Cancer Council Victoria

Reportable Cancers

Guide to identification of cancers reportable to the Victorian Cancer Registry

Victorian Cancer Registry

December 2015

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Guide to the identification of cancers reportable to the Victorian Cancer Registry

This document has been prepared to assist hospitals and pathology services in the identification of cancer cases that are reportable to the Victorian Cancer Registry (VCR).

For the purpose of this document, the term *hospital* will include public and private hospitals, day procedure centres and radiotherapy services. Cancer notifications are also referred to as cancer registrations.

A companion document, *Electronic Notification of Cancer - Information Kit for Hospitals and Radiotherapy Services,* is also available to assist with the transfer of electronic cancer notifications to the VCR. It is to be used in conjunction with this *Reportable Cancers* guide, and is available for download from the Victorian Cancer Registry Internet Portal (VCRIP) website: https://registry.cancervic.org.au

Alternatively, call (03) 9514 6236 or email vcrinfo@cancervic.org.au to obtain copies.

Assistance

Please do not hesitate to contact the VCR if you are unsure whether to register a particular case.

December 2015

Victorian Cancer Registry

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1. Overview of the Victorian Cancer Registry

The Victorian Cancer Registry (VCR) is a population based registry that is responsible for accurate and timely reporting of cancer incidence, mortality and survival in Victoria. The cancer data collected by the VCR is used to monitor cancer trends, to assist in the planning, management and assessment of Victorian cancer control activities.

The success of the VCR in supporting improved outcomes for people with cancer is reliant on accurate and complete ascertainment of cancer information for all cancers diagnosed in Victoria. Current Victorian legislation, *Improving Cancer Outcomes Act 2014 (Vic)*, requires all Victorian hospitals and pathology services to report to the VCR, the details of all patients diagnosed with cancer, including a diagnosis of a recurrence of a cancer or a precursor of a prescribed cancer type.

The *Improving Cancer Outcomes Act, Section 12*, protects all notifiers (hospitals and pathology services) from an action for breach of confidentiality where the release of information is in compliance with the Act.

Included, for your information, are extracts from the relevant sections of the *Improving Cancer Outcomes Act 2014 (Vic)* (Appendix 1) and the *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (Vic)* (Appendix 2).

All cancer data is subject to rigorous quality assurance to ensure that the data is complete, consistent and conforms to the highest standards. The information (data elements) required to be reported is detailed in the VCR Data Definitions (Appendix 3).

The VCR is committed to assisting notifiers with the process of submission of accurate cancer notifications for all patients with reportable cancers.

1.1 Data access

Annually, cancer statistics and trends are published in the 'Cancer in Victoria' publication. Interactive reports are available also on the Cancer Council Victoria website (http://www.cancervic.org.au/about-our-research/registry-statistics).

Data can also be made available for:

- Record linkage
- Case recruitment for research studies
- Adhoc requests for aggregated statistical information
- Surveillance and evaluation
- Policy and planning

2. Timelines for cancer notification

The timelines for reporting a diagnosis of cancer are specified in Section 6 of the *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (Vic)* (Appendix 2).

Although timelines for cancer notification may vary slightly from facility to facility, as a minimum, reportable cases are to be notified by hospitals within 60 days from the date of diagnosis, or from the date the person in charge of the service becomes aware that a person has cancer.

Pathology laboratories are required to report within 30 days of the date of diagnosis, or of the date the person in charge of the service becomes aware that a person has cancer.

3. Reportable cancers

This section provides information to assist in the identification of reportable cancers and is of relevance to all notifiers.

Additional information regarding reporting requirements for specific notifiers is given in the following sections:

- Section 4.1 Hospital & radiotherapy service notifiers
- Section 4.2 Pathology notifiers

Cancers to be reported to the Victorian Cancer Registry are listed in Table 1.

A comprehensive list of histological terms is also provided in Section 3.1 to assist in the identification of reportable cases.

Table 1 Reportable Cancers

Malignant tumours

All sites *excluding some skin* (see SKIN CANCER EXCEPTIONS)

Insitu tumours

All sites *excluding some skin* (see SKIN CANCER EXCEPTIONS)

Borderline/tumours of uncertain behaviour

Only tumours of the:

- central nervous system (refer to Appendix 4 for a list of sites)
- ovary
- urinary tract
- haematological & lymphoid tumours

Benign tumours

Only tumours of the:

- central nervous system (refer to Appendix 4 for a list of sites)

Skin cancers

All skin cancers are required with **some exceptions** (see SKIN CANCER EXCEPTIONS)

For squamous cell carcinoma (SCC), only the following skin sites are required:

- labia majora
- labia minora
- vulva
- prepuce
- penis
- scrotum
- perianal skin including anal margin
- lip – 'vermilion border' (the coloured portion of the lip)

SKIN CANCER EXCEPTIONS

The following skin cancers are **NOT REQUIRED** to be reported to the VCR:

- **Basal cell carcinomas (BCC)**
- **Squamous cell carcinomas (SCC)** of sites *other than those listed above*

3.1 List of terms to be used as a guide to identifying reportable cases

This following list of terms has been provided as a guide for the selection of cancer cases to be reported to the VCR. Although comprehensive, the list may not contain all relevant terms and should be used with Table 1 and in conjunction with the list of ICD10 cancer site codes outlined in Table 2.

Acinar cell carcinoma
Acinar cell cystadenocarcinoma
Acinic cell adenocarcinoma
Acoustic neuroma
Acute myelofibrosis
Adamantinoma (malignant)
Adamantinoma (tibia & long bones)
Adenoacanthoma
Adenocarcinofibroma
Adenocarcinoid tumour
Adenocarcinoma (any type)
Adenofibroma endometrioid & serous (malignant)
Adenosarcoma
Agnogenic myeloid metaplasia
Alpha heavy chain disease
Alpha cell tumour (malignant)
Acute lymphatic or lymphoblastic leukaemia (ALL)
Ameloblastic carcinoma
Ameloblastic fibrodentinosarcoma
Ameloblastic fibro-odontosarcoma
Ameloblastic fibrosarcoma
Ameloblastic odontosarcoma
Ameloblastoma (malignant)
Anal intraepithelial neoplasia (AIN I-III)
Anaplastic tumour (any type)
Androblastoma (malignant)
Angiocentric immunoproliferative lesion
Angioendotheliomatosis
Angioimmunoblastic lymphadenopathy (AILD)
Angiomyoliposarcoma
Angiomyosarcoma
Angiosarcoma
Argentaffinoma (malignant)
Arrhenoblastoma (malignant)
Askins tumour
Astroblastoma
Astrocytoma

B cell acute lymphoblastic leukaemia (B-ALL)
Bednar tumour
Beta cell tumour (malignant)
Blastoma (NOS & malignant)
Blue naevus (malignant)
Borderline malignancy (of brain, ovary, CNS)
Bowen's disease (genital sites only)
Brenner tumour
Burkitt's lymphoma/tumour/leukaemia

Carcinoid
Carcinoma (excluding basal cell)
Carcinomatosis
Carcinosarcoma (NOS & embryonal)
Cervical intraepithelial neoplasia (CIN) (Grade II-III or III)
Chloroma
Cholangiocarcinoma
Chondroblastoma (malignant)
Chondrosarcoma
Chordoma
Choriocarcinoma
Chorioepithelioma
Chorionepithelioma
Choroid plexus papilloma (anaplastic & malignant)
Chronic erythraemia
Chronic idiopathic myelofibrosis
Chronic lymphoproliferative disease
Chronic myeloproliferative disease/disorder
Chronic lymphatic leukaemia (CLL)
Comedocarcinoma (NOS & noninfiltrating)
Cribriform in situ
Cylindroid bronchial adenoma
Cylindroma (NOS except of skin)
Cystadenocarcinoma
Cystadenofibroma (endometrioid) (borderline & malignant)
Cystadenoma endometrioid (borderline)
Cystosarcoma phyllodes (malignant)

Dermatofibrosarcoma
Dermoid cyst with malignant transformation or secondary tumour
Desmoplastic
Di Guglielmos disease
Diktyoma (malignant)
Dysembryoplastic neuroepithelial tumour (DNET)
Dysgerminoma
Dysplasia of cervix (only if severe or moderate-severe)

Eccrine poroma (malignant)
Eccrine spiradenoma (malignant)
Embryonal hepatoma
Endodermal sinus tumour
Endolymphatic stromal myosis
Endometrial stromatosis
Endometrioid adenofibroma (malignant or borderline)
Ependymoblastoma
Ependymoma
Epithelial tumour (malignant)
Epithelioma malignant
Erythraemia (acute & chronic)

Erythraemic myelosis (acute and NOS)
Erytholeukaemia
Erythroplasia (Queyrats)
Essential thrombocythaemia
Esthaesioneuroblastoma
Esthaesioneurocytoma
Esthesioneuroepithelioma
Ewing's sarcoma
Ewing's tumour
Extra-adrenal paraganglioma (malignant)

Fibrochondrosarcoma
Fibrodentinosarcoma
Fibroliposarcoma
Fibromyxosarcoma
Fibro-oodontosarcoma
Fibrosarcoma
Fibrous histiocytoma (malignant)
Fibrous tumour solitary (malignant)
Fibroxanthoma (malignant)
Franklin's disease
Fusiform cell type (malignant)

G cell tumour (malignant)
Gamma heavy chain disease
Gammopathy (monoclonal)
Gangliocytic paraganglioma
Gangliocytoma
Ganglioglioma
Ganglioneuroblastoma
Ganglioneuroma
Ganglioneuromatosis
Gastrinoma
Gastrointestinal stromal tumour (GIST)
Gemistocytic astrocytoma
Gemistocytoma
Germ cell tumour (NOS & mixed)
Germinoma
Giant cell tumour of soft parts
Glioblastoma
Glioma (any type)
Gliomatosis cerebri
Gliosarcoma
Gliomangiosarcoma
Glucagonoma
Granular cell tumour (malignant)
Granulomatosis
Granulosa cell
Gynandroblastoma

Haemangioblastoma
Haemangioendothelioma (malignant)
Haemangiopericytoma (malignant)
Haemangiosarcoma
Hepatoblastoma
Hepatocarcinoma
Hepatocholangiocarcinoma
Hepatoma (excluding benign)
Hidradenocarcinoma
Hidradenoma (malignant)
High Grade Squamous Intraepitherlial Lesion (HGSIL)

High Squamous Intraepithelial Lesion (HSIL)
Histiocytic medullary reticulosis
Histiocytosis (malignant)
Histiocytosis (acute progressive)
Hodgkin's disease (NOS)
Hodgkin's granuloma
Hodgkin's lymphoma
Hodgkin's paragranuloma
Hodgkin's sarcoma
Hutchinson's melanotic freckle

Idiopathic (myelofibrosis or thrombocythaemia)
Immature teratoma
Immunoproliferative disease (NOS & small intestine)
Immunoproliferative angiocentric lesion
In situ (site dependant)
Insulinoma
Interstitial cell tumour (NOS & malignant)
Intraepithelial neoplasia (Grade III) (anus, cervix, vulva, vagina, prostate, testes)
Invasive (any type, excluding skin exceptions)

Kaposi's sarcoma
Klatskin tumour
Krukenberg tumour

Langherhans cell granulomatosis
Langherhans cell histiocytosis
Leiomyosarcoma
Lennert's lymphoma
Lentigo maligna
Letterer-Siwes disease
Leukaemia (any type)
Leukaemic reticuloendotheliosis
Leydig cell tumour (malignant)
Linitis plastica
Liposarcoma
Lymphangioendothelioma (malignant)
Lymphangiosarcoma
Lymphoblastoma
Lymphocytic thymoma (malignant)
Lymphoepithelioma
Lymphoid granulomatosis
Lymphoma (any type)
Lymphomatous polyposis (malignant)
Lymphoproliferative disease or disorder
Lymphosarcoma

Macroglobulinaemia (Waldenstrom's)
Malignant, malignancy (any type)
Marginal zone lymphoma (MALT)
Mastocytoma (malignant)
Mastocytosis (malignant)
Medulloblastoma (NOS & desmoplastic)
Medulloepithelioma (NOS & teratoid)
Medullomyoblastoma
Megakaryocytic myelosclerosis
Melanocytoma (meningeal)
Melanoma (any type)
Melanomatosis

Melanosis (malignant melanoma in)(precancerous)
Melanotic freckle (Hutchinson's) (NOS & malignant)
Meningeal sarcomatosis
Meningioma
Merkel cell tumour
Mesenchymoma (malignant)
Mesoblastic nephroma
Mesodermal mixed tumour
Mesonephroma (NOS & malignant)
Mesothelioma (NOS & malignant)
Monoclonal gammopathy of unknown signifigance
Mixed Mullerian tumour
Mixed tumour (NOS & malignant)
Moderate-severe dysplasia cervix
Monoclonal gammopathy
Malignant peripheral nerve sheath tumour (MPNST)
Mucinous tumour - ovary (of low malignant potential, atypical proliferative, borderline malignancy)
Mucinous cystadenoma - ovary (borderline malignancy)
Mucocarcinoid tumour
Mucosa associated lymphoid tissue
Mullerian mixed tumour
Multiple myeloma
Mycosis fungoides
Myelodysplasia
Myelodysplastic syndrome
Myelofibrosis (acute, with myeloid metaplasia or with panmyelosis)
Myeloid metaplasia
Myeloma
Myelomatosis
Myeloproliferative disorder (NOS & chronic)
Myelosclerosis (megakaryocytic or with myeloid metaplasia)
Myelosis
Myoblastoma (granular cell, malignant)
Myosarcoma
Myosis (stromal, endolymphatic or NOS)
Myxoliposarcoma
Myxoma
Myxopapillary ependymoma
Myxosarcoma

Naevus blue (malignant)
Neoplasia (Grade III)
Nephroblastoma
Nephroma (cystic or NOS)
Neurosarcoma
Neurinomatosis
Neuroblastoma
Neurocytoma (olfactory)
Neuroectodermal tumour (except melanotic)
Neuroepithelioma
Neurogenic tumour (olfactory)
Neuroma (cranial nerves)
Nonchromaffin paraganglioma (malignant)
Nonencapsulated sclerosing tumour
Non-Hodgkin's lymphoma

Odontogenic tumour (NOS or malignant)
Odontosarcoma (ameloblastic)
Olfactory neuroblastoma
Olfactory neurocytoma
Olfactory neuroepithelioma
Olfactory neurogenic tumour
Oligoastrocytoma, mixed
Oligodendroblastoma
Oligodendroglioma (NOS or anaplastic)
Orchioblastoma
Organoid thymoma (malignant)
Osteochondrosarcoma
Osteoclastoma (malignant)
Osteofibrosarcoma
Osteosarcoma
Ovarian stromal tumour
Ovarii struma (malignant)

Paget's disease
Pancreatoblastoma
Panmyelosis (acute or with myelofibrosis)
Papilloma (bladder or malignant anaplastic of choroid plexus)
Paraganglioma (malignant)
Peripheral neuroectodermal tumour
Pheochromoblastoma
Pheochromocytoma (malignant)
Phyllodes tumour or cystosarcoma (malignant)
Pigmented dermatofibrosarcoma protuberans
Pilomatrixoma (malignant)
Pineal tumour (mixed, parenchymal or transitional)
Pineoblastoma
Pinkus tumour or type
Plasma cell tumour
Plasmacytoma
Pleomorphic xanthoastrocytoma
Pneumoblastoma
Polycythaemia rubra vera
Polycythaemia (vera or proliferative)
Polyembryoma
Polymorphic reticulosis
Polyvesicular vitelline tumour
Porocarcinoma
Poroma eccrine (malignant)
Precancerous melanosis
Preleukaemia
Preleukaemic syndrome
Primitive neuroectodermal tumour (PNET)
Primitive polar spongioblastoma
Proliferating Brenner tumour
Prostatic intraepithelial neoplasia (PIN) (Grade II-III, III)
Pseudomyxoma peritonei

Queyrat's erythroplasia

Refractory anaemia (except sideropaenic)
Reticuloendotheliosis (leukaemic or nonlipid)
Reticulosarcoma (NOS or diffuse)
Retinoblastoma
Rhabdomyosarcoma

Salivary gland type mixed tumour (malignant)
Sarcoma (any type)
Sarcomatosis (NOS or meningeal)
SCC labia majora (insitu & malignant)
SCC labia minora (insitu & malignant)
SCC lip 'vermilion' border (insitu & malignant)
SCC penis (insitu & malignant)
SCC perianal skin including anal margin (insitu & malignant)
SCC prepuce (insitu & malignant)
SCC scrotum (insitu & malignant)
SCC vulva (insitu & malignant)
Schmincke tumour
Schwannoma (cranial nerves)
Sclerosing tumour (nonencapsulated)
Sebaceous carcinoma or adenocarcinoma
Seminoma
Serous tumour ovary (NOS, of low malignant potential)
Serous cystadenoma (borderline)
Serous tumour (NOS)
Severe dysplasia of cervix
Sex cord tumour
Sezary's disease/syndrome
Sinus tumour (endodermal)
Skin appendage carcinoma
Small cell type (malignant)
Small intestinal immunoproliferative disease
Soft tissue tumour (malignant)
Solitary fibrous tumour (malignant)
Somatostatinoma (malignant)
Spermatocytoma
Spindle cell type (malignant)
Spongioblastoma
Spongioneuroblastoma
Stromal endometriosis
Stromal myosis
Stromal tumour (ovarian)
Stromatosis (endometrial)
Struma ovarii (malignant)
Strumal carcinoid
Subependymoma
Sweat gland carcinoma (malignant)
Sympathicoblastoma
Synovioma (NOS or malignant)
Systemic tissue mast cell disease

TCC (transitional cell carcinoma)
Teratoblastoma (malignant)
Teratocarcinoma
Teratoid medulloepithelioma
Teratoma (embryonal, immature, malignant)
Theca cell-granulosa cell tumour
Thecoma (malignant)
Thrombocythaemia
Thymoma (malignant)
Tibial adamantinoma
Transitional cell papilloma (inverted)
Transitional cell papilloma, NOS
Triton tumour (malignant)

Uncertain behaviour (tumours of female genital track, urinary, CNS, brain, haematological & lymphoid)
Undifferentiated
Urothelial papilloma

Vaginal intraepithelial neoplasia (VAIN) (Grade II-III, III)
Vipoma (malignant)
Vitelline tumour (polyvesicular)
Vulval intraepithelial neoplasia (VIN) (Grade II-III, III)

Waldenstrom's macroglobulaemia
Wilm's tumour

Xanthoastrocytoma (pleomorphic)

Yolk sac tumour

NOTE: *All central nervous system tumours (including the brain) whether benign, uncertain behaviour, insitu or malignant are required to be reported to the Victorian Cancer Registry*

Sources of terms

Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin D and Whelan S, eds. *International classification of diseases for oncology (ICD-O)* 3rd edition. World Health Organization, Geneva, 2000.

Australian Consortium for Classification Development. *The international statistical classification of diseases and health related problems, 10th revision, Australian Modification (ICD-10-AM), 9th Edition*, Independent Hospital Pricing Authority, Darlinghurst, 2015.

Rosai J. *Ackerman's surgical pathology,* 9th edition, vol 1&2. Mosby, St Louis. 2004

4 Reporting requirements

4.1 Hospital & radiotherapy service notifiers

ICD-10-AM [1] codes that are used by hospitals to report morbidity and other data are also used to identify reportable cancers.

There are several coding guidelines derived from the ICD-10-AM (current edition) Australian Coding Standards[2] that are relevant to the accurate coding of neoplasms by Health Information Managers and Clinical Coders. These include the following standards: Standard **0044**; Standard **2112**; Standard **2113**; Section **2 Neoplasms**.

ICD-10-AM codes for conditions that are reportable to the Victorian Cancer Registry are listed in Table 2.

For information on the transmission of registrations to VCR please refer to:

Electronic Notification of Cancers - Information Kit for Hospitals & Radiotherapy Services.

4.1.1 When is a cancer registration required?

A cancer registration is required when a person is:

- admitted to your healthcare service and a cancer is diagnosed during that admission
- admitted to your healthcare service with recurrent* and or metastatic cancer
- admitted to your healthcare service for treatment of a cancer diagnosed at another facility.
- readmitted to your healthcare service for a previously registered cancer and the disease status (i.e. disease progression, recurrence or metastatic disease) has changed.

*The term **recurrent** refers to the return or reappearance at a primary site, or metastasis of cancer after a disease-free period.

If multiple primary sites are diagnosed, then separate registrations are required.

The cancer registration should provide enough information regarding the primary and secondary sites (if applicable), histological type, behaviour and differentiation/grade and stage of cancer at diagnosis for the VCR to accurately classify the tumour using ICD-O[3]. VCR staff do not have access to the medical records of cancer patients, therefore it is vital that as much information as possible is provided on the registration.

Further examples of scenarios requiring registration by healthcare service notifiers are provided (Appendix 5).

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1. Australian Consortium for Classification Development. *The international statistical classification of diseases and health related problems, 10th revision, Australian Modification (ICD-10-AM), 9th Edition,* Independent Hospital Pricing Authority, Darlinghurst, 2015.

2. Australian Consortium for Classification Development. *ACS Australia Coding Standard*, 9th edition, AIndependent Hospital Pricing Authority, Darlinghurst, 2015.

3. Fritz A, et al. eds. *International classification of diseases for oncology (ICD-O) 3rd edition,2000, and 1st Revision 2013*. World Health Organization, Geneva,

Table 2 ICD-10-AM (current edition) Codes to be notified to the Victorian Cancer Registry		
Site Code	**Description**	**Comments**
Malignant		
C00-C43	Site of tumour	Notify all malignant tumours for these sites - including morphology code
**C44	Other malignant neoplasms of the skin	**C44.5 Only** notify squamous cell carcinomas of the anal margin & perianal skin - M8070/3 **Do NOT notify** squamous cell carcinomas of the skin of any other sites **Do NOT notify** basal cell carcinomas of skin
C45-C76	Site of tumour	Notify all malignant tumours for these sites - including morphology code Mxxxx/3
C77-C79	Secondary sites (metastatic tumours)	Notify all malignant tumours for these sites - including morphology code Mxxxx/6
C80	Not specified	Notify all malignant tumours for these sites - including morphology code Mxxxx/3 or Mxxxx/6
C81-C96	Lymphatic and haematopoietic tissue	Notify all malignant tumours for these sites - including morphology code M959x/3 to M994x/3
In situ		
D00-D03	Site of tumour	Notify in situ neoplasms for these specified sites - including morphology code Mxxxx/2
D04.5	In situ neoplasm of perianal skin or anal margin	Only notify in situ neoplasms for these specified sites - including morphology code Mxxxx/2
D05-D09	Site of tumour	Notify in situ neoplasms for these specified sites - including morphology code Mxxxx/2
Uncertain Behaviour		
D39.1	Ovary	Notify all uncertain behaviour tumours for this site - including morphology code Mxxxx/1
D41-D43	Site of tumour	Notify all uncertain behaviour tumours for these sites - including morphology code Mxxxx/1
D45-D47	Site of tumour	Notify all myelodysplastic, myeloproliferative syndromes with morphology codes M9950/3 to M9992/3
Benign		
D32	Benign neoplasm of meninges	Notify all benign tumours for these sites - including morphology code Mxxxx/0
D33	Brain and other parts of CNS	Notify all benign tumours for these sites - including morphology code Mxxxx/0
Z Codes		
Z51.0#	Radiotherapy	Tumour site and morphology codes only where included in the code string
Z51.1#	Chemotherapy	Tumour site and morphology codes only where included in the code string
Z54.1#	Convalescence following radiotherapy	Tumour site and morphology codes only where included in the code string
Z54.2#	Convalescence following chemotherapy	Tumour site and morphology codes only where included in the code string
Z08.1-Z08.2#	Follow-up exam after treatment for malignant neoplasms by chemotherapy or radiotherapy	Tumour site and morphology codes only where included in the code string

** Please note that exclusions exist for these cancer site codes.
# Z codes should not be submitted to the VCR, only site and morphology codes required

4.2 Data elements

All the reportable data elements are defined in Appendix 3. The following sections provide additional explanation for some of these data elements.

4.2.1 Date of diagnosis

The date of diagnosis is essential information for the VCR. This crucial data element is mandatory for cancer registrations and determines the incidence year of the cancer and the date from which survival is calculated.

Please supply the exact date of diagnosis, if possible. This may be the date of the diagnostic pathology report, an imaging result, exploratory surgery, clinical diagnosis or a date supplied in a referral letter.

If the **exact date** is not known, please supply the best estimate based on the information you have, and check the 'tick if estimated' box.

For example:

- only month and year known - enter the date as 01/MM/YYYY
- only year known - enter the date as 01/01/YYYY
- if a specified number of months ago (e.g. 6 months ago) - record as 01/MM*/YYYY (** adjust month in accordance with the specified number of months from current month)*

If **no best estimate date** can be determined, use the date of admission and check the 'tick if estimated' box to indicate that date is unknown.

4.2.2 Additional information

'Additional Information' is a free text field for notifiers to use to report other relevant information. Some examples of information that could be included are:

- Size of tumour
- Staging information (at diagnosis)
- Gleason scores (for prostate)
- Clarke's level & thickness (for melanomas)
- Precise location (for melanomas)
- Recurrence details
- Neoadjuvant or adjuvant chemotherapy received
- Any other information that would assist us e.g. details of pathology

4.2.3 New reportable fields

Four new reportable fields have been incorporated into the hospital specifications in accordance with the *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (Vic)*:

- Medicare provider number – for the treating doctor (doctor in charge of case)
- Medicare provider number – for the general practitioner (local medical officer)
- Stage of cancer at diagnosis
- Cancer staging system

Medicare provider number

In addition to reporting the name and address of the treating doctor and general practitioner, notifiers are now required to report the Medicare provider number. This number assists in verification of the clinician's details and ensures the data is received in a standardised format.

The Medicare provider number is required for both the treating doctor (doctor in charge of case) and the general practitioner (local medical officer) **if available**. If your practice is to report under a treating unit, this practice can remain the same.

Stage of cancer at diagnosis

Staging describes the severity of a person's cancer based on the size and/or extent of the original primary tumour and whether or not cancer has spread in the body. Stage is determined from multiple test types depending on the type of cancer. These tests may include: clinical examinations, imaging studies, laboratory tests, pathology and surgical reports. Cancer stage is an important determinant of treatment and prognosis. It is used in population reporting to describe variance in distribution of stage at diagnosis and survival outcomes.

Stage of cancer at time of initial diagnosis is now required for all cancers. If stage is not already captured via other means (i.e. autopopulated by clinician on electronic discharge summary), the medical record or other documentation will need to be reviewed to identify any notes describing the stage of cancer at diagnosis. Various sections of the medical record that may contain the stage of cancer at diagnosis are: correspondence, imaging or pathology results, multidisciplinary team meeting notes or clinician entries.

Cancer staging system

Various staging systems are used to classify cancer stage. Information about the cancer staging system used for each diagnosis is now to be collected. Refer to the *Victorian Cancer Staging Reporting Guidelines*[4]. The cancer staging system is usually documented in the medical record or other documentation, but on some occasions, only the stage might be recorded. The majority of solid tumours are classified using the TNM staging system (TNM Classification of Malignant Tumours – Union for International Cancer Control [UICC]).

Some examples of documentation of stage and staging system used are shown below:

Stage documentation	Stage of cancer at diagnosis abstracted (max. 2 characters)	Cancer staging system*
Ovarian mucinous adenocarcinoma FIGO IIIC	3C	FIGO
Adenocarcinoma of transverse colon stage IIb	2B	Unknown
Small cell carcinoma of left lung TNM 1A	1A	Unknown
Ovarian Carcinoma T2 N0 M0	Record this in 'Additional Information' field	Unknown
Squamous cell carcinoma of oral cavity – Stage 4C	4C	Unknown
Chronic myeloid leukaemia – blast phase (CML staging system)	Record this in 'Additional Information' field	CML – Chronic Myeloid Leukaemia
Hodgkin Lymphoma – Ann Arbor IVA	4A	Ann Arbor
Testicular carcinoma - AJCC Stage 3	3	AJCC
Multiple myeloma – ISS Stage 2	2	ISS
Carcinoma, base of tongue, extent unknown	No documentation	Unknown

* Refer to the Cancer Staging System Lookup table in the *Electronic Notification of Cancers - Information Kit for Hospitals & Radiotherapy Services.*

4. https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-cancer-staging-reporting-guidelines

4.3 Pathology notifiers

The VCR requires copies of all pathology reports that mention the presence of cancer, a recurrence of a cancer or a precursor of a prescribed cancer type.

The most effective and reliable method for pathology laboratories to identify reports relating to reportable cancers is using *E-Path Reporter* software[5] which is a fully automated, secure cancer reporting system. Alternately, 'trap words' can be used.

5. Artificial Intelligence in Medicine Inc

Appendices

APPENDIX 1 Extracts from *Improving Cancer Outcomes Act 2014*

Introduction

The *Improving Cancer Outcomes Act 2014* and *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (VIC)* provide legislative support for the reporting of cancer cases to the VCR. The following are extracts from the Act and Regulations, outlining the reporting requirements applicable to hospitals and pathology services.

For further reference: www.legislation.vic.gov.au

Improving Cancer Outcomes Act 2014

PART 3—COLLECTION, USE AND DISCLOSURE OF INFORMATION
Division 1—Collection of information

7 Secretary may collect health information

For the purpose of performing the Secretary's functions under this Act, the Secretary may, in accordance with this Part, collect health information about an individual.

9 Mandatory reporting of diagnosis of cancer of a prescribed type

1. If an individual is diagnosed with cancer of a prescribed type, the prescribed person or organisation must report the diagnosis to the Secretary.
2. For the purposes of subsection (1), a diagnosis of cancer includes a diagnosis of a recurrence of a cancer or a precursor of a prescribed type.
3. The report of a diagnosis of cancer or a precursor must—
   (a) be in the prescribed form; and
   (b) be made within the prescribed time; and
   (c) include the prescribed information.

10 Direction to provide further information

1. The Secretary may direct a person or organisation to provide further information in relation to an individual who—
   (a) has undergone cancer screening of a type prescribed for the purposes of section 8; or
   (b) has been diagnosed with cancer or a precursor of a type prescribed for the purposes of section 9.
2. The Secretary may give a direction under subsection (1)—
   (a) to resolve any uncertainties, inconsistencies or ambiguities associated with; or
   (b) to ensure the accuracy, integrity and completeness of—

   information provided to the Secretary under section 8 in relation to cancer screening or under section 9 in relation to a cancer diagnosis.
3. The Secretary may give a direction under subsection (1) to a person or organisation other than the person who reported the cancer screening or the cancer diagnosis.

12 Protection of persons from whom information is collected

1. This section applies to a person or organisation that, in accordance with this

Act, provides information that is authorised or required to be provided under this Act.

2. The providing of the information—

(a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person or organisation; and

(b) does not make the person or organisation subject to any liability in respect of it; and

(c) does not constitute a contravention of any other Act or law (including common law).

14 Circumstances in which Secretary may use and disclose health information

1. The Secretary may use and disclose health information about an individual collected under this Act for the purpose of performing the Secretary's functions under this Act.

2. The Secretary may use and disclose health information collected under this Act about an individual for any other purpose—

(a) with the consent of—

(i) the individual; or

(ii) if the individual is deceased—the individual's legal representative; or

(b) if the information is used or disclosed in accordance with HPP 2.2.

3. Nothing in this Act prevents the Secretary from using and disclosing information about an individual collected under this Act if the identity of the individual is not apparent, and cannot reasonably be ascertained, from the information.

15 Disclosure of information

1. Without limiting section 14(1), the Secretary may disclose information collected under this Act in any of the following circumstances—

(a) where the purpose of the disclosure is to enable the recipient of the information—

(i) to determine whether a person who has been screened for cancer has cancer, a precursor to cancer, a genetic marker to cancer or cell abnormalities which may lead to the development of cancer; or

(ii) to provide appropriate follow-up and clinical management of a person who has been screened for cancer;

(b) where the information relates to a person who has been screened for cancer in Victoria and the disclosure is to a person or organisation responsible for maintaining or managing a cancer screening register in another jurisdiction;

(c) where the information relates to a person who has been diagnosed with cancer in Victoria and the disclosure is to a person or organisation responsible for maintaining or managing a cancer register in another jurisdiction;

(d) where the disclosure is to the Australian Institute of Health and Welfare or to a successor in law to that body.

2. The disclosure of information by the Secretary under this Division is at the discretion of the Secretary.

APPENDIX 2 Extracts from *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015*

Authorised Version No. 001

Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015

S.R. No. 107/2015

Authorised Version as at 22 September 2015

4 Types of cancer or precursor diagnosis required to be reported

For the purposes of section 9(1) of the **Improving Cancer Outcomes Act 2014**, the prescribed types of cancer or precursors to cancer are those specified in Schedule 1 of "Reportable Cancers - Guide to identification of cancers reportable to the Secretary", as published by the Department of Health and Human Services from time to time.

5 Entities required to report cancer or precursor

For the purposes of section 9(1) of the **Improving Cancer Outcomes Act 2014**, the following persons and organisations are prescribed—

(a) any of the following as defined by section 3(1) of the **Health Services Act 1988**—

(i) a day procedure centre;

(ii) a denominational hospital;

(iii) a private hospital;

(iv) a privately-operated hospital;

(v) a public health service;

(vi) a public hospital;

(b) any radiotherapy service that provides a service for treating cancer patients involving the use of ionising radiation, including external beam, superficial and orthovoltage radiotherapy, particle beam therapy and brachytherapy;

(c) any pathology service that provides a service for testing for cancer, or a precursor to cancer, of a type prescribed by regulation 4.

6 Diagnosis reports

For the purposes of section 9(3) of the **Improving Cancer Outcomes Act 2014**—

(a) a report of a diagnosis of cancer or a precursor to cancer is in the prescribed form if it contains the prescribed information; and

(b) the prescribed time within which a report must be made is—

(i) for a centre, hospital or service referred to in regulation 5(a) or (b), 60 days from the date the person in charge of the centre, hospital or service becomes aware that a person has cancer, or a precursor to cancer, of a type prescribed by regulation 4; and

(ii) for a pathology service referred to in regulation 5(c), 30 days from the date the person in charge of the place where the testing is done becomes aware that a test indicates that a person has cancer, or a precursor to cancer, of a type prescribed by regulation 4; and

(c) the prescribed information to be included in a report is—

APPENDIX 2 Extracts from *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (continued)*

(i) for a centre, hospital or service referred to in regulation 5(a) or (b), the information set out in Schedule 1; and

(ii) for a pathology service referred to in regulation 5(c), the information set out in Schedule 2.

Schedule 1—Prescribed information for centre, hospital or service

Regulation 6(c)(i)

Name of centre, hospital or service

Hospital identification number

Hospital unit record number

Patient details:

- Medicare number *(if known)*
- Individual Health Identifier *(if known)*
- Family name
- Given name(s)
- Maiden name *(if applicable)*
- Address
- Postcode
- Date of birth
- Sex
- Country of birth
- Aboriginal or Torres Strait Islander status
- Language spoken at home *(if known—please specify)*

Details of doctor in charge of case:

- Medicare provider number *(if known)*
- Name
- Address
- Telephone number

Details of general practitioner:

- Medicare provider number *(if known)*
- Name
- Address
- Telephone number

Date of first admission for this cancer

Date of diagnosis of this cancer

Eastern Cooperative Oncology Group (ECOG) performance status at time of diagnosis *(if known)*

Vital status

Date of discharge from centre/hospital/organisation

Investigations relevant to diagnosis of cancer

Primary site of cancer

APPENDIX 2 Extracts from *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (continued)*

Laterality of primary site of cancer

Morphology of primary cancer

Grade/differentiation of primary cancer

Stage of cancer at diagnosis

Cancer staging system *(to be reported in accordance with the "Victorian Cancer Staging Reporting Guidelines" as published by the Department of Health and Human Services from time to time)*

Treatment details for each primary tumour:

- Details of initial treatment
- Details of treatment of recurrence(s) *(if any)*

Cancer recurrence information:

- Date of cancer recurrence
- Site(s) of cancer recurrence

Name of person completing form

Date of completing form

Schedule 2—Prescribed information for pathology service

Regulation 6(c)(ii)

Name of pathology service

Pathology group identification number

Laboratory case reference number

Patient details:

- Medicare number *(if known)*
- Individual Health Identifier *(if known)*
- Family name
- Given name(s)
- Address
- Postcode
- Date of birth
- Sex
- Country of birth
- Aboriginal or Torres Strait Islander status *(if known)*
- Language spoken at home *(if known—please specify)*

Details of doctor responsible for case:

- Medicare provider number (if known)
- Name
- Address

APPENDIX 2 Extracts from *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (continued)*

Details of reporting pathologist:

- Medicare provider number *(if known)*
- Name

Date of report Structured pathology report or the following minimum information:

- Primary site of cancer
- Laterality of primary site
- Cancer morphology type
- Tumour size
- Depth of invasion
- Metastatic sites
- Number of nodes sampled
- Number of nodes positive
- Date of diagnosis
- Stage of cancer at diagnosis
- Grade/differentiation

Name of person completing form

Date of completing form

Endnotes

Table of Applied, Adopted or Incorporated Matter

The following table of applied, adopted or incorporated matter is included in accordance with the requirements of regulation 5 of the Subordinate Legislation Regulations 2014.

Statutory rule provision	Title of applied, adopted or incorporated document	Matter in applied, adopted or incorporated document
Regulation 4	"Reportable Cancers - Guide to identification of cancers reportable to the Secretary" as published by the Department of Health and Human Services from time to time	Schedule 1
Schedule 1	"Victorian Cancer Staging Reporting Guidelines" as published by the Department of Health and Human Services from time to time	The whole

APPENDIX 3 VCR Data Definitions

Data Element	Definition	Applies to *
Notifier Number	Notifier reference number allocated by VCR	**ALL**
Surname	Surname or family name of patient	**ALL**
First Given Name	First given name of patient	**ALL**
Second Given Name	Second given name or middle name of patient	**ALL**
Previous/Maiden Name	Previous surname or maiden name of patient	**ALL**
Date of Birth	Date of birth of patient	**ALL**
Sex	Sex (gender) of patient	**ALL**
Unit Record Number	Unit Record (UR) number is a hospital-generated unique patient identifier	**ALL**
Medicare Number	11-digit person identifier, as allocated by the Health Insurance Commission to eligible persons under the Medicare scheme, that appears on a Medicare card	**ALL**
Individual Health Identifier	Individual Health Identifier (IHI) as allocated by the National Healthcare Identifiers Service	**ALL**
Building/Property Name	Name of building or property where patient resides	**ALL**
Street Address	Usual residential street address of patient	**ALL**
Suburb	Usual residential suburb of patient	**ALL**
Postcode	Usual residential postcode of patient	**ALL**
Country of Birth	Country in which patient was born	**ALL**
Indigenous Status	Indigenous status of patient. Aboriginal or Torres Strait Islander (ATSI) indicator	**ALL**
Language Spoken at Home	Language normally spoken at home by patient	**ALL**
Treating Doctor Surname	Surname of patient's treating doctor (doctor in charge of case) or senior doctor responsible for patient's treatment/care e.g. physician, oncologist, surgeon	**HOSP**
Treating Doctor First Given Name	First given name of patient's treating doctor (doctor in charge of case)	**HOSP**
Treating Doctor Second Given Name	Second given name (or initial) of patient's treating doctor (doctor in charge of case)	**HOSP**
Treating Doctor Address	Business address of patient's treating doctor (doctor in charge of case)	**HOSP**
Treating Doctor Medicare Provider Number	The Medicare Provider Number as issued by Medicare uniquely identifying the treating doctor (doctor in charge of case)	**HOSP**
Hospital or Hospital Campus Name	Name of hospital or hospital campus	**ALL**
Hospital Campus Code	4-digit hospital campus code as allocated by Department of Health & Human Services	**HOSP**
Admission Date or Consultation Date	Date of first admission /consultation to your facility for this episode of care	**HOSP**
Date of Diagnosis	Date of initial diagnosis of the primary cancer (not necessarily the date of the current episode)	**HOSP**
Estimated Date Flag	Flag to indicate date of diagnosis is an estimated date	**HOSP**

*ALL = All notifiers; HOSP = all Victorian Hospitals (public and private), Day Procedure Centres and Radiotherapy Services; PATH = Pathology laboratories; RAD = Data specific to Radiotherapy Services only

APPENDIX 3 VCR Data Definitions (continued)

Data Element	Definition	Applies to *
Cancer Diagnosed Prior to Admission/Consultation	Indicator as to whether the cancer has been previously diagnosed	HOSP
Where Diagnosed	Information regarding past history (previous admissions/ diagnoses, dates, pathology laboratory, biopsy number if applicable, state/territory of diagnosis if other than Victoria)	HOSP
Date of Discharge	Most recent date of discharge or separation	HOSP
ICD-10-AM Primary Site Code	The ICD-10-AM code relating to the primary site. The primary site is the site of origin of the tumour, as opposed to the secondary (or metastatic) sites. Only one primary site is permitted per registration	HOSP
Primary Site Text Description	System-generated description of the primary site corresponding to the ICD-10-AM primary site code	HOSP
Laterality of Primary Tumour	Laterality of primary tumour. Describes which side of a paired organ is the origin of the primary cancer. Each side of a paired organ is considered separately and described as lateral when occurring, unless a physician determines that it is bilateral	HOSP
Evidence of Metastatic Disease	Indicator as to whether patient has presented with evidence of metastatic disease at this admission	HOSP
ICD-10-AM Metastatic Site Code(s)	ICD-10-AM topography code(s) for the metastatic site(s) associated with this primary cancer	HOSP
Metastatic Site Text Description	System-generated description of the metastatic site(s) corresponding to the ICD-10-AM metastatic site code(s)	HOSP
ICD-10-AM Morphology Code	ICD-10-AM morphology code(s) relating to each reported cancer site. For multiple metastatic sites with the same morphology, only report once.	HOSP
Histological Grade/ Differentiation	Histological grade or differentiation of the primary tumour. Grading/differentiation describes how little the tumour resembles the normal tissue from which it arose	HOSP
Investigations Relevant to the Diagnosis	List all investigations relevant to the diagnosis of this cancer both at your facility and elsewhere if known	HOSP
Other Basis of Diagnosis	Description of other investigations undertaken	HOSP
ECOG Performance Status	Eastern Cooperative Oncology Group (ECOG) performance status at time of diagnosis (or within 4 months of diagnosis), if known. This information is sourced from multi-disciplinary team meeting notes, other clinical notes or correspondence section of medical record	HOSP
Additional Information	Any additional tumour information such as Gleason scores, staging information, size of tumour, nodal status, precise location of melanoma, melanoma Clarke's level & thickness, recurrence, neoadjuvant or adjuvant chemotherapy given etc.	HOSP
Stage of Cancer Flag	Indicator as to whether stage of cancer is available	HOSP
Stage of Cancer at Diagnosis	Staging describes the severity of a person's cancer based on the size and/or extent of the original primary tumour and whether or not cancer has spread in the body. Stage is determined from multiple test types depending on the type of cancer.	HOSP
Cancer Staging System	Cancer staging system used to classify the stage of cancer	HOSP
General Practitioner Surname	Surname of patient's general practitioner (local medical officer)	HOSP

APPENDIX 3 VCR Data Definitions (continued)

Data Element	Definition	Applies to *
General Practitioner First Given Name	First given name of patient's general practitioner (local medical officer)	HOSP
General Practitioner Second Given Name	Second given name (or initial) of patient's general practitioner (local medical officer)	HOSP
General Practitioner Address	Business address of patient's general practitioner (local medical officer)	HOSP
General Practitioner Medicare Provider Number	The Medicare Provider Number as issued by Medicare uniquely identifying the general practitioner (local medical officer)	HOSP
Name of Person Completing the Cancer Registration	Full name of person completing the cancer registration	HOSP
Date Registration Completed	Date of completing the cancer registration	HOSP
TNM Stage - T code	Clinical T code as per current edition American Joint Committee on Cancer (AJCC) TNM Classification of Malignant Tumours	RAD
TNM Stage - N code	Clinical N code as per current edition AJCC TNM Classification of Malignant Tumours	RAD
TNM Stage - M code	Clinical M code as per current edition AJCC TNM Classification of Malignant Tumours	RAD
Staging Scheme Edition Number	AJCC Edition Number	RAD
Radiotherapy Start Date	The date on which a patient commences a course of treatment	RAD
Radiotherapy End Date	The date on which a patient completes a course of treatment	RAD
Target Site 1	First site of targeted treatment as per Victorian Radiotherapy Minimum Data Set (VRMDS)	RAD
Target Site 2	Second site of targeted treatment as per VRMDS	RAD
Target Site 3	Third site of targeted treatment as per VRMDS	RAD
Dose - 1	Dose amount administered to Target Site 1 in Gray (Gy)	RAD
Dose - 2	Dose amount administered to Target Site 2 in Gray (Gy)	RAD
Dose - 3	Dose amount administered to Target Site 3 in Gray (Gy)	RAD
Lab Number	Pathology laboratory (lab) identification number or lab request number	PATH
Lab Name	Name of pathology laboratory or pathology group	PATH
Accession Number	Lab accession number (sample identifier or case reference number)	PATH
Referring Doctor Surname	Surname of referring doctor (doctor responsible for case)	PATH
Referring Doctor First Given Name	First given name of referring doctor (doctor responsible for case)	PATH
Referring Doctor Second Given Name	Second given name (or initial) of referring doctor (doctor responsible for case)	PATH
Referring Doctor Address	Business address of referring doctor (doctor responsible for case)	PATH

APPENDIX 3 VCR Data Definitions (continued)

Data Element	Definition	Applies to *
Referring Doctor Medicare Provider Number	The Medicare Provider Number as issued by Medicare uniquely identifying the referring doctor (doctor responsible for case)	PATH
Service Date	Date of service of pathology or specimen collection date	PATH
Clinical Notes	'Clinical notes' section of pathology report that may contain previous history	PATH
Macroscopy	'Macroscopy' section of pathology report containing specimen details	PATH
Frozen Section	'Frozen section' details of pathology report	PATH
Microscopy	'Microscopy' section of pathology report	PATH
Synoptic Report	'Synoptic report' section of pathology report	PATH
Summary; Conclusion; Diagnosis	'Conclusion' section of pathology report containing a summary of the diagnosis	PATH
Comments	'Comments' section of pathology report	PATH
Supplementary Report; Addendum	Supplementary report(s) detailing results of additional tests and further diagnosis	PATH
Reporting Pathologist Name	Name of reporting pathologist (surname, given name)	PATH
Reporting Pathologist Medicare Provider Number	The Medicare Provider Number as issued by Medicare, uniquely identifying the reporting pathologist	PATH
Report Date	Date of pathology report	PATH
Autopsy Report Flag	Flag to indicate an autopsy report	PATH
Autopsy Report	Full autopsy report or summary of autopsy report	PATH
Other Services	Details of further test results when reporting on behalf of another pathology service	PATH

APPENDIX 4 Central Nervous System Sites

Cancer registration is required for all central nervous system (including brain) cancers (malignant, insitu, borderline/uncertain behaviour and benign).

The following lists some of the sites that are classified as central nervous system.

MENINGES
Cerebral meninges

Cranial dura mater
Cranial meninges
Cranial pia mater
Falx cerebelli
Falx cerebri

Spinal meninges

Spinal arachnoid
Spinal dura mater
Spinal pia mater

Meninges, NOS

Arachnoid, NOS
Dura, NOS
Dura mater, NOS
Pia mater, NOS

Falx, NOS
Intracranial meninges
Intracranial arachnoid
Tentorium cerebelli
Tentorium, NOS

BRAIN
Cerebrum

Basal ganglia
Central white matter
Cerebral cortex
Cerebral hemisphere
Cerebral white matter
Corpus striatum
Globus pallidus
Hypothalamus

Insula
Internal capsule
Island of Reil
Operculum
Pallium
Putamen
Rhinencephalon
Supratentorial brain, NOS
Thalamus

Frontal lobe

Frontal pole

Temporal lobe

Hippocampus
Uncus

Parietal lobe

Occipital lobe

Occipital pole

Ventricle, NOS

Cerebral ventricle
Choroid plexus, NOS
Choroid plexus of lateral ventricle
Choroid plexus of third ventricle
Ependyma
Lateral ventricle, NOS
Third ventricle, NOS

Cerebellum, NOS

Cerebellopontine angle
Vermis of cerebellum

Brain stem

Cerebral peduncle
Basis pedunculi
Choroid plexus of fourth ventricle
Fourth ventricle, NOS
Infratentorial brain, NOS
Medulla oblongata
Midbrain
Olive
Pons
Pyramid

Overlapping lesion of brain

Corpus callosum
Tapetum

Brain, NOS

Intracranial site
Cranial fossa, NOS
Anterior cranial fossa
Middle cranial fossa
Posterior cranial fossa
Suprasellar

Spinal cord

Cervical cord
Conus medullaris
Filum terminale
Lumbar cord
Sacral cord
Thoracic cord

Cauda equina

Cranial nerve (CN), NOS

Olfactory nerve (CN I)
Optic nerve (CN II)
  Optic chiasm
  Optic tract
Oculomotor nerve (CN III)
Trochlear nerve (CN IV)
Trigeminal nerve (CN V)
Abducens nerve (CN VI)
Facial nerve (CN VII)
Vestibulocochlear (CN VIII)
  Acoustic nerve
  Cochlear nerve
Glossopharyngeal (CN IX)
Vagus nerve (CN X)
Spinal accessory nerve (CN XI)
Hypoglossal nerve (CN XII)

Nervous system, NOS

Central nervous system
Epidural
Extradural
Parasellar

Pituitary gland

Pituitary, NOS
Hypophysis
Rathke pouch
Sella turcica
Pituitary fossa

Craniopharyngeal duct

Pineal gland

Reference

Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin D and Whelan S, eds. *International classification of diseases for oncology (ICD-O)* 3rd edition. 2000 and 1st revision 2013, World Health Organization, Geneva

APPENDIX 5 When to Notify VCR - Healthcare Service Notifier

The following tables illustrate the variety of situations where a cancer registration is required by a healthcare service notifier.

Is a cancer notification required?

Table A: One patient with multiple primary cancers

Scenario	Hospital			Rationale
	A	B	C	
Diagnosed at Hospital A with malignant melanoma 4/6/13	Yes			First episode at Hospital A with this primary cancer.
Diagnosed at Hospital A with colorectal cancer (second primary) on 1/7/14	Yes			First episode at Hospital A with new type of cancer at a new site (second primary).
Admitted to Hospital A for radiotherapy for melanoma metastases on 1/10/14	Yes			The patient's disease status has changed. Register primary site and metastases.
Admitted to Hospital B for treatment of metastases from colorectal cancer 1/3/15		Yes		First episode at Hospital B with this primary cancer. Register primary site and metastases. If documentation of melanoma, this should be registered also.
Admitted to Hospital B for treatment of a second colorectal cancer on 5/8/15 and metastases.		Yes		This is a second primary arising in the same organ diagnosed at a later date. Register new primary site and known metastases.
Admitted to Hospital C for palliative care 23/11/15			Yes	First episode at Hospital C. Each cancer to be registered.

Table B: One patient, one primary cancer treated at multiple hospitals

Scenario	Hospital			Rationale
	A	B	C	
Diagnosed at Hospital A with rectal cancer and lung metastases 1/2/14	Yes			First episode at Hospital A with this primary cancer. Register primary site and metastases.
Admitted to Hospital B for radiotherapy for rectal cancer 12/2/14		Yes		First episode at Hospital B with this primary cancer. Register primary site and metastases.
Admitted to Hospital A for chemotherapy on 4/4/14	No			The rectal cancer and metastases have already been notified by Hospital A and the disease status has not changed.

Table C: One patient, one primary with metastases at multiple hospitals

Scenario	Hospital			Rationale
	A	B	C	
Diagnosed at Hospital A with breast cancer on 12/4/14	Yes			First episode at Hospital A with this primary cancer.
Admitted to Hospital A for chemotherapy for breast cancer on 1/05/14.	No			The breast cancer has already been notified by Hospital A and the disease status has not changed.
Admitted to Hospital B for radiotherapy on 1/8/14		Yes		First episode at Hospital B with this primary cancer.
Admitted to Hospital C on 17/9/15 for treatment of metastases from breast cancer.			Yes	First episode at Hospital C with this primary cancer. Register primary site and metastases.
Admitted at Hospital A on 28/9/15 for treatment of metastases from breast cancer	Yes			Disease status has changed from original diagnosis in April 2014. Register primary site of breast plus metastases.

APPENDIX 5 When to Notify VCR - Healthcare Service Notifier (continued)

Table D: Additional scenarios

Scenario	Action	Rationale
Admitted to small private hospital with metastatic cancer in the lung. No mention of primary site in medical record.	Notify primary site as unknown (C80.9) M8000/3 with metastatic site as C78.0 M8000/6	First episode for this Hospital for this patient and this (unknown) tumour.

APPENDIX 6 Guide Amendment History

Date	Section	Description
Oct 2009	2.3.2 ICD-10 AM codes to be notified	INCLUSION OF SITE CODE L41.2 AND Q85.0
Feb 2010	2.3.2 ICD-10 AM codes to be notified	DELETION OF CODES D36.1 AND D76
Aug 2011	2.3.2 ICD-10 AM codes to be notified	DELETION OF SITE CODE Z85 Addition of line in uncertain behaviour to clarify notification of MDS/MPD with behaviour /3 but Site D45-D47
Oct 2011	Appendix 1	Moved Appendix from Hospital Information Kit to Guide to Reportable Cancers
	2.1 Introduction	Changed ICD10-AM edition information
Dec 2011	2 New	Added Section 2 to detail when hospitals are required to submit cancer notifications
	3 Identification of notifiable cancers	Modified codes and list of notifiable cancers to reflect changes to the reportable malignant, in situ, borderline/uncertain behavior and benign tumours. ICD-10-AM Uncertain behavior site codes removed including D37 – D38 (except D37.1), D40, D44 & Q85.0.
	Appendix 1	Modified scenarios to reflect changes to when hospitals need to submit registrations
Oct 2012	3.2 List of terms to be used as a guide to identifying notifiable cancers	Removed the term Craniopharyngioma from the *List of terms to be used as a guide to identifying reportable cases*. Associated site codes considered non-reportable.
	Cancer Act 1958	Moved extract from Cancer Act, Cancer (Reporting) Regulations and Trap Word list for Pathology Laboratories to Appendices.
		VCR Word Trap List expanded.
		Included are VCR Data Definitions in Appendix 3.
	4 New	Date of first diagnosis, & two new sections
		General revision of document.
	Guide amendment history p2	*Guide amendment history* added as Appendix 6.
Oct 2013		General revision of document
Jan 2014		New address and contact details updated
Dec 2015	2. Timelines for cancer notification	Hospital notifiers to report cancer diagnoses within 60 days of diagnosis
	Table 1 List of VCR reportable cancers	Minor revision to include Appendix for central nervous system sites
		Removal of female genital organs
	4.1 Hospital notifiers	Revision of this section
	4.1.2 Degree of spread	Removal of section

APPENDIX 6 Guide Amendment History (continued)

Date	Section	Description
	4.1.3 New reportable fields (Hospital)	Addition of Medicare provider number, stage of cancer at diagnosis and cancer staging system
	Table 2 ICD-10-AM Codes to be notified to the VCR	*Malignant* C81-C96 Lymphatic and Haematopoietic tissue – Morphology code changed from M956x/3 to M959X/3 L41.2 Lymphomatoid papulosis removed *Uncertain Behaviour* D39 revised. Only D39.1 Ovary is now required D45-D47 Site of tumour – Morphology code changed from M9989/3 to M9992/3
	Hospital Notifiers	Removal of this section
	Appendix 1 Extract from *Cancer Act 1958*	Replaced with extract from *Improving Cancer Outcomes Act 2014 (Vic)*
	Appendix 2 Extract from *Cancer (Reporting) Regulations 2012*	Replaced with extract from *Improving Cancer Outcomes (Diagnosis Reporting) Regulations 2015 (Vic)*
	Appendix 3 VCR Data Definitions	Inclusion of: Building/Property Name Treating Doctor Medicare Provider Number Stage of Cancer Flag Stage of Cancer at Diagnosis Cancer Staging System General Practitioner Medicare Provider Number TNM Stage – TNM code Staging Scheme Edition Number Radiotherapy Start Date Radiotherapy End Date Target Site 1-3 Dose 1-3 Referring Doctor Medicare Provider Number Reporting Pathologist Medicare Provider Number
	Appendix 4 Central nervous system	Inclusion of central nervous system sites
	Appendix 5 When to notify VCR – hospital notifier	Update of dates

Notes

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