



# **Pennsylvania Cancer Registry Pathology Laboratory Reporting Manual**

***Commonwealth of Pennsylvania Department of Health***

***Tom Wolf, Governor***

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Part One:  
General Reporting Requirements

## WHAT IS THE PCR

The Pennsylvania Cancer Registry (PCR) is a population-based cancer incidence registry responsible for the collection of demographic, diagnostic, and treatment information on all patients diagnosed and treated at hospitals, laboratories, and other health care facilities in Pennsylvania.

As a population-based registry, the PCR attempts to record information on all new cases of cancer that occur in a defined population. The defined population covered by the PCR includes all residents of the Commonwealth of Pennsylvania.

The PCR is also defined as an incidence only cancer registry rather than a multi-purpose registry. Incidence only registries gather only the information necessary to determine the incidence of cancer by geographic areas, by demographic characteristics and by stage at diagnosis for each type of cancer. Treatment information has also been added to the information collected.

Finally, the term central cancer registry is used in referring to the PCR. Although a central registry does not have to be population-based, this term is frequently used to mean a statewide cancer registry. A central registry is designed to aggregate data from various sources. The contributing sources required to report to the PCR provide statewide coverage of the population.

## WHY REPORT TO THE PCR

The mission of the PCR is to collect and provide complete, accurate, and timely statewide incidence data for determination of cancer rates and trends in the population. To fulfill this mission, the PCR depends on complete ascertainment of cases and use of the data.

- **The Law**

Statewide collection and dissemination of data on cases of cancer by the Pennsylvania Department of Health is mandated in two state laws and Pennsylvania Department of Health disease-reporting regulations. The state laws include the Pennsylvania Cancer Control, Prevention and Research Act, 35 P.S. §5631 *et seq.*, and the Disease Prevention and Control Law of 1955, 35 P.S. §521.1 *et seq.* According to these statutes, each designated hospital and laboratory in the Commonwealth shall report all cases of cancer that are diagnosed and/or treated at the hospital or laboratory. These cases shall be submitted in the format prescribed by the Pennsylvania Cancer Registry. Disciplinary consequences for clinical laboratories violating reporting responsibilities are found in Section 27.6(a) of 28 Pa. Code Chapter 27 (Communicable and Noncommunicable Diseases) (Appendix A) and state:

*Failure of a clinical laboratory to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the laboratory's permit to operate as a clinical laboratory, as provided for in the Clinical Laboratory Act (35 P. S. §§ 2151--2165) unless failure to report is due to circumstances beyond the control of the clinical laboratory.*

- **Cancer Control**

The ultimate value of the registry lies not in collection of the data but in the degree to which the data are used for cancer control. The basis for any successful cancer control program is a comprehensive registry system. Registry data provides answers to questions, the means to target limited cancer control resources, and the mechanism to evaluate cancer control activities.

- **Health Insurance Portability and Accountability Act (HIPAA)**

HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the PCR falls under the definition of a public health entity, HIPAA allows you to report data to the PCR in compliance with Pennsylvania state laws and regulations. Written informed consent from each cancer patient reported to public health entities is not required under HIPAA.

The PCR depends on reporting facilities to submit quality data. Through the dedicated efforts of these facilities, the PCR is able to provide accurate information used to establish and enhance cancer control programs, and thus improve the lives of present and future patients with cancer.

## IDENTIFYING REPORTABLE CONDITIONS

Most in situ and all malignant cancer cases are reportable. Certain skin cancers, in situ cancers of the cervix, and prostatic intraepithelial neoplasia are not reportable.

All primary intracranial and central nervous system (CNS) tumors are reportable. This includes benign, malignant, and borderline CNS tumors for the following sites:

- Meninges (C70.0 - C70.9)
- Brain (C71.0 - C71.9)
- Spinal Cord (C72.0)
- Cauda equina (C72.1)
- Cranial nerves (C72.2 - C72.5)
- Other CNS (C72.8, C72.9)
- Pituitary gland (C75.1)
- Craniopharyngeal duct (C75.2)
- Pineal gland (C75.3)

In order to identify cases, each pathology report's electronic text is scanned at the PCR for certain word-strings and select reports that contain a reportable condition. Search terms are derived from the morphology text description from ICD-O and SNOMED coding schemes, common text phrases seen in a pathology report, and routine procedures performed in pathology settings. For your reference, the NAACCR Path Lab Search Terms document is located at <http://www.health.state.pa.us/pclabmanuals>

All reports must be transmitted to the PCR for processing. As the reports are processed at the PCR, reportable terms are screened and all non-reportable cases are deleted.

## REPORTING FORMAT

### Health Level Seven (HL7)

Labs should report cases to the PCR using the HL7 file layout as defined in the "North American Association of Central Cancer Registries (NAACCR) Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.2". A link to this document is on the **Attachment 1\*** cover page in this Manual.

This is a more specific implementation of the standard HL7 Unsolicited Observation (ORU) message. The files should be constructed according to the usual HL7 guidelines for batch submissions, with file and batch headers present. Each message within the file should be comprised of a single path report and each path report should be associated with a single Observation Report ID (OBR) segment.

**\*It is recommended that all attachments to this Manual be used simultaneously so all relevant information can be most easily accessed.**

## PCR-REQUIRED DATA ITEMS

The PCR requires specific HL7 data items to be completed for each reportable case. A listing of these items for labs is provided in Part Two of this Manual which contains a definition of the data items and a description of the formatting for each individual item.

## HOW and WHEN TO REPORT

Data files must be uploaded to the PCR via the Web Plus system on a weekly basis unless otherwise instructed by the PCR. The specific day of the week will be decided upon as part of the implementation process.

Web Plus is an Internet-based application developed by the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR) and is currently being used in at least 22 other states. Web Plus has been designed as a highly secure application that can be used to transmit data between reporting facilities and the PCR safely over the public internet.

Security is achieved by a combination of software features and network infrastructure. Web Plus is hosted on a secure web server; the communication between the client and the server is encrypted with 128-bit encryption Secure Socket Layer (SSL) technology.

Specific User IDs and initial passwords will be assigned as part of the implementation process.

**Attachment 2\*** of this Manual contains the procedure for using Web Plus to upload data files.

**\*It is recommended that all attachments to this Manual be used simultaneously so all relevant information can be most easily accessed.**

## **FACILITY CONTACT PERSON FOR PCR**

One person at each reporting laboratory is designated as the prime PCR contact person. This person is the contact for all correspondence and routine communication with the facility. Contacts must provide name, credentials, Department name and location within facility, Facility name and physical address, phone number, fax number and email address.

To maintain proper communication, inform the PCR of any changes in the contact person at your facility or their information by calling the PCR Non-hospital Source Manager at 1-800-272-1850 or (717) 783-2548.

## **PCR CONTACTS FOR LABORATORY**

Contact PCR Non-hospital Source Manager:

- With questions about or to resolve HL7 file format issues
- To gain access to Web Plus with a User ID and initial password
- For help with file uploads, especially for first uses or to resend a file
- For post-production issues such as forgotten passwords or application errors or problems

## **PCR TELEPHONE NUMBERS**

If you have questions regarding the contents of this Manual, contact the PCR Non-hospital Source Manager at 1-800-272-1850 or (717) 783-2548.



## Part Two: Required Data Items



## PCR-REQUIRED DATA ITEMS FROM LABS

The Pennsylvania Cancer Registry (PCR) requires the following data items to be reported. Every effort must be made to obtain this information and provide it to the PCR.

### Patient Demographics:

Patient Name (first, middle, last and alias)	Patient Age
Patient Address (street, city, state, and zip)	Patient Sex
Patient Phone Number	Patient Race
Patient Social Security Number	Patient Marital Status
Patient Date and Place of Birth	Patient Ethnic Group

### Laboratory Identifiers:

Laboratory Facility ID Number	Laboratory Address
Laboratory Name	Laboratory Phone Number

### Ordering Client or Facility Information:

MD License Number/ Facility ID Number	MD/Facility Address
MD/Facility Name	MD/Facility Phone Number

### Pathologist Information:

Pathologist Name	Pathologist License Number
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### Specimen Information:

Specimen Number	SNOMED CT Codes (if applicable)
Date Specimen Collected	Pathology Text
Result Status	

The following pages describe where this information must be populated in the HL7 (Health Level 7) format. See also the *North American Association of Central Cancer Registries (NAACCR) Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.2* cover in Attachment 1 of this Manual for a link to the complete document.

**\*It is recommended that all attachments to this Manual be used simultaneously so all relevant information can be most easily accessed.**

## PCR HL7 DATA SPECIFICATIONS

This section lists the specific data items the PCR requires and references only those HL7 elements relevant to the reporting of these items. It does not address the matter of formatting an Unsolicited Observation Message (ORU) or the basic elements of HL7. Please refer to the *Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.2* via a link in Attachment 1 of this Manual to explain the HL7 description of each element of the ORU and its potential role in cancer reporting.

As such, this document can be regarded as a supplement to *Volume V, Version 2.2* for laboratories unfamiliar with HL7. For laboratories already familiar with HL7 and the ORU message, this document should contain most of the information necessary to construct files for reporting, with minimal reference to *Volume V, Version 2.2* and the HL7 standards themselves.

Note: All User-defined and HL7 tables referenced in this section are also found in the *NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.2* via a link in Attachment 1 of this Manual.

PCR Database Field	HL7 element name from which data is taken (sc = subcomponent)	HL7 ID
Accession number	filler order number	obr3
patient identifier	patient identifier list	pid3
patient last name	patient name (sc 1)	pid5
patient first name	patient name (sc 2)	pid5
patient middle name	patient name (sc 3)	pid5
patient address: street	patient address (sc 1 and 2l)	pid11
patient address: city	patient address (sc 3)	pid11
patient address: state/province	patient address (sc 4)	pid11
patient address: zip/postal code	patient address (sc 5)	pid11
patient phone number	home phone number	pid13
patient date of birth	date of birth	pid7
patient age	observation value (see note D)	obx5
patient social security number	patient identifier list	pid3
patient sex	sex	pid8
patient alias	patient alias	pid9
patient marital status	marital status	pid16
patient birthplace	birth place	pid23

PCR Database Field	HL7 element name from which data is taken (sc = subcomponent)	HL7 ID
patient race	race	pid10
patient ethnicity	ethnic group	pid22
laboratory facility id number	sending facility (sc 2)	msh4
laboratory name	sending facility (sc 1)	msh4
laboratory address: street	sending facility (sc 1)	msh4
laboratory address: city	sending facility (sc 1)	msh4
laboratory address: state/province	sending facility (sc 1)	msh4
laboratory address: zip/postal code	sending facility (sc 1)	msh4
laboratory phone number	sending facility (sc 1)	msh4
dx md license number	ordering provider (sc 1)	obr16
dx md name	ordering provider (sc 2,3, and 4)	obr16
dx md address street	OrderingProviderAddress (sc 1)	orc24
dx md address city	OrderingProviderAddress (sc 3)	orc24
dx md address state province	OrderingProviderAddress (sc 4)	orc24
dx md address zip postal code	OrderingProviderAddress (sc 5)	orc24
dx md phone number	order callback phone number	obr17
dx location facility id number	OrderingFacilityName (sc 3)	orc21
dx location name	OrderingFacilityName (sc 1)	orc21
dx location address: street	OrderingFacilityAddress (sc 1 and 2)	orc22
dx location address: city	OrderingFacilityAddress (sc 3)	orc22
dx location address: state/province	OrderingFacilityAddress (sc 4)	orc22
dx location address: zip/postal code	OrderingFacilityAddress (sc 5)	orc22
dx location phone number	OrderingFacilityPhoneNumber	orc23
reporting pathologist	principal result interpreter (component 1, sc 2-4)	obr32
pathologist license number	principal result interpreter (component 1, sc 1)	obr32
date of specimen collection	observation datetime	obr7
date transmitted	creation date time	fhs7
record status	result status	obx11
SNOMED CT codes	observation value	obx5
pathology report text	observation value (see memo)	obx5

**DATA ITEM DESCRIPTIONS FOR HL7****Accession Number**

Reported in Observation Requirement Section 3 (OBR3), this value should uniquely identify the path report. This might be called a slide number, a test number, a report number, etc. If someone were to contact the lab in regard to a particular lab report and give this number, it should be useful in locating a report within the lab system.

**Patient Identifier**

Reported in Patient Identification Section 3 (PID3), collection of personal identifiers or any identifying code associated with the patient in question should be reported here. "PI" must be the type of identifier.

**Patient Last Name, First Name, Middle Name**

The current assumed legal name of the patient should be sent in this field. The name type code in this field should always be "L - Legal". All other names for the patient should be sent in PID9-patient alias.

**Patient Alias**

This field contains name or names by which the patient has been known at some time.

**Patient Address Fields**

This field lists the mailing address of the patient. Multiple addresses for the same person may be sent in the following sequence: the primary mailing address must be sent first in the sequence; if the mailing address is not sent, then a repeat delimiter must be sent in the first sequence.

If the street address is unknown or not available use 'UNKNOWN'; if city is unknown or not available use 'UNKNOWN'; if state is unknown or not available use 'ZZ'; if postal code is unknown or not available use '99999'.

**Patient Phone Number**

This is the patient's personal phone numbers. All personal phone numbers for the patient are sent in this sequence. The first sequence is considered the primary number. If the primary number is not sent, then a repeat delimiter is sent in the first sequence. For laboratory-based reporting, phone numbers provided in the first component of PID13 will be accepted as well.

**Patient Date of Birth**

This field contains the patient's date and time of birth. The user values the field only as far as needed. When a system has only a partial date, e.g., month and year, but not day, the missing values may be interpreted as zeros. The time zone is assumed to be that of the sender.

**DATA ITEM DESCRIPTIONS FOR HL7, continued****Patient Birth Place**

This field indicates the location of the patient's birth, for example "St. Francis Community Hospital of Lower South Side". Actual address is reported in PID11 with an identifier of "N".

**Patient Age**

No current HL7 element in the ORU message corresponds well to patient age. Should a birth date not be available when an age value is, report the age value as an observation in an OBX segment under the patient's first OBR. Use the following values in the OBX segment:

- OBX2 (value type) 'NM'
- OBX3 (observation identifier) use LOINC\* code 21612-7 (age at time of observation) or 21611-9 (estimated age) as appropriate.
- OBX5 (value) the 'quantity' of years, months, weeks, or days
- OBX6 (units) 'mo' 'wk', 'd' or 'yr' (ansi values) depending on whether the value of OBX5 quantifies a number of months, weeks, days, or years.

\*Logical Observation Identifier Names and Codes

**Patient Marital Status**

This field contains the patient's marital status. Refer to *User-defined table 0002-Marital status* for values.

**Patient Social Security Number**

This is another item to be reported in the identifier list of PID3, this one must contain a type of 'SS'.

**Patient Sex**

This field contains the patient's sex. Refer to *User-defined Table 0001-Sex* for valid values. If sex is not available, use 'U' for unknown.

**Patient Race**

This field identifies the patient's race. Refer to *User-defined Table 0005-Race* for valid values. If Race is not available, use 'U' for unknown.

For more detailed race values see the Center for Disease Control's Race/Ethnicity Code Set 1.0 at: <http://www.cdc.gov/PhinVSBrowser/StrutsController.do>

**Patient Ethnic Group**

This field further defines patient ancestry. Valid values are listed in *User-defined Table 0189-Ethnic group*. For more detailed race values see the Center for Disease Control's Race/Ethnicity Code Set 1.0 at: <http://www.cdc.gov/PhinVSBrowser/StrutsController.do>

**DATA ITEM DESCRIPTIONS FOR HL7, continued****Laboratory/Sending Facility's Name, Address Fields, Phone Number, and Laboratory Facility Id Number**

The originator of HL7 message will place the text name and address of the sending laboratory or reporting site, followed by the unique Clinical Laboratory Improvement Act (CLIA) identifier of the originating institution. Information about CLIA numbers can be found at <http://wwwn.cdc.gov/clia/oscar.aspx>.

**Dx Md/Ordering Provider License Number and Name**

This field identifies the care provider who ordered the pathology report (e.g., surgeon or physician). The number and the name must be present. This format is the same as Common Order 12 section (ORC12) for ordering provider.

**Dx Md/Ordering Provider Address Fields**

This field contains the address of the care provider requesting the order. This field contains relevant address information for the provider described in OBR16.

If the street address is unknown or not available use 'UNKNOWN'; if city is unknown or not available use 'UNKNOWN'; if state is unknown or not available use 'ZZ'; if postal code is unknown or not available use '99999'. When none of the address is available, use 'NA'.

**Dx Md/Ordering Provider Phone Number**

This field is the telephone number for reporting a status or a result to the care provider using the standard format with extension and/or beeper number when applicable.

**Dx Location/Ordering Facility Id Number and Name**

Periodically, tests are ordered from facilities without specifying an ordering provider. For instance, an outpatient surgical facility may send biopsy tissue for pathologic examination without specifying the surgeon that actually performed the biopsy. In the case where no ordering provider is identified, knowledge of the ordering facility allows public health officials to follow-up on positive tests to obtain further clinical and epidemiologic information. Information on the ordering facility is most relevant to cancer registries.

The facility's local number or American Hospital Association (AHA) identifier should be placed in the third component <ID Number (NM) > if there is one available, and "AHA" should appear in <assigning authority (HD)> indicating the ID number used here to identify the laboratory has been assigned by AHA.

If an AHA or other facility-specific ID is associated with the ordering of the test, (whether instead of, or in addition to, an individual identified in the dx md elements) the address of the facility should be placed in the subcomponents of ORC22, ordering location address. Should it be impossible to distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

**DATA ITEM DESCRIPTIONS FOR HL7, continued****Dx Location/Ordering Address Fields**

This field contains the address of the facility placing the order.

For valid values in these components, refer to *User-defined Table 0212-Nationality* for country codes, *HL7-defined Table 0190-Address type* for address type codes, *User-defined Table 0289-County/parish* for county/parish codes, *User-defined Table 0288-Census Tract* for census tract codes, and *HL7-defined Table 4000-Name/address representation* for address representation codes.

If the street address is unknown or not available use 'UNKNOWN'; if city is unknown or not available use 'UNKNOWN'; if state is unknown or not available use 'ZZ'; if postal code is unknown or not available, use '99999'. When none of the address is available, use 'NA'.

If an AHA or other facility-specific ID is associated with the ordering of the test, (whether instead of, or in addition to, an individual identified in the dx md elements) the address of the facility should be placed in the subcomponents of ORC22, ordering location address. Should it be impossible to distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

**Dx Location/Ordering Phone Number**

ORC23 Ordering facility phone number (XTN48, Required when available, Repeating)  
01313 Definition: This field contains the telephone number of the facility placing the order. This field further identifies the laboratory identified in ORC21.

If ordering facility phone number is not available, use '(999)999-9999'.

If an AHA or other facility-specific ID is associated with the ordering of the test, (whether instead of, or in addition to, an individual identified in the dx md elements) the phone number of the facility should be placed in ORC23, ordering location phone number. Should it be impossible to distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

**Reporting Pathologist, Reporting Pathologist License Number**

This field identifies the physician or other clinician who interpreted the observation and is responsible for the report content. Use the first and last name of the physician//pathologist who interpreted the observation/result or the Universal Physician Identification Number (UPIN).

**DATA ITEM DESCRIPTIONS FOR HL7, continued****Date of Specimen Collection**

This field is the clinically relevant date/time of the observation. In the case of observations taken directly from a subject, it is the actual date and time the observation was obtained. In the case of a specimen-associated study, this field shall represent the date and time the specimen was collected or obtained. (This is a results-only field except when the placer or a third party has already drawn the specimen.) This field is conditionally required. When the OBR is transmitted as part of a report message, the field must be filled in. If it is transmitted as part of a request and a sample has been sent along as part of the request, this field must be filled in because this specimen time is the physiologically relevant date-time of the observation.

The user values the field only as far as needed. When a system has only a partial date, e.g., month and year, but not day, the missing values may be interpreted as zeros. The time zone is assumed to be that of the sender.

If the actual date of collection is not available, the date of receipt of specimen may be used.

**Date Transmitted**

The date the path report is transmitted to the Pennsylvania Cancer Registry. Place in FHS7 and MSH7.

**Record Status**

Standard HL7 status values are used here. Refer to *HL7 Table 0085-observation result status codes interpretation for values*

C - Correction

F - Final Results

D - Delete

Preliminary and partial results should not be sent; such data should be held until it reaches a Final status. In cases of corrections or deletes, the Accession Number will be used to determine what report to amend or delete. The first OBX following an OBR is what will be considered.

**SNOMED CT (Systemized Nomenclature of Medicine Clinical Terms) Codes and Pathology Report Text**

The results of the test appear here. For cancer registry reporting, the text of the pathology report (nature of specimen, gross pathology, final diagnosis, etc.) will be recorded in this segment. If multiple results or different sections of the pathology report are being reported for a case, it is recommended they be entered in separate OBX segments.

**DATA ITEM DESCRIPTIONS FOR HL7, continued****SNOMED CT (Systemized Nomenclature of Medicine Clinical Terms) Codes and Pathology Report Text (continued)**

Two types of observation value data are acceptable to the PCR, path lab text, and SNOMED codes. At the present time, SNOMED codes should only be used as a supplement to actual path report text. SNOMED codes should be transmitted using an OBX2 (value type) value of 'CE'.

The **path report text** should be sent in one or more OBX segments having a value type (OBX2) of FT or TX. TX is preferred if the text is being sent one "line" per segment, FT is preferred if all text of a particular type is being sent in a single OBX. Note, though, that text-formatting codes are neither required nor desired in the case of reporting FT data to the PCR. The type of text being sent in a particular OBX segment must be identified in the OBX3 element (observation identifier) using the following LOINC codes:

- 22637-3 - Final Diagnosis
- 33746-9 - Text Diagnosis
- 22636-5 - Clinical History
- 22633-2 - Nature of Specimen
- 22634-0 - Gross Pathology
- 22635-7 - Microscopic Pathology
- 22638-1 - Comments
- 22639-9 - Supplemental Reports

Should it not be possible to categorize the path report text, the full text should all be submitted as '22637-3 Final Diagnosis'.

For laboratory-based reporting, **SNOMED CT** is strongly recommended for OBX5 whenever the CE data type is indicated in OBX2. If CE appears in OBX2, it is assumed the result in OBX5 is coded using SNOMED CT. For numeric results, the SN (Structured Numeric) data type is preferred for OBX2, and thus, SNOMED CT is not required. OBX5 may have either the SNOMED CT code for "positive" or the SNOMED CT-specific names of organisms identified in the tests described in OBX3. It is strongly recommended the SNOMED CT code be used for the modifiers

It is recommended that the data types CE and SN be used whenever possible to minimize ambiguity in reporting. In those cases where laboratories have a local code, which represents a canned comment, the local code can be placed in OBX5 as a CE data type, and the comment can be placed in the Note and Comments section (NTE) directly following the OBX segment.



Appendix A:  
PENNSYLVANIA CANCER CONTROL,  
PREVENTION AND RESEARCH ACT  
(P.L. 1241, No. 224)



**Annex A**  
**TITLE 28. HEALTH AND SAFETY**  
**PART III. PREVENTION OF DISEASES**  
**CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES**

**Subchapter A. GENERAL PROVISIONS**

**§ 27.1. Definitions.**

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

*ACIP*--The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

*Caregiver*--The entity or individual responsible for the safe and healthful care or education of a child in a child care group setting.

*Case*--A person or animal that is determined to have or suspected of having a disease, infection or condition.

*Case report form*--The form designated by the Department for reporting a case or a carrier.

*Central office*--Department headquarters located in Harrisburg.

*Child*--A person under 18 years of age.

*Child care group setting*--The premises in which care is provided at any one time to four or more children, unrelated to the operator.

*Clinical laboratory*--A laboratory for which a permit has been issued to operate as a clinical laboratory under the Clinical Laboratory Act (35 P. S. §§ 2151--2165).

*Communicable disease*--An illness which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, or through the inanimate environment.

*Communicable period*--The time during which an etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

*Contact*--A person or animal known to have had an association with an infected person or animal which presented an opportunity for acquiring the infection.

*District office*--One of the district headquarters of the Department located within this Commonwealth.

*Health care facility*--

- (i) A chronic disease, or other type of hospital, a home health care agency, a hospice, a long-term care nursing facility, a cancer treatment center using radiation therapy on an ambulatory basis, an ambulatory surgical facility, a birth center, and an inpatient drug and alcohol treatment facility, regardless of whether the health care facility is operated for profit, nonprofit or by an agency of the Commonwealth or local government.
- (ii) *The term does not include:*
  - a) An office used primarily for the private practice of a health care practitioner.
  - b) A facility providing treatment solely on the basis of prayer or spiritual means in accordance with the tenets of any church or religious denomination.
  - c) A facility conducted by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of a religious denomination.

*Health care practitioner*--An individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board.

*Health care provider*--An individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies and insurance companies), the Commonwealth, or a political subdivision, or instrumentality (including a municipal corporation or authority) thereof, that operates a health care facility.

*Household contact*--A person living in the same residence as a case, including a spouse, child, parent, relation or other person, whether or not related to the case.

*Infectious agent*--Any organism, such as a virus, bacterium, fungus or parasite, that is capable of being communicated by invasion and multiplication in body tissues and capable of causing disease.

*Isolation*--The separation for the communicable period of an infected person or animal from other persons or animals, in such a manner as to prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

*LMRO*--*Local morbidity reporting office*--A district office of the Department or a local health department.

*Local health authority*--A county or municipal department of health, or board of health of a municipality that does not have a department of health. The term includes a sanitary board.

*Local health department*--Each county department of health under the Local Health Administration Law (16 P. S. §§ 12001--12028), and each department of health in a municipality approved for a Commonwealth grant to provide local health services under section 25 of the Local Health Administration Law (16 P. S. § 12025).

*Local health officer*--The person appointed by a local health authority to head the daily administration of duties imposed upon or permitted of local health authorities by State laws and regulations.

*Medical record*--An account compiled by physicians and other health professionals including a patient's medical history; present illness; findings on physical examination; details of treatment; reports of diagnostic tests; findings and conclusions from special examinations; findings and diagnoses of consultants; diagnoses of the responsible physician; notes on treatment, including medication, surgical operations, radiation, and physical therapy; and progress notes by physicians, nurses and other health professionals.

*Modified quarantine*--A selected, partial limitation of freedom of movement determined on the basis of differences in susceptibility or danger of disease transmission which is designated to meet particular situations. The term includes the exclusion of children from school and the prohibition, or the restriction, of those exposed to a communicable disease from engaging in particular activities.

*Monitoring of contacts*--The close supervision of persons and animals exposed to a communicable disease without restricting their movement.

*Operator*--The legal entity that operates a child care group setting or a person designated by the legal entity to serve as the primary staff person at a child care group setting.

*Outbreak*--An unusual increase in the number of cases of a disease, infection or condition, whether reportable or not as a single case, above the number of cases that a person required to report would expect to see in a particular geographic area or among a subset of persons (defined by a specific demographic or other features).

*Physician*--An individual licensed to practice medicine or osteopathic medicine within this Commonwealth.

*Placarding*--The posting on a home or other building of a sign or notice warning of the presence of communicable disease within the structure and the danger of infection there from.

*Quarantine--*

- (i) The limitation of freedom of movement of a person or an animal that has been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, or until judged noninfectious by a physician, in a manner designed to prevent the direct or indirect transmission of the infectious agent from the infected person or animal to other persons or animals.
- (ii) The term does not exclude the movement of a person or animal from one location to another when approved by the Department or a local health authority under § 27.67 (relating to the movement of persons and animals subject to isolation or quarantine by action of a local health authority or the Department).

*Reportable disease, infection, or condition--*A disease, infection, or condition, made reportable by § 27.2 (relating to specific identified reportable diseases, infections and conditions)

*SHC--State Health Center--*The official headquarters of the Department in a county, other than a district office.

*Segregation--*The separation for special control or observation of one or more persons or animals from other persons or animals to facilitate the control of a communicable disease.

*Sexually transmitted disease--*A disease which, except when transmitted perinatally, is transmitted almost exclusively through sexual contact.

*Surveillance of disease--*The continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control.

*Volunteer--*A person who provides services to a school or child care group setting without receiving remuneration.

**§ 27.2. Specific identified reportable diseases, infections and conditions.**

The diseases, infections and conditions in Subchapter B (relating to the reporting of diseases, infections and conditions) are reportable to the Department or the appropriate local health authority by the persons or entities in the manner and within the time frames set out in this chapter.

**§ 27.3. Reporting outbreaks and unusual diseases, infections and conditions.**

- a) A person required to report under this chapter shall report an outbreak within 24 hours, and in accordance with § 27.4 (relating to reporting cases)
- b) A person required to report under this chapter who suspects a public health emergency, shall report an unusual occurrence of a disease, infection or condition not listed as reportable in Subchapter B (relating to reporting of diseases, infections and conditions) or defined as an outbreak, within 24 hours, and in accordance with § 27.4.
- c) Any unusual or group expression of illness which the Department designates as a public health emergency shall be reported within 24 hours, and in accordance with § 27.4.

**§ 27.4. Reporting cases.**

- a) Except for reporting by a clinical laboratory, a case is to be reported to the LMRO serving the area in which a case is diagnosed or identified unless another provision of this chapter directs that a particular type of case is to be reported elsewhere. A clinical laboratory shall make reports to the appropriate office of the Department.
- b) Upon the Department's implementation of its electronic disease surveillance system for certain types of case reports, persons who make those reports shall do so electronically using an application and reporting format provided by the Department. At least 6 months in advance of requiring a type of case report to be reported electronically, the Department will publish a notice in the *Pennsylvania Bulletin* announcing when electronic reporting is to begin.
- c) This section does not prohibit a reporter from making an initial report of a case to the Department or an LMRO by telephone. The reporter will be instructed on how to make a complete case report at the time of the telephone call.

- d) Department offices to which this chapter requires specified case reports to be filed are as follows:
  - 1) Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research.
  - 2) Division of Infectious Disease Epidemiology, Bureau of Epidemiology.
  - 3) HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology
  - 4) Division of Maternal and Child Health, Bureau of Family Health.
- e) A case shall be reported using the appropriate case report format. Information solicited by the case report form shall be provided by the reporter, irrespective of whether the report is made by submitting the form directly in hard copy or by telecommunication or electronic submission. An appropriate case report form or format may be procured from the office to which the type of case is reportable.

**§ 27.5. (Reserved).**

**§ 27.5a. Confidentiality of case reports.**

Case reports submitted to the Department or to an LMRO are confidential. Neither the reports, nor any information contained in them which identifies or is perceived by the Department or the LMRO as capable of being used to identify a person named in a report, will be disclosed to any person who is not an authorized employe or agent of the Department or the LMRO, and who has a legitimate purpose to access case information, except for any of the following reasons:

- 1) When disclosure is necessary to carry out a purpose of the act, as determined by the Department or LMRO, and disclosure would not violate another act or regulation.
- 2) When disclosure is made for a research purpose for which access to the information has been granted by the Department or an LMRO. Access shall be granted only when disclosure would not violate another act or regulation. The research shall be subject to strict supervision by the LMRO to ensure that the use of information disclosed is limited to the specific research purpose and will not involve the further disclosure of information which identifies or is perceived as being able to be used to identify a person named in a report.

**§ 27.6. Disciplinary consequences for violating reporting responsibilities**

- a) Failure of a clinical laboratory to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the laboratory's permit to operate as a clinical laboratory, as provided for in the Clinical Laboratory Act (35 P. S. §§ 2151--2165) unless failure to report is due to circumstances beyond the control of the clinical laboratory.
- b) Failure of a Department licensed health care facility to comply with the reporting provisions of this chapter may result in restrictions being placed upon or revocation of the health care facility's license, as provided for in the Health Care Facilities Act (35 P. S. §§ 448.101--448.904b)
- c) Failure of a health care practitioner to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensure board for disciplinary action.
- d) Failure of a child care group setting to comply with the reporting provisions of this chapter may result in referral of that matter to the appropriate licensing agency for appropriate action.

**§ 27.7. Cooperation between clinical laboratories and persons who order laboratory tests.**

To facilitate the reporting of cases by clinical laboratories, the following is required:

- 1) When a clinical laboratory is requested to conduct a test which, depending upon the results, would impose a reporting duty upon the clinical laboratory, the clinical laboratory shall provide to the person who orders the testing, a form that solicits all information which is required for completion of the applicable case report form.
- 2) A person who orders testing subject to paragraph (1) shall, at the time of ordering the test, provide the clinical laboratory with the information solicited by the form which that person either possesses or may readily obtain.

**§27.8. Criminal penalties for violating the act or this chapter.**

- a) A person who violates any provision of the act or this chapter shall, for each offense, upon conviction thereof in a summary proceeding before a district justice in the county wherein the offense was committed, be sentenced to pay a fine of not less than \$25 and not more than \$300, together with costs, and in default of payment of the fine and costs, shall be imprisoned in the county jail for a period not to exceed 30 days.
- b) A person afflicted with communicable tuberculosis, ordered to be quarantined or isolated in an institution, who leaves without consent of the medical director of the institution, is guilty of a misdemeanor, and upon conviction thereof, shall be sentenced to pay a fine of not less than \$100 nor more than \$500, or undergo imprisonment for not less than 30 days nor more than 6 months, or both.
- c) Prosecutions may be instituted by the Department, by a local health authority, or by any person having knowledge of a violation of the act or this chapter.

**Subchapter B. REPORTING OF DISEASES, INFECTIONS AND CONDITIONS****GENERAL****§ 27.21. Reporting of AIDS cases by physicians and hospitals.**

A physician or a hospital is required to report a case of AIDS within 5 workdays after it is identified to the local health department if the case resides within the jurisdiction of that local health department. In all other cases, the physician or hospital shall report the case to the HIV/AIDS Epidemiology Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology.

**§ 27.21a. Reporting of cases by health care practitioners and health care facilities.**

- a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:
  - 1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.
  - 2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.
  - 3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.
  - 4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.
  - 5) Only physicians and hospitals are required to report cases of AIDS.
- b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:
  - 1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.

Anthrax.

Arboviruses.

Botulism.

Cholera.

Diphtheria.

Enterohemorrhagic E. coli.

Food poisoning outbreak.

Haemophilus influenzae invasive disease.

Hantavirus pulmonary syndrome.

Hemorrhagic fever.

Lead poisoning.

Legionellosis.

Measles (rubeola).

Meningococcal invasive disease.

Plague.

Poliomyelitis.

Rabies.

Smallpox

Typhoid fever

- 2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

AIDS  
 Amebiasis.  
 Brucellosis.  
 Campylobacteriosis.  
 Cancer.  
 Chancroid.  
 Chickenpox (varicella) (effective January 26, 2005).  
 Chlamydia trachomatis infections.  
 Creutzfeldt - Jakob disease.  
 Cryptosporidiosis.  
 Encephalitis.  
 Giardiasis.  
 Gonococcal infections.  
 Granuloma inguinale.  
 Guillain-Barre syndrome.  
 Hepatitis, viral, acute and chronic cases.  
 Histoplasmosis.  
 Influenza.  
 Leprosy (Hansen's disease).  
 Leptospirosis.  
 Listeriosis.  
 Lyme disease.  
 Lymphogranuloma venereum.  
 Malaria.  
 Maple syrup urine disease (MSUD) in children under 5 years of age.  
 Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).

Mumps.  
 Pertussis (whooping cough).  
 Phenylketonuria (PKU) in children under 5 years of age.  
 Primary congenital hypothyroidism in children under 5 years of age.  
 Psittacosis (ornithosis).  
 Rickettsial diseases.  
 Rubella (German measles) and congenital rubella syndrome.  
 Salmonellosis.  
 Shigellosis.  
 Sickle cell hemoglobinopathies in children under 5 years of age.  
 Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.  
 Streptococcal invasive disease (group A).  
 Streptococcus pneumoniae, drug-resistant invasive disease.  
 Syphilis (all stages).  
 Tetanus.  
 Toxic shock syndrome.  
 Toxoplasmosis.  
 Trichinosis.  
 Tuberculosis, suspected or confirmed active disease (all sites).  
 Tularemia.

- c) A school nurse shall report to the LMRO any unusual increase in the number of absentees among school children. A caregiver at a child care group setting shall report to the LMRO any unusual increase in the number of absentees among children attending the child care group setting.
- d) A health care facility or health care practitioner providing screening, diagnostic or therapeutic services to patients with respect to cancer shall also report cases of cancer as specified in § 27.31 (relating to reporting cases of cancer).

**§ 27.22. Reporting of cases by clinical laboratories.**

- a) A person who is in charge of a clinical laboratory in which a laboratory examination of a specimen derived from a human body yields evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings, no later than the next work day after the close of business on the day on which the examination was completed, except as otherwise noted in this chapter.
- b) The diseases, infections and conditions to be reported include the following:
- |  |  |
|--|--|
| Amebiasis.   | Psittacosis (ornithosis).  |
| Anthrax.   | Rabies.  |
| An unusual cluster of isolates.  | Respiratory syncytial virus.   |
| Arboviruses  | Rickettsial infections.  |
| Botulism--all forms.   | Rubella.   |
| Brucellosis.   | Salmonella.  |
| Campylobacteriosis.  | Shigella.  |
| Cancer.  | Sickle cell hemoglobinopathies in children under 5 years of age.   |
| Chancroid.   | Staphylococcus Aureus Vancomycin-resistant (or intermediate) invasive disease.                               |
| Chickenpox (varicella).  | Streptococcus pneumoniae, drug-resistant invasive disease.   |
| Chlamydia trachomatis infections.  | Syphilis.  |
| Cholera.   | Tetanus.   |
| Creutzfeldt-Jakob disease.   | Toxoplasmosis.   |
| Cryptosporidiosis.   | Trichinosis.   |
| Diphtheria infections.   | Tuberculosis, confirmation of positive smears or cultures, including results of drug susceptibility testing. |
| Enterohemorrhagic E. coli 0157 infections, or infections caused by other sub-types producing shiga-like toxin. | Tularemia.   |
| Giardiasis.  | Typhoid.   |
| Gonococcal infections.   |  |
| Granuloma inguinale.   |  |
| Haemophilus influenzae infections--invasive from sterile sites.  |  |
| Hantavirus.  |  |
| Hepatitis, viral, acute and chronic cases.   |  |
| Histoplasmosis.  |  |
| Influenza.   |  |
| Lead poisoning.  |  |
| Legionellosis.   |  |
| Leprosy (Hansen's disease).  |  |
| Leptospirosis.   |  |
| Listeriosis.   |  |
| Lyme disease.  |  |
| Lymphogranuloma venereum.  |  |
| Malaria.   |  |
| Maple syrup urine disease (MSUD) in children under 5 years of age.   |  |
| Measles (rubeola).   |  |
| Meningococcal infections--invasive from sterile sites.   |  |
| Mumps.   |  |
| Pertussis.   |  |
| Phenylketonuria (PKU) in children under 5 years of age.  |  |
| Primary congenital hypothyroidism in children under 5 years of age.  |  |
| Plague.  |  |
| Poliomyelitis.   |  |

- c) The report shall include the following:
- 1) The name, age, address and telephone number of the person from whom the specimen was obtained.
  - 2) The date the specimen was collected.
  - 3) The source of the specimen (such as, serum, stool, CSF, wound).
  - 4) The name of the test or examination performed and the date it was performed.
  - 5) The results of the test.
  - 6) The range of normal values for the specific test performed.
  - 7) The name, address, and telephone number of the physician for whom the examination or test was performed.
  - 8) Other information requested in case reports or formats specified by the Department.
- d) The report shall be submitted by the person in charge of a laboratory, in either a hard copy format or an electronic transmission format specified by the Department.
- e) Reports made on paper shall be made to the LMRO where the case is diagnosed or identified. Reports made electronically shall be submitted to the Division of Infectious Disease Epidemiology, Bureau of Epidemiology. Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell hemoglobinopathies, cancer and lead poisoning shall be reported to the location specifically designated in this subchapter. See §§ 27.30, 27.31 and 27.34 (relating to reporting cases of certain diseases in the newborn child; reporting cases of cancer; and reporting cases of lead poisoning).
- f) A clinical laboratory shall submit isolates of salmonella and shigella to the Department's Bureau of laboratories for serotyping within 5 work days of isolation.
- g) A clinical laboratory shall submit isolates of *Neisseria meningitidis* obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within 5 work days of isolation.
- h) A clinical laboratory shall send isolates of enterohemorrhagic *E. coli* to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation.
- i) A clinical laboratory shall send isolates of *Haemophilus influenzae* obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation.
- j) The Department, upon publication of a notice in the *Pennsylvania Bulletin*, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when the departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

**§ 27.23. Reporting of cases by persons other than health care practitioners, health care facilities, veterinarians or laboratories.**

Except with respect to reporting cancer, individuals in charge of the following types of group facilities identifying a disease, infection or condition listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities) by symptom, appearance or diagnosis shall make a report within the time frames required in § 27.21a.

- 1) Institutions maintaining dormitories and living rooms.
- 2) Orphanages.
- 3) Child care group settings.

**§ 27.24. (Reserved).**

**§ 27.24a. Reporting of cases by veterinarians.**

A veterinarian is required to report a case, as specified in § 27.4 (relating to reporting cases), only if the veterinarian treats or examines an animal which the veterinarian suspects of having a disease set forth in § 27.35(a) (relating to reporting cases of disease in animals).

**§§ 27.25--27.28. (Reserved).**

**§ 27.29. Reporting for special research projects.**

A person in charge of a hospital or other institution for the treatment of disease shall, upon request of the Department, make reports of a disease or condition for which the Board has approved a specific study to enable the Department to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of the disease or condition. The reports shall be made on forms prescribed by the Department and shall be transmitted to the Department or to local health authorities as directed by the Department.

**DISEASES AND CONDITIONS REQUIRING SPECIAL REPORTING****§ 27.30. Reporting cases of certain diseases in the newborn child.**

Reports of maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism and sickle cell hemoglobinopathies shall be made to the Division of Maternal and Child Health, Bureau of Family Health, as specified in Chapter 28 (relating to metabolic diseases of the newborn) and those provisions of § 27.4 (relating to reporting cases) consistent with Chapter 28 and this section.

**§ 27.31. Reporting cases of cancer.**

- a) A hospital, clinical laboratory, or other health care facility providing screening, diagnostic or therapeutic services for cancer to cancer patients shall report each case of cancer to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within 180 days of the patient's discharge, if an inpatient or, if an outpatient, within 180 days following diagnosis or initiation of treatment.
- b) A health care practitioner providing screening, diagnostic or therapeutic services to cancer patients for cancer shall report each cancer case to the Department in a format prescribed by the Cancer Registry, Bureau of Health Statistics and Research, within 5 work days of diagnosis. Cases directly referred to or previously admitted to a hospital or other health care facility providing screening, diagnostic or therapeutic services to cancer patients in this Commonwealth, and reported by those facilities, are exceptions and do not need to be reported by the health care practitioner.
- c) The Department or its authorized representative shall be afforded physical access to all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes and all other facilities, individuals or agencies providing services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer or medical status of any identified cancer patient.
- d) Reports submitted under this section are confidential and may not be open to public inspection or dissemination. Information for specific research purposes may be released in accordance with procedures established by the Department with the advice of the Pennsylvania Cancer Control, Prevention and Research Advisory Board.
- e) Case reports of cancer shall be sent to the Cancer Registry, Division of Health Statistics, Bureau of Health Statistics and Research, unless otherwise directed by the Department.

Appendix B:  
NAACCR Path Lab Committee Information  
on Search Terms List for Screening  
Pathology Reports



NAACCR Path Lab Committee Information- Revised 10/2003

### Search Terms List for Screening Pathology Reports

#### **Introduction and Purpose:**

The following list of terms has been developed by the NAACCR pathology laboratory subcommittee from lists contributed by several member registries. The terms are intended to be a resource for registries wishing to screen the electronic text of pathology reports to select those reports which may contain the diagnosis of a malignancy. Many of the search terms are derived from the morphology text description from ICD-O and SNOMED coding schemes, common text phrases seen in a pathology report, and routine procedures performed in pathology settings. Selected reports then need to be processed electronically or manually to determine whether they contain a reportable diagnosis.

This list is intended to produce a high rate of false positive reports; that is, it will select many reports that do not contain cancer. It screens for both reportable terms and procedures that might not result in the diagnosis of a cancer. As the list is defined, it does not differentiate between terms listed in a clinical diagnosis and a final diagnosis of a pathology report. The processing system to implement this list needs to be designed to distinguish between terms listed in multiple sections of a report.

The format of the list includes:

**Search Term Number:** This is a sequential number assigned to each search term. When terms are no longer active, the term will be retired. The sequential number will NOT be reused. This column is helpful in code control within a software package.

**Search Term:** The diagnosis or character string that is identified in a pathology reports as potential reportable.

**Term Type:** Description of the search term; whether it is a (F)inding, (S)ite, (P)rocedure, (D)iagnosis or (M)orphology. Morphology terms can also be indicated as (XX) which are synonym terms or (E) which are equivalent terms.

**Do Not Select:** Search Terms are identified in this column that in most cases should not be selected by the search term software, nor collected by the central registry. Case needs to be taken when excluding these terms so that reportable search terms within the same report are selected for review. Each central registry is responsible for setting this column according to their own requirements and needs.

**Rept Term for Brain:** List of terms that should be selected for brain tumors that are benign or of certain malignant potential (diagnosis years 2004+). This list is not comprehensive at this time and suggestions for additional terms are invited.

**Date Added/Updated:** Identifies new terms or terms that have been modified. Useful for updating central registries lists on a routine basis.

#### **Search Terms List**

<http://www.health.state.pa.us/pclabmanuals>

#### **Disclaimer:**

This list intended only as a resource. There is no guarantee that it will select all reportable conditions for every registry. It should be reviewed for completeness as well as appropriate confidentiality procedures in each registry's case finding processes and lists.

#### **Acknowledgment:**

This list of terms was originally developed by the Cancer Surveillance System at the Fred Hutchinson Cancer Research Center in Seattle.

January 2015

Appendix B/1



Appendix C:  
Location of Documents  
In Electronic Format



The following documents are located at the web addresses listed below. It is recommended that **all documents/attachments to this Manual be used simultaneously** so all relevant information can be most easily accessed.

<http://www.health.state.pa.us/pcrlabmanuals>

- Pennsylvania Cancer Registry Pathology Laboratory Reporting Manual
- NAACCR Path Lab Search Terms (see page 3)
- NAACCR Standards Volume V Path Lab Electronic Reporting (see pages 3 and 6)
- Web Plus File Upload Procedures (see page 4)



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Cancer Registries, Inc.

Standards for Cancer Registries  
Volume V

Pathology Laboratory Electronic Reporting

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Centers for Disease Control and Prevention  
College of American Pathologists  
National Cancer Institute  
National Cancer Registrars Association  
Public Health Agency of Canada

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American Cancer Society  
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American Joint Committee on Cancer



Attachment 2  
Web Plus File Upload Procedures





**Procedure: Web Plus File Upload for Pathology Laboratories**

**Purpose:** This procedure is used by pathology laboratories to submit data files via a secure website to the Pennsylvania Cancer Registry (PCR).

**General Information:**

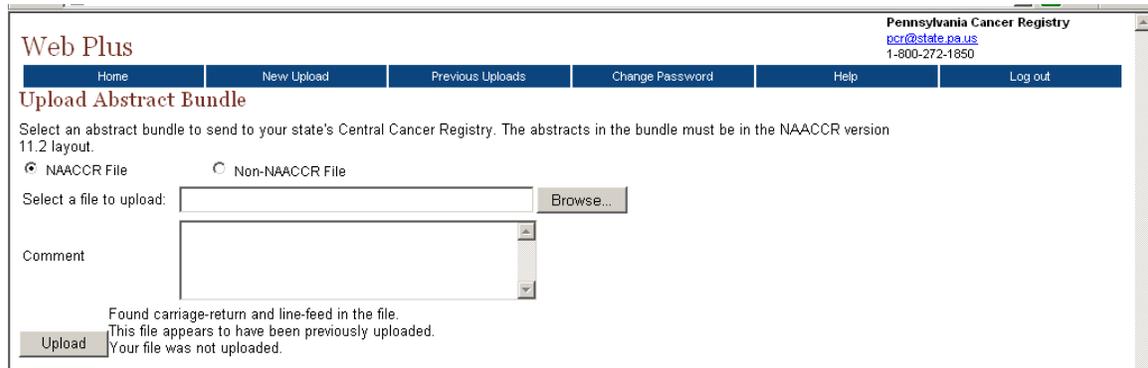
1. Security: Web Plus is an Internet-based application developed by the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR). Web Plus has been designed as a highly secure application that can be used to transmit data between reporting facilities and the PCR safely over the public internet.

Security is achieved by a combination of software features and network infrastructure. Web Plus is hosted on a secure Web server; the communication between the client and the server is encrypted with 128-bit encryption Secure Socket Layer (SSL) technology.

Security features of the application include:

- Web Plus keeps an extensive log of user logins, data accesses, and updates for auditing purposes.
  - User accounts can be locked out if invalid login attempts exceed a threshold value, configurable by the PCR Central Administrator.
  - Initial passwords are randomly generated by the system and the user will be forced to change it after their first successful logon.
  - Current user activities are visible to the PCR Central Administrator through the Current user Activities page.
  - User passwords are stored in the database using a one-way hash encryption method.
  - The Web Plus configuration file will store the connection string to the SQL Server database in encrypted format.
  - The application times out after a specified time period.
  - Web Plus uses form-based authentication where users are required to enter their unique user ID and strong password to be authenticated by the application.
2. Additional Web Plus Information: Additional information on Web Plus may be found on the CDC website at the following link: <http://www.cdc.gov/cancer/npcr/tools/registryplus/wp.htm>.
  3. Screen Resolution: The resolution for Web Plus should be 1024 x 768. If the resolution set on your PC is different, you may still be able to use Web Plus, but Web Plus has been designed to be viewed best at 1024 x 768 or higher. You will receive a message on the Web Plus log-in screen if your resolution is not set correctly.
  4. Web Plus icon on desk top: It is recommended that you create an icon on your desktop from the Web Plus link for easy access to the application.
  5. Password protected or encrypted files: Files uploaded to the PCR via Web Plus **must not** be password protected or encrypted. The security features of Web Plus replace the need to password protect or encrypt files.

6. Password changes: You will be prompted to change your password the first time you log into Web Plus and then every 60 days after that.
7. What and when to submit: Reporting lab facilities must upload data files once a week as stated in the PCR Laboratory Reporting Manual under “When to Report”.
8. File size: There is no limit to the number of records in each upload file.
9. Duplicate files: Web Plus has restrictions on uploading files that are exact duplicates of a previously uploaded file. If you attempt to upload a duplicate file, you will receive the below message:



The screenshot shows the 'Web Plus' interface for the Pennsylvania Cancer Registry. The page title is 'Web Plus' and the user is logged in as 'Pennsylvania Cancer Registry' with contact information 'pcr@state.pa.us' and '1-800-272-1850'. The navigation menu includes 'Home', 'New Upload', 'Previous Uploads', 'Change Password', 'Help', and 'Log out'. The main heading is 'Upload Abstract Bundle'. Below this, there is a message: 'Select an abstract bundle to send to your state's Central Cancer Registry. The abstracts in the bundle must be in the NAACCR version 11.2 layout.' There are two radio buttons: 'NAACCR File' (selected) and 'Non-NAACCR File'. A text input field for 'Select a file to upload:' is followed by a 'Browse...' button. Below that is a 'Comment' text area. At the bottom, there is an 'Upload' button. A message box is displayed below the 'Upload' button with the following text: 'Found carriage-return and line-feed in the file. This file appears to have been previously uploaded. Your file was not uploaded.'

If it is necessary to re-submit a file already sent, contact the PCR Non-hospital Source Manager for assistance.

## Procedure:

### Uploading files

1. Open Web Plus using the link in the e-mail provided by the PCR Non-hospital Source Manager.
2. Type your User ID and Password. Note: Your User ID and Password were previously sent via e-mail.

Click Log in.



The screenshot shows the Web Plus login interface. At the top, there is a header with the "REGISTRY PLUS" logo (a red 'R' and a blue cross) and the "NPCR NATIONAL PROGRAM OF CANCER REGISTRIES" logo. Below the logos, the text reads "National Program of Cancer Registries".

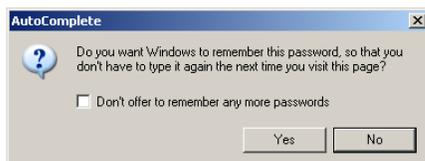
Below the header, it says "Welcome to Web Plus" and "Application for Secure Cancer Reporting Over the WWW".

On the left side, there is the "Pennsylvania Cancer Registry" logo and the text "pennsylvania DEPARTMENT OF HEALTH Web Plus V2.0.8".

In the center, there is a "Please log in" section with two input fields: "User ID" and "Password". Below these fields is a "Log in" button.

At the bottom, there is a "Notice to Users" section stating: "Access to this system is restricted to authorized users. Unauthorized use of, or access to this resource may subject you to disciplinary action or criminal prosecution. If you are not authorized to access this resource, LOG OFF IMMEDIATELY." Below this is a "HIPAA - WARNING" section with the text: "All users must comply with HIPAA PRIVACY RULE REQUIREMENTS while using this computer system, including -" followed by three bullet points: "Log on only under your assigned user ID.", "Do not attempt to access health information that you are not authorized to use.", and "Log off or lock up your workstation when it is unattended."

If the following message appears, click on No.



\*The first time you log in, the screen below will appear, forcing you to change your password. Enter a new password using the following criteria “Password must be between 8 to 20 characters, contain at least one digit and one alphabetic character, and must not contain any special characters”.

**Change Password**

You are required to change your password before proceeding further. Please enter your new password.

New password

Retype password

Click on Change.

If the password does not meet the criteria specified above or if the new password does not match the retype password line, you will receive a message ‘Password not changed’. The Change Password screen will remain until the password meets the criteria and the two password lines match.

3. The Web Plus home page for your lab facility opens.

**Web Plus**

Pennsylvania Cancer Registry  
pcr@state.pa.us  
1-800-272-1850

**Web Plus Home Page for First Name Last Name**

Please select a cancer reporting activity from those listed below the facility for which you would like to report.

**Your facility name will display here**

[File Upload](#)

4. Click on File Upload.

The following screen will display:

**Web Plus**

Pennsylvania Cancer Registry  
pcr@state.pa.us  
1-800-272-1850

Choose one of the above options to proceed.

5. Click on New Upload.
6. Click on the button beside Non-NAACCR File. **When uploading laboratory data files, the button beside Non-NAACCR file MUST be selected.** Select the file to upload by clicking on the Browse button and navigating to the location of the file.

Web Plus Pennsylvania Cancer Registry  
[pcr@state.pa.us](mailto:pcr@state.pa.us)  
1-800-272-1850

Home New Upload Previous Uploads Change Password Help Log out

### Upload Abstract Bundle

Select an abstract bundle to send to your state's Central Cancer Registry. The abstracts in the bundle must be in the NAACCR version 11.2 layout.

NAACCR File  Non-NAACCR File

Select a file to upload:  

Comment

7. Click on Upload. A message will appear at the bottom of the screen stating 'The file has been uploaded as a Non-NAACCR file'.

Web Plus Pennsylvania Cancer Registry  
[pcr@state.pa.us](mailto:pcr@state.pa.us)  
1-800-272-1850

Home New Upload Previous Uploads Change Password Help Log out

### Upload Abstract Bundle

Select an abstract bundle to send to your state's Central Cancer Registry. The abstracts in the bundle must be in the NAACCR version 11.2 layout.

NAACCR File  Non-NAACCR File

Select a file to upload:  

Comment

The file has been uploaded as a Non-NAACCR File.

8. Click on Log out to close Web Plus.

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You will receive the following e-mail:

Dear First Name Last Name,

Your non-NAACCR file: C:\yourfilename\ was successfully uploaded to Web Plus and received by Pennsylvania Cancer Registry on 1/5/2009 10:40:08 AM.

Web Plus System Administrator  
Pennsylvania Cancer Registry