

54

New York State Cancer Registry

Cancer Information – Other types

Bottom Section

This section collects information about how far the cancer has spread from its point of origin. Report **tumor size** in millimeters (mms) located in the pathology report and, if not available, in an imaging test report. For **TNM** fields, select the values as they are stated in the patient's medical record.

Stage of Disease at Diagnosis

40. Size of Tumor(mm):

47. Stage at Diagnosis:

48. Clinical TNM Stage of Disease: T: N: M: TNM Stage:

49. Pathologic TNM Stage of Disease: T: N: M: TNM Stage:

Treatment Tab (PHY501)

Treatment Information

- Any information about cancer-directed treatment should be reported.
- Cancer-directed treatment includes medical interventions and procedures to destroy, modify, control, or remove cancer tissue.
- Methods of treatment include:
 - Surgery
 - Radiation therapy
 - Chemotherapy
 - Hormonal therapy
 - Biological (immunotherapy, biological response modifier therapy)
 - Other (for some hematopoietic malignancies)

57

New York State Cancer Registry

Treatment Information: First Course of Treatment

- First course of treatment includes all methods of treatment documented in the treatment plan and administered to the patient before disease progression.
- Also considered first course of treatment are:
 - Active surveillance
 - Watchful waiting
 - Decision not to treat
- Enter the date treatment first began or the date a decision not to treat was made.

58

New York State Cancer Registry

Treatment (Top Section)

Physician Cancer Case Reporting System
Physician Name: Lynn A Smith
License Number: 706777

First Course of Treatment

50. Summary Treatment Status*

51. Date Treatment First Began (mm/dd/yyyy) / /
(Includes date of decision for active surveillance/watchful waiting)

Surgery

52. Type of Biopsy

If the biopsy was an excisional biopsy and removed the entire tumor, (e.g. lumpectomy or polypectomy), describe this in the Surgery of Primary Site field. Refer to the Physician's Cancer Reporting Manual for help.

53. Surgery of Primary Site (e.g. excisional biopsy - Limited to 250 characters)

54. Surgery Date / /

55. Reason for No Surgery

56. Regional Lymph Node Surgery

57. # Lymph Nodes Positive

58. # Lymph Nodes Examined

59. Surgery of Other Sites

Summary Treatment Status indicates whether treatment was given, not given, or a decision for active surveillance or watchful waiting was made. (This is a required field.)

Select the **Type of Biopsy** used to diagnose and stage the cancer.

Provide information about surgery of primary site, lymph node surgery, and surgery of sites other than the primary site.

59

New York State Cancer Registry

Treatment (Bottom Section)

Enter the **start date** for each treatment method given to a patient.

For radiation therapy, enter the **type** given. If no radiation was given, select "None" and select the **reason for no radiation** in field #61.

Other Treatment

60. Radiation Therapy Start Date / / Type:

61. Reason for No Radiation

62. Chemotherapy Start Date / / Type:

63. Immunotherapy Start Date / / Type:

64. Hormone Therapy Start Date / / Type:

66. Provide information about hospital/treatment facilities and other comments here, (Limited to 250 characters).

For treatment other than radiation, select the appropriate response: therapy given or specific reason therapy not given.

60

New York State Cancer Registry

State Department of Health - Cancer Registry

(revised: 12/07/2010 - version: 2.01) PHY501

Contacting the Cancer Registry

- Field representatives are available to provide assistance with using the HCS Physician Cancer Reporting application and to answer any questions you may have about the Cancer Registry or the reporting of cancer cases.
 - Electronic Mail: mdreports@health.state.ny.us
or
 - Telephone: dial 518-474-0971 and ask for help with physician reporting.