R384. Health, Community Health Services, Chronic Disease.

R384-100. Cancer Reporting Rule

R384-100-1. Purpose Statement

(1) The Cancer Reporting Rule is adopted under authority of sections 26-1-30 and 26-5-3.

(2) Cancers constitute a leading cause of morbidity and mortality in Utah and, therefore, pose an important risk to the public health. Through the routine reporting of cancer cases, trends in cancer incidence and mortality can be monitored and prevention and control measures evaluated.

(3) Cancer records are managed by the Utah Cancer Registry (Registry) on behalf of the Utah Department of Health. This Cancer Reporting Rule is adopted to specify the reporting requirements for cases of cancer to the registry. The Utah Department of Health retains ownership and all rights to the records.

R384-100-2. Definitions

As used in this rule:

(1) “Cancer” means all in-situ (with the exception of in-situ cervical cancers) or malignant neoplasms diagnosed by histology, radiology, laboratory testing, clinical observation, autopsy or suggestible by cytology, but excluding basal cell and squamous cell carcinoma of the skin unless occurring in the genital sites such as the vagina, clitoris, vulva, prepuce, penis and scrotum.

(2) “Follow-up data” includes date last seen or date of death, status of disease, date of first recurrence, type of recurrence, distant site(s) of first recurrence, and the name of the physician who is following the case.

(3) “Health care provider” includes any person who renders health care or professional services such as a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, dentist, optometrist, pediatric physician, osteopathic physician, osteopathic physician and surgeon, or others rendering patient care.

(4) “Registrar” means a person who:

   (a) is employed as a registrar and who has attended a cancer registrar training program;

   (b) has two years of experience in medical record discharge analysis, coding, and abstracting, and has successfully completed a course in anatomy, physiology, and medical terminology; or

   (c) has successfully passed the Certified Tumor Registrar examination offered by the National Cancer Registrars’ Association.

(5) “Reportable benign tumor” means any noncancerous neoplasm occurring in the brain.

R384-100-3. Reportable Cases.

Each case of cancer or reportable benign tumor, as described in R384-100-2, that is diagnosed or treated in Utah shall be reported to the Utah Cancer Registry, 546 Chipeta Way; Suite 410; Salt Lake City, Utah 84108, telephone number 801-581-8407, FAX number 801-581-4560.


Each report of cancer or reportable benign tumor shall include information on report forms provided by the Registry. These reports shall be made in the format prescribed by the Registry and shall include items such as the name and address of the patient, medical history, environmental factors, date and method of diagnosis, primary site, stage of disease, tissue diagnosis, laboratory data, methods of treatment, recurrence and follow-up data, and physician names.

R384-100-5. Agencies or Individuals Required to Report Cases.

(1) All hospitals, radiation therapy centers, pathology laboratories licensed to provide services in the state, nursing homes, and other facilities and health care providers involved in the diagnosis or treatment of cancer patients shall report or provide information related to a cancer or reportable benign tumor to the Registry.
(2) Procedures for reporting:
   (a) Hospital employed registrars shall report hospital cases.
   (b) Registrars employed by radiation therapy centers shall report center cases.
   (c) Pending implementation of electronic reporting by pathology laboratories, pathology laboratories shall allow the Registry to identify reportable cases and extract the required information during routine visits to pathology laboratories.
   (d) If a health care provider diagnoses a reportable case but does not send a tissue specimen to a pathology laboratory or arrange for treatment of the case at a hospital or radiation therapy center, then the health care provider must report the case to the Registry.
   (e) If the Registry has not received complete information on a reportable case from routine reporting sources (hospitals, radiation therapy centers, pathology laboratories), the Registry may contact health care providers and require them to complete a report form.

R384-100-6. Time Requirements.
   (1) New Cases:
      (a) Hospitals and radiation therapy facilities shall submit reports to the Registry within six months of the date of diagnosis.
      (b) Other facilities and health care providers shall submit reportable data to the Registry upon request.
   (2) Follow-up Data:
      (a) Hospitals and radiation therapy centers shall submit annual follow-up data to the Registry within 13 months of the date the patient was last contacted by hospital or facility personnel.
      (b) Physicians shall submit follow-up data to the Registry upon request.

R384-100-7. Reporting Format.
Reports shall be submitted in the standard format designated by the Registry. Report forms can be obtained by contacting the Registry.

Records maintained by hospitals, pathology laboratories, cancer clinics, and physicians are subject to review by Registry personnel acting on behalf of the Department of Health to assure the completeness and accuracy of reported data.

R384-100-9. Confidentiality of Reports.
All reports required by this rule are confidential under the provisions of Title 25, Chapter 3 and are not open to inspection except as allowed by Title 26, Chapter 3. The Registry shall maintain all reports according to the provisions of Title 26, Chapter 3.

R384-100-10. Penalties.
Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Cancer Reporting Rule, are prescribed under Section 26-23-6 and are punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil money penalty of up to $5,000 for each violation.

KEY: cancer, reporting requirements and procedures

26-5-3