

CHAPTER 57A

CANCER REGISTRY

Authority

N.J.S.A. 26:2-104 through 109, particularly 26:2-106b.

Source and Effective Date

R.2011 d.109, effective March 10, 2011.
See: 42 N.J.R. 2529(a), 43 N.J.R. 850(a).

Expiration Date

Chapter 57A, Cancer Registry, expires on March 10, 2016. [Extended to March 10, 2018. See: 43 N.J.R. 1203(a).]

Historical Note

Chapter 57A, Cancer Registry, was originally codified in Title 8, Chapter 57, as Subchapter 6, Cancer Registry. Subchapter 6 was adopted as R.1986 d.277, effective June 16, 1986. See: 17 N.J.R. 2836(b), 18 N.J.R. 1283(a).

Subchapter 6, Cancer Registry, was recodified as N.J.A.C. 8:57A by R.1990 d.242, effective May 21, 1990. See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Pursuant to Executive Order No. 66(1978), Chapter 57A, Cancer Registry, was readopted as R.1995 d.241, effective April 12, 1995. See: 27 N.J.R. 629(a), 27 N.J.R. 1988(a).

Pursuant to Executive Order No. 66(1978), Chapter 57A, Cancer Registry, was readopted as R.2000 d.193, effective April 12, 2000. See: 32 N.J.R. 214(a), 32 N.J.R. 1790(a).

Chapter 57A, Cancer Registry, was readopted by R.2005 d.367, effective October 3, 2005. See: 37 N.J.R. 1666(a), 37 N.J.R. 4257(a).

Chapter 57A, Cancer Registry, was readopted as R.2011 d.109, effective March 10, 2011. As a part of R.2011 d.109, Appendices A through M were adopted as new rules, effective April 4, 2011. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. CANCER REGISTRY

§ 8:57A-1.1 Purpose and scope

(a) The purpose of this subchapter is to:

1. Implement N.J.S.A. 26:2-104 through 109, which authorizes the Department of Health and Senior Services to establish and maintain the New Jersey State Cancer Registry (NJSCR) as the Statewide repository of records of cases of cancer and specified cases of tumorous or precancerous disease that occur in New Jersey;

2. Set forth standards for maintaining confidentiality of information submitted to the NJSCR; and

3. Set forth standards for the establishment, use and maintenance of the NJSCR.

(b) The purpose of the NJSCR is to:

1. Monitor cancer incidence and mortality trends in New Jersey;

2. Conduct epidemiologic surveys of cancer and cancer-related diseases in New Jersey; and

3. Assist physicians, researchers, public health officials, epidemiologists and health care facility administrative officers by providing data, subject to the confidentiality provisions established at N.J.A.C. 8:57A-10, to understand cancer, improve cancer treatment, increase survival, improve long-term quality of life for cancer patients and identify the most appropriate cancer prevention and control measures.

(c) This subchapter applies to:

1. All health care facilities, physicians, dentists and other health care providers that diagnose or treat cancer patients;

2. Clinical laboratories located in New Jersey that conduct hematology examinations or examine tissue specimens that are positive for the existence of cancer or

other specified tumorous and precancerous disease; and

3. All health care insurers and other third-party health care payers providing benefit plans to residents of New Jersey that are cancer patients.

§ 8:57A-1.2 Incorporated and referenced documents

(a) The Department incorporates by reference, as amended and supplemented, the following documents in this subchapter:

1. The e-path Reporting Site Information Checklist (based on the National Cancer Institute's Surveillance Epidemiology End Results (SEER) Program Case Finding List, effective January 2010), developed by the Artificial Intelligence in Medicine Incorporated, 2 Berkeley Street, Suite 403, Toronto, Ontario, Canada M5A 2W3, which will be used by pathology laboratories to send site information in order to implement electronic cancer case-finding and pathology data gathering for the NJSCR and is available through request to the NJSCR;

2. The SEER Program Code Manual 2007, developed by the Surveillance Epidemiology and End Results (SEER) Program of the National Cancer Institute, Division of Cancer Control and Population Sciences, Surveillance Research Program, Cancer Statistics Branch/SEER Program, 6116 Executive Boulevard, Suite 504, MSC 8316, Bethesda, MD 20892-8316, Telephone: (301) 496-8510, which is used for abstracting and coding cancer data and is available online at: <http://seer.cancer.gov>;

3. The NAACCR Data Standards for Cancer Registries - Data Standards and Data Dictionary (Volume II - Version 12), developed by the North American Association of Central Cancer Registries (NAACCR), Executive Office, 2121 West White Oaks Drive, Suite B, Springfield, IL 62704-6495, Telephone: (217) 698-0800, which is used by health care facilities, physicians, dentists and other health care providers to electronically submit data to the NJSCR and is available online at: <http://www.naacr.org/StandardsandRegistryOperations/VolumeII.aspx>; and

4. The NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting, Version 2.1 (effective January 1, 2008), developed by the North American Association of Central Cancer Registries (NAACCR), Executive Office, 2121 West White Oaks Drive, Suite B, Springfield, IL 62704-6495, Telephone: (217) 698-0800, which sets forth the Health Level 7 (HL-7) Version 2.3.1 standard protocol that independent or hospital-based clinical laboratories must use if they chose to make reports to the Department electronically and is available online at: <http://www.naacr.org/StandardsandRegistryOperations/VolumeII.aspx>.

(b) The Department references the following documents as guidance in this subchapter:

1. The NJSCR Manual: Instructions For Health Care Facilities written and published by the New Jersey Department of Health and Senior Services, Cancer Epidemiology Services to provide guidance to health care facilities on the electronic transmission of data to the Department and to provide information from Federal programs that establish standards for cancer registries and which is available online at: http://nj.gov/health/ces/cancer_reporting_hos.shtml; and

2. The NJSCR Abstract Instruction Manual For Physicians, Ambulatory Care Centers and Radiation Treatment Facilities 2008 written and published by the New Jersey Department of Health and Senior Services, Cancer Epidemiology Services to provide guidance to physicians, ambulatory care centers (ACCs) and radiation treatment facilities (RTFs) on the electronic or written transmission of data to the Department and which is available online at: http://nj.gov/health/ces/cancer_reporting_phy.shtml.

(c) The Department incorporates by reference the following forms in this subchapter:

1. The Radiation Therapy Facility Report Form (N.J.A.C. 8:57A Appendix A), which is a form required of radiation facilities to report radiotherapy treatment information for cases of cancer to the NJSCR;

2. The Ambulatory Surgery Center Report Form (N.J.A.C. 8:57A Appendix B), which is a form required of ambulatory care centers to report surgical cancer diagnosis and cancer treatment to the NJSCR;

3. The Physician Report Form (N.J.A.C. 8:57A Appendix C), which is a form required of physicians to report information on cancer diagnosis or treatment at their respective practices to the NJSCR;

4. The Dentist Report Form (N.J.A.C. 8:57A Appendix D), which is a form required of dentists to report information on non-hospitalized cases of cancer to the NJSCR;

5. The Laboratory Report Form (N.J.A.C. 8:57A Appendix E), which is a form required of laboratories to report cancer diagnoses to the NJSCR;

6. The Hospice Program Report Form (N.J.A.C. 8:57A Appendix F), which is a form required of hospice providers to report patients diagnosed with cancer to the NJSCR;

7. The Hematology/Oncology Physician Report (N.J.A.C. 8:57A Appendix G), which is a form required of physicians to report information on cases of

hematopoietic cancer to the NJSCR;

8. The Hematology/Oncology Information Request (N.J.A.C. 8:57A Appendix H), which is a form that physicians shall use to report information about their practice to the NJSCR, upon request;

9. The Cancer Registry Survey (N.J.A.C. 8:57A Appendix I), which is a form required of physicians, dentists, or health care providers to report information on their practice when they report cases of cancer to the NJSCR the first time or if they have just opened their practice in New Jersey;

10. The Diagnostic Laboratory Information Request form (N.J.A.C. 8:57A Appendix J), which is a form that clinical laboratories located in New Jersey shall use to report information about their laboratory to the NJSCR, upon request, and to request software in order to implement electronic cancer case-finding and pathology data gathering for the NJSCR;

11. The Rocky Mountain Cancer Data Software (RMCDs) Information Request (N.J.A.C. 8:57A Appendix K), which is a form required of health care facilities and providers if they choose to apply for a no-cost software program to report information on cases of cancer electronically to the NJSCR;

12. The Death Certificate Follow-Back Form (N.J.A.C. 8:57A Appendix L), which is a form used to obtain information on New Jersey residents who died with a cancer diagnosis and is only required when the NJSCR determines that there is a need for more information on a specific cancer case, which is based on cancer related cause of death information from the death certificate;

i. If the NJSCR determines that more information is needed, NJSCR staff will mail the appropriate form to the physician or health care facility; and

13. The NJSCR Follow-Back Physician Form (N.J.A.C. 8:57A Appendix M), which is a form used to obtain information on living patients with a cancer diagnosis and is only required when the NJSCR receives insufficient information and needs further details in order to complete abstraction of the case.

i. If the NJSCR determines that more information is needed, NJSCR staff will mail the appropriate form to the physician.

(d) All of the forms in (c) above are available by written request to the NJSCR mailing address.

1. The forms in (c)1 through 13 above are available online through the NJSCR webpage or the Department's Forms webpage at <http://web.doh.state.nj.us/forms/>.

§ 8:57A-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Administrative officer" means a person at a health care facility assigned with the responsibility of ensuring that reports of every case of cancer at the health care facility are made to the Department pursuant to the reporting requirements of this chapter.

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services, or his or her designee.

"Department" means the New Jersey Department of Health and Senior Services.

"Health care facility" means a facility as defined at N.J.S.A. 26:2H-1 et seq., as amended and supplemented.

"Health care provider" means a health care professional who is directly involved in the provision of health care services and whose practice is regulated pursuant to Title 45 of the New Jersey Statutes and State professional board rules, who in the course and scope of work duties, independently or under the supervision of the appropriate authority, diagnoses or treats patients with cancer or other specified tumorous and precancerous diseases as set forth at N.J.A.C. 8:57A-1.11.

1. Health care provider includes physicians and dentists.

"NJSCR" means the New Jersey State Cancer Registry established by the Department pursuant to this chapter and the authority of N.J.S.A. 26:2-104 et seq.

"NJSCR mailing address" means the mailing address of the New Jersey State Cancer Registry, which is: Cancer Epidemiology Services, New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, New Jersey 08625-0369.

"NJSCR webpage" means the webpage of the New Jersey State Cancer Registry available at www.state.nj.us/health/ces/index.shtml.

§ 8:57A-1.4 Reporting of cancer; general requirements

(a) Every New Jersey health care facility, physician, dentist, other health care provider and independent clinical laboratory shall report all cases of cancer and other specified tumorous and precancerous diseases to the Department in accordance with the list of reportable diseases and conditions established at N.J.A.C. 8:57A-

1.11.

(b) Every New Jersey health care facility, physician, dentist, other health care provider and independent clinical laboratory shall submit all case reports within six months of the date of diagnosis or within three months of the date of discharge from the reporting facility, whichever is sooner.

(c) Every New Jersey health care facility shall submit follow-up reports on each cancer case, as requested by the Department, to confirm the patient's vital status until the patient's death.

(d) Every New Jersey health care facility, physician, dentist and other health care provider shall use the SEER Program Code Manual 2007 when abstracting and coding cancer data.

(e) If health care facilities and physicians choose to apply for a no-cost software program, which would be used to report information on cases of cancer electronically to the NJSCR, they shall use the Rocky Mountain Cancer Data Software Information Request, available at N.J.A.C. 8:57A Appendix K.

§ 8:57A-1.5 Health care facility reporting

(a) The administrative officer of every health care facility shall report to the Department every case of cancer or other specified tumorous and precancerous disease when it is initially diagnosed or when the patient is first admitted or treated for any reason in that facility.

1. The administrative officer of the health care facility shall also submit to the Department a report for each subsequent primary cancer diagnosed in that patient.

(b) A certified tumor registrar shall perform all abstracting work from a health care facility that diagnoses or treats 100 or more cancer cases per year.

1. The certified tumor registrar shall be certified by the National Cancer Registrars Association's Council on Certification, 1340 Braddock Place, Suite 203, Alexandria, VA 22314, <http://www.ctrexam.org>, telephone: (703) 299-6640; telefacsimile: (703) 299-6620, e-mail: ctrexam@ncra-usa.org;

2. The certified tumor registrar shall be either employed by the health care facility or employed by an abstract-coding service under contract by the health care facility; and

3. The health care facility shall have until August 3, 2000 to comply with the provisions of (b) above.

(c) The information to be reported, as set forth in (a)

above, shall:

1. Be submitted electronically using the NAACCR Data Standards for Cancer Registries - Data Standards and Data Dictionary (Volume II - Version 12); and

2. Include patient identifying information, medical history, cancer treatment and cancer stage at diagnosis.

(d) Health care facilities may use the NJSCR Manual: Instructions For Health Care Facilities for guidance in abstracting.

(e) Health care facilities that lack adequate internal capabilities to report cases in accordance with the requirements of (b) and (c) above shall contract with the Department to provide abstracting services.

(f) The Department shall charge a fee, based upon the fair market value of services, to health care facilities for the provision of services set forth at (e) above.

(g) A health care facility which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$ 500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

(h) A health care facility, which fails to report cases of cancer or other specified tumorous and precancerous diseases electronically shall be liable for a penalty not to exceed \$ 1,000 per business day.

§ 8:57A-1.6 Physician, dentist and other health care provider reporting

(a) Every physician, dentist or other health care provider who diagnoses or provides treatment for cancer patients shall report to the Department an initial diagnosis of each case of cancer or other specified tumorous and precancerous disease not referred to or previously diagnosed in a health care facility in the State of New Jersey.

1. The physician, dentist or health care provider shall also submit to the Department a report for each subsequent primary cancer diagnosed in that individual.

(b) The information to be reported in (a) above shall:

1. Be submitted electronically using the NAACCR Data Standards for Cancer Registries - Data Standards and Data Dictionary (Volume II - Version 12); or

2. Be submitted using the following forms:

i. Physicians shall use the Physician Report Form, available at N.J.A.C. 8:57A Appendix C;

ii. Dentists shall use the Dentist Report Form, available at N.J.A.C. 8:57A Appendix D; and

iii. Other health care providers shall use the forms set forth at N.J.A.C. 8:57A-1.2(c) 1 and 2 and 6 and 7, as appropriate for the type of health care provider; and

3. Include patient identifying information, medical history, cancer treatment and cancer stage.

(c) The physician, dentist or health care provider shall report information on their practice when they report cases of cancer to the NJSCR the first time or if they have just opened their practice in New Jersey using the Cancer Registry Survey, available at N.J.A.C. 8:57A Appendix I.

i. If applicable, physicians shall use the Hematology/Oncology Information Request, available at N.J.A.C. 8:57A Appendix H, to provide information to the Department upon request.

(d) The physician, dentist or other health care provider may use the NJSCR Abstract Instruction Manual For Physicians, Ambulatory Care Centers and Radiation Treatment Facilities 2008 as guidance when reporting.

(e) A physician, dentist, or other health care provider who fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$ 500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

§ 8:57A-1.7 Clinical laboratory reporting

(a) The director of every independent or hospital-based clinical laboratory shall report to the Department the results of examinations of tissue specimens and/or hematology examinations that are positive for the existence of cancer or other specified tumorous and precancerous disease not previously reported from that laboratory.

(b) The information to be reported shall:

1. Be submitted using the Laboratory Report Form, available at N.J.A.C. 8:57A Appendix E; and

2. Include all available patient identifying information, the tissue examined and the results of the pathologic examination, and the name, address and/or telephone number of the referring physician.

(c) The director of the independent or hospital-based clinical laboratory may submit the reports electronically in accordance with:

1. The e-path Reporting Site Information Checklist; and

2. The HL-7 standard protocol set forth in the NAACR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting, Version 2.1.

(d) The director of the independent or hospital-based clinical laboratory shall use the Diagnostic Laboratory Information Request Form, available at N.J.A.C. 8:57A Appendix J, to report information about the laboratory to the NJSCR, upon request, and to request software in order to implement electronic cancer case-finding and pathology data gathering for the NJSCR.

(e) A hospital-based clinical laboratory, which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$ 500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

§ 8:57A-1.8 Health care insurer reporting

(a) Health care insurers and other third-party health care payers providing benefit plans to residents of the State shall report to the Department information on cases of cancer or other specified tumorous and precancerous diseases based upon selection criteria, established at N.J.A.C. 8:57A-1.11, upon request of the Department.

(b) The information shall:

1. Be submitted electronically in the format specified by the Department in the request set forth in (a) above; and

2. Include patient identifying information and medical information, including but not limited to, medical history, cancer treatment, cancer stage at diagnosis information and co-morbid conditions.

§ 8:57A-1.9 Supplemental information

(a) Every New Jersey health care facility, physician, dentist, other health care provider and independent clinical laboratory shall supply information necessary to clarify medical or demographic data upon request of the Department.

1. This supplemental information shall include, but not be limited to: copies of pathology and/or hematology reports, operative reports, treatment information, history and physical sections of the medical records and discharge summaries.

(b) If the NJSCR determines that more information is needed, NJSCR staff will mail one of the following forms, as appropriate, to the physician or health care facility:

1. The Death Certificate Follow-Back Report form,

available at N.J.A.C. 8:57A Appendix L; or

2. The NJSCR Follow-Back Physician Form, available at N.J.A.C. 8:57A Appendix M.

§ 8:57A-1.10 Access to information and records

(a) Every health care facility, independent clinical laboratory, physician, dentist or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third-party health care payers providing benefit plans to residents of the State shall allow representatives of the Department, or its designee, to obtain information from all medical, pathological and other pertinent records and logs related to cancer cases, as necessary for fulfilling the functions of the NJSCR.

(b) Every health care facility, independent clinical laboratory, physician, dentist or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third-party health care payers providing benefit plans to residents of the State shall permit representatives of the Department access to information or provide necessary information on specified cancer patients and other patients specified by characteristics for research studies related to cancer etiology, prevention and control, which are conducted by the Department subject to the following:

1. The Department's designated Institutional Review Board shall:

i. Review the studies to assure protection of human subjects; and

ii. Approve or disapprove the studies, as appropriate, based on the outcome of the review.

2. This access or provision of information shall include patients who came under the care of the health care facility, physician, dentist or other health care provider prior to November 18, 1977.

(c) Representatives of the Department shall:

1. Provide advance notice to the health care facility, physician, dentist or other health care provider, independent clinical laboratory, health care insurer or other third-party health care payer in order to access patient records of cancer patients pursuant to (a) and (b) above; and

2. Present valid identification at the time of access, including, but not limited to, Department or designee issued identification, if on-site access to patient records is necessary.

(d) Only the Department and such other agencies as may be designated by the Commissioner shall use the reports made pursuant to this subchapter.

1. These reports shall not be:

i. Otherwise divulged or made public; or

ii. Subject to public inspection and copying pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

(e) No individual or organization providing information to the Department in accordance with this subchapter shall be deemed to be, or held liable for, divulging confidential information.

(f) The Department shall not make public any information reported to the NJSCR that discloses the identity of any person to whom the information relates.

1. The Department will refer individuals wishing to confirm the inclusion of their medical information in the NJSCR to their health care provider or treating health care facility.

(g) The Department shall report all violations of (c) above by any individual or organization to the appropriate professional licensing authorities and public financing programs.

(h) Failure to permit access to information and records to representatives of the Department shall be cause for legal action.

§ 8:57A-1.11 List of reportable diseases and conditions

(a) If a diagnosis includes any of the following words, every New Jersey health care facility, physician, dentist, other health care provider or independent clinical laboratory shall report the case to the Department in accordance with the provisions of this subchapter:

Cancer;
Carcinoma;
Leukemia;
Lymphoma;
Malignant; and/or
Sarcoma.

(b) Every New Jersey health care facility, physician, dentist, other health care provider or independent clinical laboratory shall report any case having a diagnosis listed at (g) below and which contains any of the following terms in the final diagnosis to the Department in accordance with the provisions of this subchapter:

Apparent(ly);

Appears;
Compatible/Compatible with;
Consistent with;
Favors;
Malignant appearing;
Most likely;
Presumed;
Probable;
Suspect(ed);
Suspicious (for); and/or
Typical (of).

(c) Basal cell carcinomas of the skin shall not be reported to the Department, except when they are diagnosed in the labia, clitoris, vulva, prepuce, penis or scrotum.

(d) Carcinoma *in situ* of the cervix and/or cervical squamous intraepithelial neoplasia III (CIN III) shall not be reported to the Department.

(e) Insofar as soft tissue tumors can arise in almost any body site, the primary site of the soft tissue tumor shall also be examined for any questionable neoplasm.

(f) If any uncertainty regarding the reporting of a particular case exists, the health care facility, physician, dentist, other health care provider or independent clinical laboratory shall contact the Department for guidance at (609) 588-3500 or view information on the following website <http://www.nj.gov/health/ces/njsr.shtml>.

(g) Every New Jersey health care facility, physician, dentist, other health care provider or independent clinical laboratory shall report the following conditions to the Department in accordance with the provisions of this subchapter:

ADRENAL

Adrenal cortical carcinoma
Ganglioneuroblastoma
Neuroblastoma
Neuroendocrine carcinoma
Neuroepithelioma
Paranglioma (+)
Pheochromocytoma, malignant only
Sympathicoblastoma

ANUS (see G-I tract)

APPENDIX (see G-I tract)

BILE DUCTS (see gall bladder and bile ducts)

BLOOD (see Hematopoietic/Lymphoid)

BLOOD VESSELS (see soft tissues)

BONE AND JOINTS

Adamantinoma
Ameloblastoma, malignant
Angioblastoma (+)
Angiosarcoma
Chondrosarcoma
Chordoma
Ewing's Sarcoma
Fibrosarcoma (medullary, periosteal, central, endosteal)
Giant cell tumor of bone (+)
Giant cell tumor, malignant
Hemangioendothelioma, malignant
Mesenchymal chondrosarcoma
Myeloma
Osteoclastoma (+)
Osteogenic Sarcoma
Osteosarcoma
Parosteal osteoma
Plasmacytoma

BONE MARROW (see Hematopoietic/Lymphoid)

BRAIN, SPINAL CORD, CRANIAL NERVES, MENINGES, AND CENTRAL NERVOUS SYSTEM

Acoustic neuroma (O)
Angiolipoma (O)
Angiomatous meningioma (O)
Astroblastoma
Astrocytoma, any type
Atypical choroid plexus papiloma (+)
Atypical lipoma (+)
Atypical meningioma (+)
Capillary hemangioma (O)
Cavernous hemangioma (O)
Central neurocytoma (+)
Chordoid glioma (+)
Choroid plexus papilloma, malignant
Choroid plexus papilloma (O)
Clear cell meningioma (+)
Dermoid cyst (O)
Demoplastic infantile astrocytoma (+)
Diffuse melanocytosis (O)
Dysembryoplastic neuroepithelial tumor (O)
Dyplastic gangliocytoma of cerebellum (O)
(Lhermitte-Duclos)
Ependymoblastoma
Ependymoma
Fibrolipoma (O)
Fibroma (O)
Fibrous meningioma (O)
Gangliocytoma (O)
Ganglioglioma (+)
Ganglioneuroblastoma
Ganglioneuroma (O)
Germinoma
Glioblastoma multiforme
Gliofibroma (+)
Glioma, all types
Gliomatosis cerebri (+)

Hemangioblastoma (+)
 Hemangioendothelioma, benign (O)
 Hemangioendothelioma (+)
 Hemangioma (O)
 Hemangiopericytoma, benign (O)
 Hemangiopericytoma (+)
 Hemangiopericytoma, malignant
 Leiomyoma (O)
 Leiomyomatosis (+)
 Lipoma (O)
 Medulloblastoma
 Medulloepithelioma
 Melanotic neurofibroma (O)
 Meningeal melanocytoma (+)
 Meningioma, malignant
 Meningioma (O)
 Meningiomatosis (+)
 Meningiotheliomatous meningioma (O)
 Meningiothelial meningioma (O)
 Myxopapillary ependymoma (+)
 Neoplasm, benign (O)
 Neoplasm, uncertain whether benign or malignant (+)
 Neurilemoma (O)
 Neurinomatosis (+)
 Neuroblastoma
 Neurofibroma (O)
 Neurofibromatosis (+)
 Neuroma (O)
 Neurothekeoma (O)
 Oligodendrocytoma or Oligodendroblastoma
 Oligodendroglioma
 Papillary meningioma
 Paraganglioma (+)
 Perineurioma (O)
 Pinealoma
 Pineal teratoma, malignant
 Pineoblastoma
 Pineocytoma
 Plexiform neurofibroma (O)
 Polarespongioblastoma
 Psammomatous meningioma (O)
 Rhabdomyoma (O)
 Schwannoma (any)
 Smooth muscle tumor (+)
 Soft tissue tumor, benign (O)
 Solitary fibrous tumor (O)
 Spongioblastoma
 Subependymal astrocytoma
 Subependymal giant cell astrocytoma (+)
 Supependymoma (+)
 Teratoma, benign (O)
 Teratoma (+)
 Transitional meningioma (O)
 Tumor cells, benign (O)
 Tumor cells, malignant
 Venous hemangioma (O)

BREAST

Adenocarcinoma

Apocrine carcinoma
 Colloid carcinoma
 Comedocarcinoma
 Cribriform carcinoma
 Cystosarcoma phyllodes, malignant only
 Ductal carcinoma, in situ
 Fibroadenoma, malignant only
 Glycogen rich carcinoma
 Infiltrating carcinoma of the breast such as:
 Carcinoma, NOS
 Duct adenocarcinoma
 Duct and lobular
 Duct carcinoma
 Duct and Paget's disease
 Ductular
 Lobular
 Lipid-rich carcinoma
 Lobular carcinoma, in situ
 Lobular and intraductal, in situ
 Lobular neoplasia
 Medullary carcinoma
 Papillary carcinoma, in situ
 Paget's disease
 Phyllodes tumor, malignant
 Stromal sarcoma of breast
 Tubular carcinoma

BRONCHUS (see lung)

CERVIX (see uterus)

COLON (see G-I tract)

EAR (see skin, soft tissue)

ENDOMETRIUM (see uterus)

ESOPHAGUS (see G-I tract)

EYE

Epidermoid carcinoma
 Melanoma, malignant
 Retinoblastoma
 Squamous cell carcinoma
 Squamous cell epithelioma
 (Tumors of the orbit:
 See soft tissues and Hematopoietic/Lymphoid)

EXTRA-ADRENAL PARAGANGLIA (see adrenal)

FALLOPIAN TUBE (see uterus)

GALL BLADDER AND BILE DUCTS

Adenocarcinoma
 Carcinoma (other)

GASTRO-INTESTINAL TRACT

(esophagus, stomach, intestine, appendix, colon, anus)

Adenoacanthoma
 Adenocarcinoma
 Adenoidcystic carcinoma
 (Adeno) carcinoma in Adenomatous polyp with or without invasion of stalk
 Adenosarcoma
 Anal intraepithelial neoplasia (AIN III)
 Apudoma (+)
 Argentaffinoma (+)
 Bowen's disease of anus
 Carcinoid (except benign—e.g. appendix)
 Carcinosarcoma
 Cloacogenic carcinoma
 Epidermoid carcinoma
 Gastrinoma (+)
 Immunoproliferative disease, small intestinal
 Kaposi's Sarcoma
 Leiomyosarcoma, malignant only
 Linitis plastica
 Lymphoma
 Mixed tumor of esophagus, malignant only
 Neuroendocrine carcinoma
 Paget's disease of anus
 Polypoid adenoma, malignant only
 Signet ring cell carcinoma
 Squamous cell carcinoma
 Squamous cell epithelioma
 Transitional cell carcinoma

HEMATOPOIETIC/LYMPHOID

(Including blood, bone marrow, lymph nodes, spleen and tumors of hematopoietic or lymphoid histogenesis found in other sites.)

Acute erythremic myelosis
 Acute megakaryocytic myelosis
 Blastic plasmacytoid dendritic cell neoplasm
 Chronic lymphoproliferative disorder of NK cells
 Dendritic cell sarcoma
 DiGuglielmo syndrome
 Erythroleukemia
 Essential thrombocythemia
 Extracranial plasmacytoma
 Fibroblastic reticular cell tumor
 Heavy chain disease, all such as:
 Alpha
 Gamma (Franklin's Disease)
 Mu
 Not otherwise specified
 Histiocytic medullary reticulosis
 Histiocytosis, malignant
 Histiocytosis-X, malignant only
 Hodgkin's Disease, all such as:
 Histiocyte predominant
 Lymphocyte depleted
 Lymphocyte predominant
 Mixed cellularity
 Nodular sclerosing
 Hypereosinophilic syndrome
 Idiopathic thrombocythemia

Immunoproliferative Disease, NOS
 Letterer-Siwe's Disease
 Leukemia, all
 Leukemic reticuloendotheliosis
 Lymphoid neoplasm
 Lymphoma, all
 Lymphosarcoma
 Lymphoreticular process, malignant
 Megakaryocytosis, malignant
 Multiple myeloma
 Mycosis fungoides
 Myelodysplastic neoplasm, unclassifiable
 Myelodysplastic syndrome
 Myelofibrosis with myeloid metaplasia, malignant only
 Myeloid neoplasm
 Myeloma
 Myeloproliferative disease (+)
 Myelosclerosis
 Panmyelosis, acute
 Primary myelofibrosis
 Polycythemia Vera
 Refractory anemia
 Refractory neutropenia
 Refractory thrombocytopenia
 Reticulosis, malignant
 Reticulum cell sarcoma/tumor
 Sezary's disease or syndrome
 Systemic mastocytosis
 Therapy related myelodysplastic syndrome
 Waldenstrom's macroglobulinemia or syndrome

HYPOPHARYNX (see oral cavity)

KIDNEY

Adenocarcinoma
 Adenomyosarcoma
 Clear cell carcinoma
 Hypernephroma
 Nephroblastoma
 Renal cell carcinoma
 Squamous cell carcinoma
 Transitional cell carcinoma
 Tubular adenoma, borderline or malignant only
 Wilms's Tumor

LARYNX AND TRACHEA

Adenocarcinoma
 Adenocystic carcinoma
 Cylindroma
 Squamous cell carcinoma

LIP (see oral cavity)

LIVER

Angiosarcoma
 Bile duct carcinoma
 Cholangiocarcinoma
 Hepatoblastoma
 Hepatocellular carcinoma

Hepatoma, malignant only

LUNG AND BRONCHUS

Adenocarcinoma
Adenoid cystic carcinoma
Apudoma (+)
Argentaffinoma (+)
Bronchial adenoma (+)
Bronchial adenoma (carcinoid type)
Cylindroma
Epidermoid carcinoma
Intravascular bronchial alveolar tumor
Large cell (anaplastic) carcinoma
Neuroendocrine carcinoma
Oat cell carcinoma
Pulmonary blastoma
Small cell (anaplastic) carcinoma
Squamous cell carcinoma
Undifferentiated carcinoma

LYMPH NODE (see Hematopoietic/Lymphoid)

MEDIASTINUM

(see Hematopoietic/Lymphoid, soft tissue, or thymus)

MENINGES (see brain)

MUSCLE (see soft tissue)

NERVE (see soft tissue)

NOSE (Nasal cavity, Para-nasal sinus and Nasopharynx)

Adenocarcinoma
Epidermoid carcinoma
Esthesioneuroblastoma
Lymphoepithelioma
Mesenchymoma, malignant
Neuroblastoma
Rhabdomyosarcoma
Sarcoma botryoides
Squamous cell carcinoma

ORAL CAVITY AND SALIVARY GLANDS

Adenocarcinoma
Adenoid cystic carcinoma
Acinic cell carcinoma
Acinic cell tumor (+)
Cylindroma
Epidermoid carcinoma
Lymphoepithelioma
Melanoma
Mixed tumor, salivary gland type, malignant only
Mucoepidermoid carcinoma
Mucoepidermoid tumor (+)
Pleomorphic adenoma, malignant only
Squamous cell carcinoma
Transitional cell carcinoma

Undifferentiated carcinoma
Verrucous carcinoma

OROPHARYNX (see oral cavity)

OVARY

Adenocarcinoma, NOS
Arrhenoblastoma, malignant
Brenner tumor, malignant only
Choriocarcinoma
Clear cell carcinoma
Dysgerminoma
Embryonal carcinoma
Endodermal sinus tumor
Endometrioid carcinoma
Granulosa cell carcinoma
Granulosa cell tumor, malignant
Leydig cell tumor, malignant
Mesonephroid carcinoma
Mucinous cystadenocarcinoma
Papillary serous cystadenocarcinoma
Pseudomucinous cystadenocarcinoma
Seminoma
Serous papillary cystadenocarcinoma
Sertoli-leydig cell carcinoma
Teratoma, malignant
Yolk-sac tumor

PANCREAS

Adenocarcinoma
Cystoadenocarcinoma
Gastrinoma (+)
Glucagonoma, malignant only
Islet cell adenoma (+)
Islet cell carcinoma
Pancreatoblastoma
Papillary cystic tumor (+)
Squamous cell carcinoma

PARAGANGLIA

Non-chromaffin paraganglioma (+)
(see also adrenal gland)

PARATHYROID

Carcinoma, all

PARANASAL SINUSES (see nose)

PENIS

Basal cell carcinoma of Penis and Prepuce (skin of)
Bowen's disease
Erythroplasia of Queyrat
Squamous cell carcinoma
Verrucous carcinoma

PERICARDIUM (see pleura)

PERITONEUM (see pleura)

PHARYNX (see oral cavity)

PINEAL

Demoid cyst (O)
Epithelial tumor, benign (O)
Gangliocytoma (O)
Ganglioglioma (+)
Neoplasm, benign (O)
Pinealoma (+)
Pineoblastoma
Pineocytoma (+)
Teratoma, benign (O)
Teratoma (+)

PITUITARY AND CRANIOPHARYNGEAL DUCT

Acidophil adenoma (O)
Adamantinomatous craniopharyngioma (+)
Adenoma (O)
Basophil adenoma (O)
Chromophobe adenoma (O)
Clear cell adenoma (O)
Clear cell tumor (O)
Craniopharyngioma (any type) (+)
Craniopharyngioma, malignant
Epithelial tumor, benign (O)
Granular cell tumor (O)
Lipoma (O)
Mixed acidophil-basophil adenoma (O)
Mixed cell adenoma (O)
Monomorphic adenoma (O)
Neoplasm, uncertain (+)
Neoplasm, benign (O)
Oxyphilic adenoma (O)
Papillary adenoma (O)
Papillary craniopharyngioma (+)
Pituitary adenoma (O)
Prolactinoma (O)
Rathke Pouch tumor (+)
Soft tissue tumor, benign (O)
Teratoma, benign (O)
Teratoma (+)
Tumor cells, benign or uncertain

PLACENTA

Choriocarcinoma
Chorioepithelioma
Hydatiform mole, malignant (+)
Invasive mole (+)

PLEURA, PERITONEUM, PERICARDIUM

Fibrosarcoma
Mesothelioma
Sarcoma

PROSTATE AND SEMINAL VESICLE

Adenocarcinoma
Adenoid cystic carcinoma
Alveolar rhabdomyosarcoma
Carcinosarcoma

Endometrioid carcinoma
Rhabdomyosarcoma

RECTUM (see G-I Tract)

SALIVARY GLANDS (see oral cavity)

SKIN

Amelanotic melanoma
Basal cell carcinoma of labia, clitoris, vulva, prepuce, penis and scrotum
Bowen's disease of anus and penis
Hutchinson's melanotic freckle
Lentigo maligna
Melanocarcinoma
Melanoma
Melansarcoma
Merkle cell tumor
Mycosis Fungoides
Pilomatrix carcinoma
Superficial spreading melanoma
Sweat gland carcinoma

SOFT TISSUE (including retroperitoneum, peripheral nerve)

Alveolar rhabdomyosarcoma
Alveolar soft parts sarcoma
Angiofibrosarcoma
Angiosarcoma
Angiomyxoma (+)
Chondrosarcoma
Clear cell sarcoma of tendons
Dermatofibrosarcoma protuberans
Embryonal rhabdomyosarcoma
Fibromyxosarcoma
Fibrosarcoma
Fibrous histiocytoma, malignant
Granular cell tumor, malignant
Hemangioendothelial sarcoma
Hemangioendothelioma, malignant only
Hemangiopericytoma, malignant only
Juvenile rhabdomyosarcoma
Kaposi's sarcoma
Leiomyosarcoma
Liposarcoma
Lymphangioendothelioma, malignant
Lymphangiosarcoma
Mesenchymoma, malignant
Metastasizing leiomyoma
Myosarcoma
Myxosarcoma
Neuroblastoma
Neurogenic sarcoma
Neurilemmoma, malignant
Neurilemmosarcoma
Osteosarcoma
Paraganglioma, malignant
Pigmented dermatofibrosarcoma protuberans bednar tumor

Reticulum cell sarcoma
Rhabdomyoma, malignant
Rhabdomyosarcoma
Sarcoma botryoides
Schwannoma, malignant
Schwannoma, malignant with rhabdomyoblastomatous differentiation
Synovial sarcoma
Xanthofibroma, malignant

SPINAL CORD (see brain)

SPLEEN (see Hematopoietic/Lymphoid)

STOMACH (G-I Tract)

TESTIS

Carcinoid tumor (+)
Choriocarcinoma
Chorioepithelioma
Embryoma
Embryonal carcinoma
Embryonal teratoma
Endodermal sinus tumor
Germ cell carcinoma
Gonadal stromal tumor, malignant only
Gonadoblastoma (+)
Interstitial cell carcinoma
Leydig cell carcinoma
Mesonephric adenocarcinoma (infantile, juvenile embryonal carcinoma)
Polyembryoma
Seminoma
Sertoli cell carcinoma
Spermatoblastoma
Spermatocytic seminoma
Spermatocytoma
Teratoblastoma
Teratocarcinoma
Teratoma (+)
Vitelline tumor
Yolk sac tumor

THYMUS

Epithelioid thymoma, malignant only
Lymphocytic thymoma, malignant only
Seminoma
Spindle cell thymoma, malignant only
Thymic carcinoid
Thymoma, malignant

THYROID

Adenocarcinoma
Anaplastic carcinoma
Follicular carcinoma
Giant cell carcinoma
Hurthle cell adenoma, malignant only
Hurthle cell tumor, malignant only
Medullary carcinoma

Occult sclerosing carcinoma
Papillary carcinoma
Undifferentiated carcinoma

TRACHEA (see Larynx)

URINARY BLADDER, URETER, URETHRA

Adenocarcinoma
Adenosarcoma
Carcinosarcoma
Chemodectoma, malignant only
Mullerian mixed tumors
Papillary transitional cell carcinoma
Paraganglioma (+)
Pheochromocytoma, malignant only
Rhabdomyosarcoma
Squamous cell carcinoma
Transitional cell carcinoma

UTERUS, UTERINE TUBES, CERVIX

Adenoacanthoma
Adenocarcinoma
Adenosarcoma
Adenosquamous carcinoma
Endolymphatic stromal myosis (low grade sarcoma)
Endometrial stromal sarcoma
Endometrioid carcinoma
Leiomyosarcoma
Mesonephric carcinoma
Mixed mesodermal tumor
Squamous cell carcinoma

VULVA AND VAGINA

Basal cell carcinoma of vulva, clitoris, and labia
Clear cell carcinoma
Mesonephroid carcinoma
Paget's disease
Squamous cell carcinoma
Vaginal intraepithelial neoplasia (VAIN III)
Vulvar intraepithelial neoplasia (VIN III)

NOTE: The following superscript indicates the nature of other than overtly malignant reportable tumors listed:

(+) Borderline, reportable

(O) Benign, reportable

§ 8:57A-1.12 Audit, letter and notice of violations and enforcement actions

(a) A health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory shall be subject to audit at the discretion of the Commissioner by authorized representatives of the Department.

(b) The Department or its designee shall evaluate completeness and timeliness of reporting as specified by this subchapter by reviewing documents including, but

not be limited to, the following: medical records, diagnostic indices, such as radiation, laboratory, cytology and/or pathology reports and discharge records.

(c) Authorized representatives of the Department shall conduct the audit during normal operating hours.

(d) The Department's authorized representatives may cite a deficiency upon a determination that the health care facility, physician's, dentist's, other health care provider's office or independent clinical laboratory does not comply with the reporting requirements established in this subchapter.

(e) At the conclusion of the audit or within 10 business days thereafter, the Department or its designee shall provide the health care facility, physician's, dentist's, other health care provider's office or independent clinical laboratory with a written Letter of Potential Violation and Potential Assessment (Letter) summarizing any factual findings used as a basis to determine that reporting has not been complete or timely.

1. The Department or its designee shall set forth in the Letter the proposed assessment of civil monetary penalties, and as applicable, the specific reasons for the action.

2. The Department or its designee shall serve the Letter on a facility, physician, dentist, other health care provider or independent clinical laboratory or its, his or her registered agent in person or by certified mail.

(f) A health care facility, physician, dentist, other health care provider or independent clinical laboratory shall have 30 business days after receipt of the Letter by certified mail or personal service in which to correct all deficiencies in its reporting that were discovered during the audit and cited in the Letter.

1. If a health care facility, physician, dentist, other health care provider or independent clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department or its designee will act as registrar and shall charge the facility, physician, dentist, other health care provider or independent clinical laboratory for all costs related to these services, including, but not limited to, the retrieval of case information and the cost of the audit.

i. This fee shall be based upon the fair market value of such services.

ii. All checks for fees for the Department's audit services shall be made payable to "Treasurer, State of New Jersey" and forwarded to:

Office of Cancer Epidemiology

New Jersey State Cancer Registry
New Jersey Department of Health and Senior Services
PO Box 369
Trenton, New Jersey 08625-0369

2. If a health care facility, physician, dentist or other health care provider fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department or its designee shall serve the entity or provider with a written Notice of Violation and Penalty Assessment.

3. If an independent clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit and cited in the Letter within 30 days, the Department or its designee shall report the deficiency to the Department's Clinical Laboratory Improvement Service, which may initiate enforcement actions.

§ 8:57A-1.13 Civil monetary penalties

(a) Pursuant to N.J.S.A. 26:2-106f(3) and notwithstanding the provisions of N.J.A.C. 8:57A-1.12(f) 1, the Commissioner may assess a penalty for violation of reporting requirements in accordance with the following standards:

1. For failure of a health care facility, physician, dentist or other health care provider to report pursuant to the provisions of this chapter, up to \$ 500.00 per unreported case of cancer or other specified tumorous and precancerous disease; and/or

2. For failure of a health care facility to report electronically, up to \$ 1,000 per business day.

(b) The Department or its designee may decrease the penalties in (a) above based upon compliance history, the number and frequency of the deficiencies, the measures taken to mitigate or prevent future deficiencies, the deterrent effect of the penalty and/or other specific circumstances of the facility, office or violation.

§ 8:57A-1.14 Failure to pay a penalty; remedies

(a) Upon receipt of a Notice of Violation and Penalty Assessment (Notice), a health care facility, physician, dentist or other health care provider has 30 days in which to notify the Department or its designee in writing of its, his or her answer to the Notice and request for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

(b) The penalty becomes due and owing upon the 31st day from receipt of the Notice if the Department or its designee has not received a written answer and request for a hearing.

1. If the recipient of the Notice has requested a

hearing, the penalty is due 45 days after the issuance of a Final Agency Decision by the Commissioner, if the Department or its designee has not withdrawn, rescinded or reversed its assessment, and an appeal has not been timely filed with the Appellate Division pursuant to Rule 2:2-3 of the New Jersey Court Rules.

(c) Failure to pay a penalty within 30 days of the date it is due and owing pursuant to (b) above may result in the institution of a summary civil proceeding by the Department or its designee pursuant to the Penalty Enforcement Law, N.J.S.A. 2A:58-10 et seq.

§ 8:57A-1.15 Hearings

(a) Upon request, a hearing shall be afforded to a health care facility, physician, dentist or other health care provider pursuant to N.J.A.C. 8:57A-1.14.

(b) A health care facility, physician, dentist or other health care provider shall notify the Department or its designee, in writing, of its request for a hearing within 30 days of receipt of a Notice of Violation and Penalty Assessment.

(c) The Department or its designee shall transmit the hearing request to the Office of Administrative Law, which will conduct the hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

§ 8:57A-1.16 Settlement of enforcement actions

(a) A health care facility, physician, dentist or other health care provider may request that the matter be settled in lieu of conducting an administrative hearing concerning an enforcement action.

(b) If the Department or its designee and the health care facility, physician, dentist or other health care provider agree on the terms of a settlement, a written agreement specifying these terms shall be executed.

(c) The Department or its designee may agree to accept payment of penalties over a schedule not exceeding 18 months where a health care facility, physician, dentist or other health care provider demonstrates financial hardship.

(d) All funds received in payment of penalties shall be recovered by and in the name of the Department and shall be dedicated to the New Jersey State Cancer Registry.