

Article 70. Cancer Registry

28-70-1. Definitions. (a) “Adult care home” has the meaning specified in K.S.A. 39-923, and amendments thereto.

(b) “Cancer registry director” means the person at the university of Kansas medical center, department of preventive medicine and public health, who is authorized by the secretary to administer the operations of the cancer registry of the state of Kansas.

(c) “Clinic” means an establishment that meets the following conditions:

(1) Has an organized medical staff of one or more physicians;

(2) consists of a permanent facility that is equipped and operated primarily for the purpose of diagnosing and treating patients; and

(3) does not provide services or other accommodations for any patient to stay for more than 24 hours.

(d) “Confidential data” has the same meaning as in K.S.A. 65-1,168, and amendments thereto.

(e) “Hospice” means a public agency or private organization or subdivision of a public agency or private organization that is primarily engaged in providing care to terminally ill individuals.

(f) “Registry” means the cancer registry of the state of Kansas, as established by K.S.A. 65-1,169, and amendments thereto. (Authorized by and implementing K.S.A. 2004 Supp. 65-1,169; effective Feb. 27, 1998; amended Aug.5, 2005.)

28-70-2. Reporting requirements. (a) Each administrator of a hospital, an ambulatory surgery center, a radiology oncology center, or a pathology laboratory shall, within six months of the date of diagnosis, report to the registry each case of cancer diagnosed or treated, unless exempted under subsection (d) of this regulation.

Each report shall provide all required information available in the medical or administrative records that are under the direct control of the reporting administrator. No administrator shall be required to contact the patient, the patient's family, or another health care provider to obtain additional information not contained in the medical or administrative records.

(b) Each person who is either licensed to practice medicine and surgery or licensed to practice dentistry and who practices in a clinic or physician's office and each administrator of a hospice or adult care home shall provide the following to the registry:

(1) If used to confirm each cancer diagnosis, a list of in-state and out-of-state pathologists, or pathology laboratories and dermatopathologists; and

(2) for each patient for whom a cancer diagnosis has been confirmed, pathologically or clinically, a list that includes the name, social security number, date of birth, and cancer site. The social security number shall be used only for confirmation of patient identity.

(c) Upon receipt of a any written request for information from the registry regarding a patient, each reporting party specified in subsection (a) or (b) shall provide the requested information that is contained in medical or administrative records under the direct control of the reporting party. The requested information may consist of either of the following:

Any information specified in subsection (e), even if the patient's cancer has not been

diagnosed or treated by the hospice or adult care home or by the health care provider or licensee specified in subsection (a) or (b); or annual follow-up information, including tumor recurrence and follow-up treatment.

(d) The reports specified in this regulation shall not be required for the following types of cancer:

(1) Squamous cell carcinoma of the skin, unless located on a lip of the face or in the genital area, or unless spread beyond local tissues at the time of diagnosis;

(2) basal cell carcinoma of the skin, unless located on a lip of the face or in the genital areas, or unless spread beyond local tissues at the time of diagnosis; and

(3) carcinoma in situ of the uterine cervix.

(e) Each report from any reporting party specified in subsection (a) or (b) shall include the following information, if available:

(1) Patient identifiers and demographics;

(2) cancer diagnosis, including the cancer site and histology;

(3) personal and family history;

(4) vital status, including the date of death and cause of death, if applicable;

(5) cancer-related treatment information;

(6) follow-up information, including the date of last contact with the patient; and

(7) third-party payer information.

(f) Each report to the registry shall be submitted in one of the following formats:

(1) American standard code for information interchange (ASCII) file in the North American association of central cancer registries (NAACCR) format;

(2) electronic or paper forms provided by the registry;

(3) any other format equivalent to any format specified in paragraph (f)(1) or (2) that is acceptable to the cancer registry director.

(g) All data transferred to the registry shall be secure and confidential.

(1) All paper data transferred to the registry shall be sealed in an envelope marked "CONFIDENTIAL" and addressed to the cancer registry director.

(2) Electronic data transfer may be made by one of the following methods means:

(A) Diskette mailed in a sealed envelope marked "CONFIDENTIAL" and addressed to the cancer registry director; or

(B) electronic transmission, if encrypted, according to prior instructions from the cancer registry director. (Authorized by K.S.A. 2004 Supp. 65-1,169; implementing K.S.A. 2004 Supp. 65-1,168 and 65-1,169; effective Feb. 27, 1998; amended Aug. 5, 2005.)

28-70-3. Use and access. (a) For purposes of ascertaining the accuracy and completeness of cancer data, the medical diagnosis of each person cared for by any individual

health care provider or licensee specified in K.A.R. 28-70-2 (a) or (b) or by any hospice or adult care home and the medical or administrative records of any person with cancer may be reviewed by the cancer registry director. Each review shall be made by prearrangement with the appropriate administrator or licensee. Pursuant to K.S.A. 65-1,169 and amendments thereto, a copy of any death certificate may be requested by the cancer registry director from the secretary to ensure the completeness of cancer data and to achieve record closure.

(b) Each person who requests access to confidential registry data shall submit ~~the~~ a written request to a review panel, as specified in K.S.A. 65-1,173, and amendments thereto. If the person meets the requirements specified in K.S.A. 65-1,172 and amendments thereto, the confidential data may be released by the review panel. (Authorized by K.S.A. 2004 Supp. 65-1,169; implementing K.S.A. 65-1,171, 65-1,172, and 65-1,173; effective Feb. 27, 1998; amended Aug. 5, 2005.)