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Guidelines for Submitting Cancer Case Reports to the Maryland Cancer Registry under Meaningful Use

When submitting a cancer report to the Maryland Cancer Registry (MCR), it is essential that certain information be included in the report. Some of these critical data items include information on patient demographics, the cancer diagnosis, treatment, and facility and other provider identification information.

- Patient demographic information is important to describe how cancer is distributed across the population. This data is used for healthcare planning, public health interventions and policy, identification of underserved populations, and research.
- Cancer diagnosis data including the cancer primary site, cell type (histology), date of diagnosis, and severity (invasiveness and stage) are needed to describe the burden of cancer on Maryland's population through incidence rates, mortality rates, and cancer survival analyses. These data elements are found in sources such as pathology reports or physician notes and are necessary for development of the patient's treatment plan.
- Cancer treatment information is important for assessing cancer care and outcomes.
- Facility and other provider identification information are needed in order to know where the patient was diagnosed and treated.

The table below highlights the critical data elements that should be included in the cancer report. For some data elements, it is acceptable to indicate that the information is unknown. However, some information such as data related to the cancer diagnosis is necessary to the cancer report and should not be unknown.

Data Element	**Description/Importance for Public Health Cancer Surveillance**
Cancer/Tumor Information	
Primary Site	This refers to the very specific location in the body of the cancer's primary lesion. This does not include metastatic sites.
Histology	This is the histological (cell) type of cancer that most specifically and accurately describes the cancer as stated as the final diagnosis.
Diagnosis Date	This is the date the cancer diagnosis of a primary tumor was first made and is important for patient tumor consolidation of multiple reports.
Behavior	Behavior describes the invasiveness of the tumor and falls into one of the following: Malignant (invades surrounding tissues); In situ (noninfiltrating, noninvasive); Borderline (uncertain or low malignant potential); or Benign (growing in place without potential for spread).
Laterality	This refers to the side of the body where the cancer originated and is important for identifying single or multiple tumors for a patient. Unpaired organs, such as the colon, are considered "not a paired site." For paired organs, e.g., breast, kidney, arm, it is important to provide the side of the body where the tumor originated.
Source of Diagnostic Confirmation	This refers to the most definitive method of diagnostic confirmation. Often a cancer diagnosis is confirmed through microscopic examination of tissue and reported in a pathology report (positive histology).

Clinical T, Clinical N, Clinical M, Clinical TNM Stage Group	The TNM System for staging describes the extent of disease based on: T-the extent of the primary tumor; N-the absence or presence and extent of regional lymph node metastasis; and M-the absence or presence of distant metastasis. This is determined by the provider using the result of diagnostic testing acquired before treatment.
Pathologic T, Pathologic N, Pathologic M, Pathologic TNM Stage Group	Using the TNM System for staging, this is based on evidence acquired before treatment, supplemented or modified by additional evidence acquired from surgery and from pathologic examination.
Patient Information	
Last Name, First Name, Middle	Important for consolidation of multiple reports for the same patient.
Date of Birth	Used to calculate age at diagnosis which is necessary to produce age-adjusted incidence rates and to perform analyses related to patient survival.
Address, City, State, Zip code	Necessary for patient consolidation and for preparing cancer data by geographic region.
Address History	Patient address at the time of tumor diagnosis is the standard used for preparing cancer data by geographic region. Address history is valuable for when a patient has moved between the time of diagnosis and the encounter date.
Social Security Number	Important for patient record consolidation and linkage with death records, which is necessary for producing survival estimates.
Sex	Necessary for patient record consolidation and to produce gender specific cancer incidence rates, mortality rates, and information about cancer survival.
Race, Ethnicity	Important for preparing cancer incidence, mortality, and survival data for different race and ethnic groups. Data are used for developing targeted interventions to reduce cancer burden among racial or ethnic groups.
Treatment Information	
Procedures	The Procedures section contains information about the interventional, surgical, diagnostic, or therapeutic procedures or treatments. These should be submitted when known.
Medications	The Medications section captures medications taken by a patient, including those used for cancer directed systemic therapies (such as chemotherapy, hormone therapy and immunotherapy).
Medications Administered	The Medications Administered section captures medications given to the patient during the encounter, including cancer directed systemic therapies (such as chemotherapy, hormone therapy and immunotherapy).
Care Plan	The Care Plan section contains information on expected medications and procedures to care for the patient.
Referral Information	Information about other healthcare providers participating in the care of the patient is helpful for follow-up when necessary.
Facility and other provider identification information	
Organization information	Information at the organization level, including information about the organization where the report is coming from as well as information about other organizations where the patient received care.
Physician information	Information at the provider level, including information about the provider in charge of the encounter and other physicians involved in the care of the patient, such as the referring provider.