TECHNICAL GUIDE: CANCER REGISTRATION SUBMISSION TO THE VICTORIAN CANCER REGISTRY

Victorian Cancer Registry
Cancer Council Victoria
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Cancer Council Victoria acknowledges the Traditional Owners and Custodians of the land and water ways throughout Victoria and pays respect to their cultures, knowledge and heritages and Elders past, present and future.

Cancer Council Victoria

1. PURPOSE OF THIS DOCUMENT

Cancer registrations to the Victorian Cancer Registry can be made either by uploading extract files from patient administration systems (PAS) or directly entering data into an electronic form (eForm) via the Victorian Cancer Registry Internet Portal (VCRIP).

This document outlines the acceptable file formats for health services submitting extract files to the Victorian Cancer Registry. It is designed to be used in conjunction with the companion document **User Guide: Cancer Registration Submission to the Victorian Cancer Registry** (**User Guide**), which details the reporting requirements, notifiable cancers and the Victorian Cancer Registry Data Dictionary.

This **Technical Guide: Cancer Registration Submission to the Victorian Cancer Registry** and its companion User Guide replaces the Hospital Information Kit. The **User Guide: Cancer Registration Submission to the Victorian Cancer Registry** is available at **www.cancervic.org.au** or may be requested via email **vcr@cancervic.org.au**.

The Victorian Cancer Registry is committed to providing ongoing support to health services to enable accurate and timely reporting of the required information. Please do not hesitate to contact the Victorian Cancer Registry if you require any assistance.

Victorian Cancer Registry contact details

Email vcr@cancervic.org.au
Website www.cancervic.org.au

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2. INTRODUCTION

The Victorian Cancer Registry (VCR) captures information on all Victorians diagnosed with cancer. This information is used:

- by state and national governments, to inform cancer policy and planning and in the development and monitoring of the Victorian and Australian Cancer Plan
- by researchers, to understand factors associated with, and monitor trends in, cancer incidence, mortality, and survival; develop strategies and innovations to prevent and treat cancers with the goal of improving survival and quality of life after a cancer diagnosis
- by clinicians, patients, and those impacted by cancer, to provide information to help understand cancer and guide decision making

All Victorian health services are required to notify the VCR of patients with cancers reportable under the *Improving Cancer Outcomes Act 2014 (Vic)*[1]. The Act provides the Cancer Council Victoria with authority to maintain the VCR on behalf of the Secretary of the Department of Health and authorises the collection of cancer diagnoses, including the diagnoses of a cancer recurrence.

The *Improving Cancer Outcomes (Diagnostic Reporting) Regulations 2015*[(2)] outline:

- the types of cancer, or precursors to cancer, which must be reported
- who must report that diagnosis; and
- the form of the reports, the time within which they must be made, and the information to be included in them

3. DATA SPECIFICATIONS

Specifications for the data elements to be submitted to the VCR are detailed in the data dictionary in the **User Guide**. Where possible, definitions and codesets for the data elements to be reported to the VCR have been sourced from:

- the National Health Data Dictionary (NHDD) available at Metadata Online Registry (METeOR),
- the Health Data Standard Systems (HDSS) reference files maintained by the Victorian Department of Health; and
- the International Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).

Data elements that do not comply with the Victorian Cancer Registry data dictionary as outlined in the User Guide will be rejected and returned to the health service for correction and resubmission.

4. DATA FILE FORMATS

Data submissions can be made using either an ASCII text file format or an XML file format. These are discussed below.

4.1 ASCII text file format

Each cancer registration record in the ASCII text file must adhere to the following rules:

- Each line is prefixed by a specified four-digit field identifier (or line number) to identify the type of information supplied on that line.
- Only one type of information is supplied per line.
- An optional tab character may follow the four-digit line number preceding the variable length data.
- "The maximum length for each line of text (excluding the line number) must not exceed 75 characters.
- Multiple lines are allowed only for the free text field 1373 Additional Information. Where data exceeds 75 characters for this field, begin a new line. Each new line should be prefixed with the line number 1373 and tab character as appropriate.
- If there is no information available on your system for a particular field, it is still preferable to include the associated field line number even though the line will be blank.
- Sequencing of fields in the cancer registration record is by line number in ascending order.
- Each cancer registration record must begin with line number 1000 to denote the start of the record.
- Each cancer registration record must terminate with line number 2999 to denote the end of the record.

Table 1 provides details of the ASCII field line number and the data element name.

Table 1: ASCII field line number and description

ASCII Field/Line No.	Data Element Name
1000	{Start of record}
1010	Patient Family Name
1020	Patient First Given Name
1030	Patient Second Given Name
1040	Date of Birth
1050	Sex
1055	Medicare Number
1056	Individual Healthcare Identifier
1060	Previous/Original family name/Other Names
1070	Indigenous Status
1100	Building/Property Name
1110	Street Address
1120	Suburb
1130	Postcode
1140	Country of Birth
1150	Language Spoken at Home
1210	Treating Doctor Surname
1215	Treating Doctor First Given Name

ASCII Field/Line No.	Data Element Name
1216	Treating Doctor Second Given Name
1220	Treating Doctor Address
1225	Treating Doctor Medicare Provider Number
1230	Hospital Name
1235	Hospital Campus Code
1240	Unit Record Number
1260	Date of Admission
1270	Date of Diagnosis of Primary Cancer
1271	Estimated Date Flag
1280	Cancer Diagnosed Prior to Admission Flag
1285	Where Previously Diagnosed
1290	Date of Discharge
1320	Primary Site of Cancer
1325	Laterality of Primary Cancer
1340	Metastatic Site
1360	Morphology
1365	Grade
1370	Investigations
1372	ECOG Performance Status
1373	Additional Information
1391	Stage Group
1392	Staging Scheme
1393	TNM-T Category
1394	TNM-N Category
1395	TNM-M Category
2210	General Practitioner Family Name
2215	General Practitioner First Given Name
2216	General Practitioner Second Given Name
2220	General Practitioner Address
2225	General Practitioner Medicare Provider Number
2900	Name of Person Completing the Registration
2910	Date of Registration
2999	{End of record}

A fictional sample ASCII text file cancer registration extract is provided below, as it would appear if viewed using a text viewer such as Notepad. Each and every line, without exception, is associated with a field line number. Where data is not collected for some fields, it is preferable to include the field line number even though the field will be blank (for example, line 1060 Previous/Original family name/Other names).

```
1000
1010  SMITH
1020  JOHN
1030  JAMES
1040  24071945
1050  1
1055  30672891042
1056  8003601204567891
1060
1070  4
1100  PINEWOOD LODGE NURSING HOME
1110  UNIT 1 25 MAIN ST
1120  RICHMOND
1130  3121
1140  1101
1150  1201
1210  JONES
1215  TOM
1216  M
1220  SUITE 2 SPECIALIST CENTRE 23 SOUTH ST MELBOURNE 3000
1225  1234567A
1230  ALFRED HOSPITAL
1235  1010
1240  123456
1260  02062023
1270  25052023
1271  0
1280  Y
1285  Royal Melbourne Hospital Path
1290  04062023
1320  C61
1325  8
1340  C780 C795
1360  81403
1365  3
1370  8 7 3
1372  1
1373  Biopsy no. 12345 25/05/2023
1391  3B
1392  12
1393  p3b
1394  p1
1395  0
2210  MCNALLY
2215  JOHN
2216  M
2220  BURWOOD CLINIC 400 BURWOOD HWY BURWOOD 3125
2225  6543219A
2900  Katy Coder
2910  01072023
2999
1000 (Start of next record)
```

4.2 XML File Format

4.2.1 Structure of the XML file

Each cancer registration record in the XML extract file must be organised into three sections: XML Declaration, Submission Header and the Cancer Registration Record according to Table 2 below.

Table 2: XML file sections and structure

Section	XML Tag	Description
XML Declaration	{start of record}	■ This is the first line in the file. The XML declaration value is: ■ <?xml version=”1.0” encoding=”UTF-8”?>
Submission Header	<CancerExtract>	■ The Submission Header is a wrapper which encapsulates all the data in the file. ■ The Submission Header has an opening XML tag for the start of the file <CancerExtract>, and a closing XML tag for the end of the file </CancerExtract>. ■ The Cancer Registration extract file may contain one or more Cancer Registration Records.
Cancer Registration Record	<CancerRegRec>	■ Each Cancer Registration Record has an opening XML tag <CancerRegRec>, and a closing XML tag </CancerRegRec>. ■ The Cancer Registration Record contains the Cancer Registration Record data items. See Structure of the Cancer Registration Record.

The document type definition (DTD) file will assist vendors with the development of the XML file. Contact the vcr@cancervic.org.au to receive a copy of the DTD file.

An example of the required file structure is described below.

XML declaration

<CancerExtract>

<CancerRegRec>

see Structure of the Cancer Registration Record

</CancerRegRec>

Repeat <CancerRegRec> for each cancer registration.

</CancerExtract>

4.2.2 Structure of the Cancer Registration Record

The XML tag for each data element is outlined below in Table 3. Specifications for each data element are outlined in the VCR data dictionary in the **User Guide**.

Table 3: XML tags and descriptions

Group	Subgroup	Data Item Description	XML tag
		{start of record}	<CancerRegRec>
Demographic	PatientName	Patient Family Name	<PatSurname>
		Patient First Given Name	<PatFirstName>
		Patient Second Given Name	<PatSecondName>
		Previous/Original family name/Other Names	<PatOtherName>
	PatientDetail	Date of Birth	<DOB>
		Sex	<Sex>
		Medicare Number	<MedicareNo>
		Individual Healthcare Identifier	<IHI>
		Country of Birth	<COB>
		Language Spoken at Home	<Language>
		Indigenous Status	<IndigStatus>
	PatientAddress	Building/Property Name	<PropertyName>
		Street Address	<StreetAddr>
		Suburb/Town/Locality Name	<Suburb>
		Postcode	<Postcode>
Tumour	TreatingDoctor	Treating Doctor Family Name	<TDSurname>
		Treating Doctor First Given Name	<TDFirstName>
		Treating Doctor Second Given Name	<TDSecondName>
		Treating Doctor Address	<TDAddress>
		Treating Doctor Medicare Provider Number	<TDMediProvidNo>
	HospitalEpisode	Hospital Name	<HospitalName>
		Campus Code	<CampusCode>
		Unit Record Number	<URN>
		Date of Admission	<AdmissionDate>
		Date of Discharge	<DischargeDate>
	TumourDetail	Date of Diagnosis of Primary Cancer	<DiagnosisDate>
		Estimated Date Flag	<EstDateFlag>
		Cancer Diagnosed Prior to Admission Flag	<PriorDiagFlag>
		Where Previously Diagnosed	<WhereDiagnosed>
		Primary Site of Cancer	<PrimarySite>
		Laterality of Primary Cancer	<Laterality>
		Morphology	<Morph>
		Grade	<Grade>
		Investigations	<Investigations>

Group	Subgroup	Data Item Description	XML tag
Tumour (continued)	TumourDetail	ECOG Performance Status	<ECOG>
		Metastatic Site	<MetSite>
		Additional Information	<AdditInfo>
	Stage	Stage Group	<Stage>
		Staging Scheme	<StagingSystem>
		TNM Stage - T Category	<TNM-T>
		TNM Stage - N Category	<TNM-N>
		TNM Stage - M Category	<TNM-M>
	GP	General Practitioner Family Name	<GPSurname>
		General Practitioner First Given Name	<GPFirstName>
		General Practitioner Second Given Name	<GPSecondName>
		General Practitioner Address	<GPAddress>
		General Practitioner Medicare Provider Number	<GPMediProvidNo>
	RegDetail	Name of Person Completing the Registration	<RegName>
		Date of Registration	<RegDate>
		{end of record}	</CancerRegRec>

References

1. Victorian Government 2016. Improving Cancer Outcomes Act. Victorian Government, 2014. No. 78 of 2014. Version 2 released 1st October 2016. Accessed 10th July 2023, **www.legislation.vic.gov.au/in-force/acts/improving-cancer-outcomes-act-2014/002**.
2. Victorian Government 2015. Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015. Statutory rule number 107/2015. Released 1st October 2015[4]. Accessed 10th July 2023 at **www.legislation.vic.gov.au/in-force/statutory-rules/improving-cancer-outcomes-diagnosis-reporting-regulations-2015/001**.

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