

# N.J. Cancer Registry Webinar

October 10, 2023

**with the New Jersey Department of Health, the New Jersey Association of Ambulatory Surgery Centers, and Brach Eichler, L.L.C.**

New Jersey State Cancer Registry is funded by the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program (#75N91021D00009), Centers for Disease Control and Prevention's National Program of Cancer Registries (#5NU58DP006279) with additional support from the State of New Jersey and the Rutgers Cancer Institute of New Jersey.



TURNING CANCER DATA INTO DISCOVERY





## ISABELLE BIBET-KALINYAK, ESQ., VICE CHAIR HEALTHCARE PRACTICE GROUP

**Isabelle Bibet-Kalinyak** is an experienced and creative healthcare attorney and proven deal maker representing “brick-and-mortar” and virtual multi-state healthcare clients in complex business transactions including private equity deals, hospitals and ambulatory surgery centers acquisitions and joint ventures, MSO structuring, strategic partnerships and compliance.

As Vice Chair of the Brach Eichler’s Healthcare Practice Group, she counsels physicians, healthcare providers, hospitals, associations, Boards and management teams on the legal and strategic implications associated with various forms of corporate entities, healthcare integration models, compliance, payers, credentialing and emerging trends, laws, and regulations. The depth of Isabelle’s experience enables her to assist clients in evaluating both the legal and business ramifications of transactions, contracts, agreements, negotiations, and compliance issues.

Her legal, business and operational acumen is keenly aligned with her role as legal counsel to six New Jersey medical societies:

- NJ Association of Ambulatory Surgery Centers (NJAASC)
- NJ Academy of Ophthalmology (NJAO)
- NJ American College of Obstetricians and Gynecologists (ACOG) Section
- NJ Obstetrical & Gynecological Society (NJOGS)
- NJ Orthopaedic Society (NJOS)
- NJ Society of Pathologists (NJSP)

### Bar and Court Admissions

- New Jersey
- Ohio
- New York (pending)

### Education

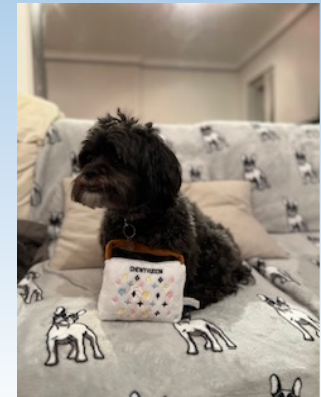
- University of Akron School of Law, J.D., *magna cum laude*
- Kent State University, MBA
- Temple University, B.B.A. in Finance, *summa cum laude*
- Centre d’Etudes Franco-Américain de Management, B.B.A. in Finance



## **ISABELLE BIBET-KALINYAK, ESQ., VICE CHAIR HEALTHCARE PRACTICE GROUP *(continued)***

As one of the few French business attorneys in the U.S. and a first-generation immigrant herself, Isabelle's healthcare practice has over time organically expanded to trans-national business transactions and immigration. Isabelle brings vast knowledge and experience advising U.S. clients with operations in French-speaking countries as well as companies based in French-speaking countries seeking to expand in the U.S. Her expertise also spans immigration law, representing clients in employment-based immigration matters in healthcare, biotech, and manufacturing.

She frequently speaks at the national conferences of organizations such as the American Academy of Ophthalmology (AAO/AAOE), ASCRS/AAOE, the Medical Group Management Association (MGMA) and the American Health Lawyers Association (AHLA) and lectures on advanced topics related to healthcare, mergers and acquisitions, private equity and business immigration. A French native and former French Honorary Consul in Ohio for the French Government, Isabelle now resides in Connecticut with her furry son, Louie.



### **RECENT AWARDS AND ACCOLADES**

Honorary Consul of France, Cleveland, and Columbus, 2019 to March 2022

NJBIZ© Best 50 Women in Business Award 2023

Best Lawyers in America 2024©

NJBIZ© Leaders in Law 2022-2023

New Jersey Law Journal© Northeast Trailblazers List 2022

Lawyer Monthly, 2018 Women in Law Award®, Health Care Law, USA



# Taylor Hessler, CTR, BA, BS



- Graduated from Stockton University with a Bachelor of Science in Public Health-Health Administration and a Bachelor of Arts in Business Studies.
- NCRA Certified Tumor Register since 2016
- Worked in hospital registries for many years prior to working at the New Jersey State Cancer Registry. Started as a Public Health Representative at NJSCR and focused on the education path.
- Promoted to Supervising Cancer Registry Information Specialist- NPCR Education and Training Coordinator.

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# Suzanne Schwartz, CTR, MS



- Graduated from Penn State University with a Bachelor of Science in Health Policy and Administration.
- Graduated from St. Joseph's University with a Master of Science in Health Care Administration
- NCRA Certified Tumor Register since 1993
- Worked in hospital registries for many years prior to working at the New Jersey State Cancer Registry.
- NJSCR started as a Public Health Representative.
- Promoted to Supervising Public Health Representative in 2012

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# Elias Rivera, CTR



- NCRA Certified Tumor Registrar since 2003
- Worked in Hospital Registries at Inspira, Cooper and Thomas Jefferson University
- Joined NJSCR as a Cancer Registry Information Specialists I in Dec 2021.

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# New Jersey State Cancer Registry Physician and Ambulatory Reporting

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# Objectives:

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- Review what is a Cancer Registry.
- Discuss what is a Certified Tumor Registrar.
- Who needs to report cancer?
- What is reportable?
- How to report?
- What is the reporting timeline?
- Questions will be answered at the end of the presentation.





# What is a Cancer Registry?

- provides information to assist public health officials and agencies in the planning and evaluation of cancer prevention and cancer control programs
- a primary source for unbiased population-based case control studies
- the end points for cohort studies and clinical trials
- the beginning point for survival analysis

# Type of Cancer Registries:

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- **Hospital Registries**

Hospital registries serve as the starting point for cancer surveillance. They document diagnosis and treatment on all patients. The cases in hospital registries are reported to the central or state cancer registry.

- **Central or State Registries**

Central or state registries combine and maintain data on all cancers occurring in the state's population. They collect data from all hospitals, pathology laboratories, physicians, and other sources.

- **Special Purpose Registries**

Special purpose registries maintain data on a type of cancer, such as brain tumors, or a special population, such as Native Americans.

<https://www.ncra-usa.org/About/Become-a-Cancer-Registrar/What-is-a-Cancer-Registry>



# It all started...

- Early **1900's**- The first modern case registries for the study of cancer emerged
- **1926** – First hospital cancer registry (Yale, New Haven, CT)
- **1935**- First central registry established (Connecticut)
- **1956**- the American College of Surgeons (ACoS) formally adopted a policy to encourage the development of hospital-based cancer registries
- **1971**- The U.S. National Cancer Act budgets monies to the National Cancer Institute for research, detection, and treatment of cancer
- **1973**- The Surveillance, Epidemiology and End Results (SEER) Program of NCI establishes the first national cancer registry program
- **1974**- National Tumor Registrars Association was chartered (NCRA)
- **1983**- NCRA's Council of Certification establishes the Certified Tumor Registrar (CTR®) credential
- **1992**- U.S. Public Law 102-515 establishes the National Program of Cancer Registries (NPCR) and is administered by the US Centers for Disease Control and Prevention (CDC)
- **2012**- ACoS requires abstracting to be done by a CTR



# Why all this attention?

- Cancer is a major national burden
  - An estimated 1.9 million new cases of cancer will be diagnosed in 2023
  - Cancer is the second leading cause of death among Americans
- An estimated 610,000 people will die due to cancer in 2023
  - Currently the % surviving 5 years from cancer is 67% (up from 48.5% in 1975)
- Projected total U.S. health care spending for cancer is 246 billion by 2030
  - 34% increase from 2015

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf>

<https://www.fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf>



# Why all the attention in New Jersey?

## New Jersey State Cancer Registry

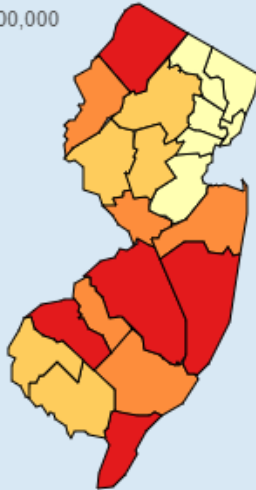
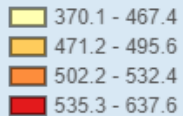
### Age-Adjusted Cancer Incidence Rates in New Jersey

All Sites, 2020

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

New Jersey Rate: 486.2 / per 100,000



Incidence data for 2020 are considered preliminary due to possible reporting delays. Please note an approximate 10% decrease in the number of cancer cases diagnosed in 2020 compared to 2019, partly due to the COVID-19 pandemic. <https://seer.cancer.gov/data/covid-impact.html>. Due to 2020 Census delays, preliminary estimates were used as population denominators for calculating cancer incidence rates for 2010-2020. For more information, see <https://seer.cancer.gov/popdata/>

All rates per 100,000. Based on Feb 2023 New Jersey State Cancer Registry Data File. Last accessed Sep 29, 2023. © 2023 New Jersey State Cancer Registry.

Incidence data for 2020 are considered preliminary due to possible reporting delays. Please note an approximate 10% decrease in the number of cancer cases diagnosed in 2020 compared to 2019, partly due to the COVID-19 pandemic. <https://seer.cancer.gov/data/covid-impact.html>. Due to 2020 Census delays, preliminary estimates were used as population denominators for calculating cancer incidence rates for 2010-2020. For more information, see <https://seer.cancer.gov/popdata/>

Specify your criteria [History](#)

Data Source All Cancer Incidence	
Geography County	
Cancer Site All Sites	
Year Start 2020	Year End 2020
Sex All	Race/Ethnicity All
Standard 2000 U.S. Standard Million Population	

Redraw

### A Glimpse of Cancer in NJ for 2020

8,882,371 Total population at Risk

55,042 Total cancer cases

9,444 total breast cases in females

7,689 total Prostate cases in males

4,116 total Urinary System cases

4,051 total Colon & Rectum cases

4,035 total melanoma of the skin cases

Check out the interactive Cancer Data website for more detailed searches

<https://www.nj.gov/health/ces/cancer-researchers/cancer-data/>

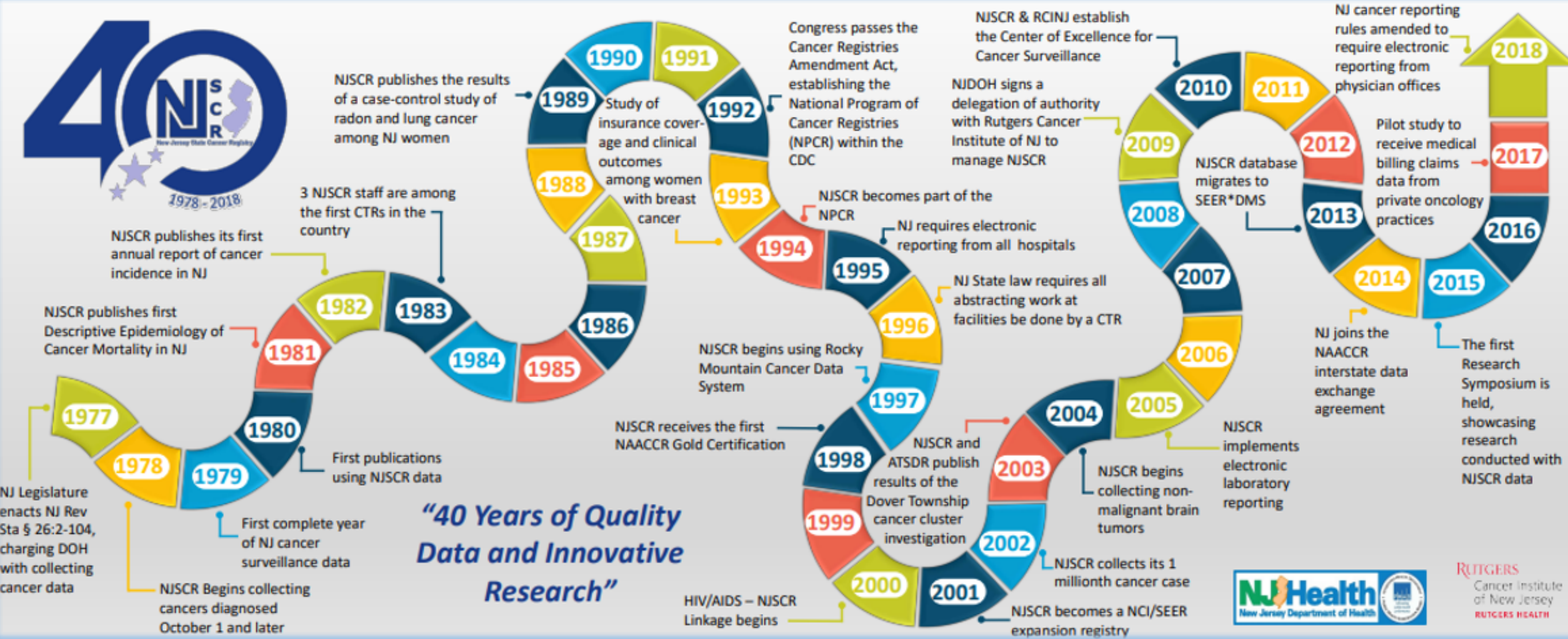


# NJSCR

- 1978 Began collecting cancer data
- 1995 Entered into CDC/NPCR program
- 1995 Requires electronic hospital reporting
- 2001 Entered into NCI SEER program
- 2005 Requires electronic lab reporting
- 2018 Requires electronic physician reporting



## "40 Years of Quality Data and Innovative Research"



# How is Cancer Registry Data used?

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- Healthcare providers, public health officials, and researchers use the data to:
  - Calculate cancer incidence
  - Evaluate efficacy of treatment modalities
  - Determine survival rates
  - Develop targeted educational and screening programs
  - Conduct research on the etiology, diagnosis, and treatment of cancer

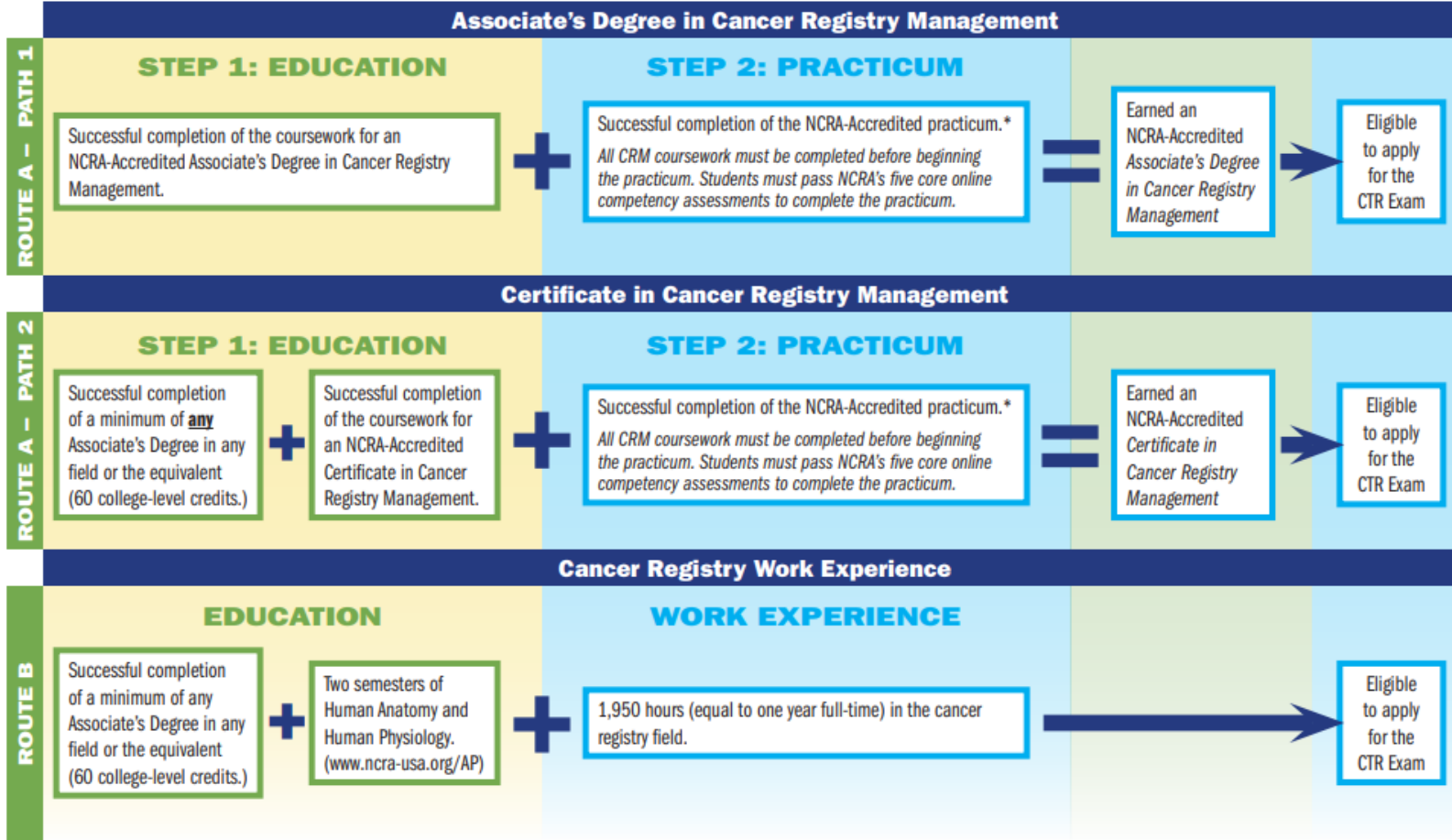
# Certified Tumor Registrar

- What do we do?
  - Identify cases
  - Manage the cancer registry database
  - Ensure data completeness
  - Comply with standards
  - Analyze and present data
  - Run customized reports
  - Inform community needs assessments
  - Track patient survival data.





# CERTIFIED TUMOR REGISTRAR (CTR®) EXAM ELIGIBILITY ROUTES



# Paths to becoming a CTR

**NEED MORE DETAILS ON THE CTR CREDENTIAL?** Visit: [www.ncra-usa.org/CTR](http://www.ncra-usa.org/CTR) · E-mail: [ctrexam@ncra-usa.org](mailto:ctrexam@ncra-usa.org) · Phone: 703-299-6640 Ext. 312

**CTR ELIGIBILITY QUESTIONS?**  
Visit: [www.ncra-usa.org/CTReligibility](http://www.ncra-usa.org/CTReligibility)

Need your individual eligibility to be reviewed? Access the *CTR Exam Eligibility Request Form* at [www.ncra-usa.org/CTReligibility](http://www.ncra-usa.org/CTReligibility). Complete the form in its entirety and submit as noted on the form.

\*A practicum is the final step for all NCRA-Accredited Cancer Registry Management Programs. It provides students in-person experiences and/or online activities in the technical aspects of cancer registry operations and cancer surveillance methods to complement their coursework.

# More information...



<https://www.ncra-usa.org/>



<https://seer.cancer.gov/>



Improving Health Through Leadership and Innovation  
Chief State Medical Examiner

<https://www.nj.gov/health/ces/reporting-entities/njscr/>



# NJSCR reporting requirements

- Resources available on NJSCR website
- Cancer Registry Statute
- NJSCR Program Manual
- NJSCR Reportable List
- WebPlus Instruction & training help
- E-Tips coding help
- Interactive cancer data website

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## Cancer

Home | Cancer Research Data | Cancer Reporting Entities | For the Public | New Jersey Commission on Cancer Research

Home > Cancer Reporting Entities > NJ State Cancer Registry

### Cancer Reporting Entities

- NJ State Cancer Registry
- Cancer Registrars
- Non-Hospital Reporting
- Meaningful Use
- Interactive Cancer Data

### Resources for Registrars

New Jersey's Cancer Registrars are vital data specialists and our most valuable resource for cancer information. Visit our registrars page for additional information and resources.

### Web Plus

## NJ State Cancer Registry

**NJSCR** Fighting cancer with quality data and innovative research

The NJSCR is a population-based registry, mandated by state law, that collects data on all cancer cases diagnosed and/or treated in New Jersey since October 1, 1978. It is a member of the NAACCR, the NPCR, and other certification bodies.

### Cancer Reporting

All health care facilities, physician, dentists, labs, ambulatory care facilities and other health care providers that diagnose or provide treatment for cancer patients must report cancer cases to the NJSCR (see Reportable List). All abstracting work performed by a health care facility which diagnoses or treats 100 or more cases per year must be performed by a Certified Tumor Registrar who is certified by the National Cancer Registrars Association.

All cases of cancer and other specified tumors and precancerous diseases must be reported to the NJSCR within six months of diagnosis, or three months of discharge, whichever is sooner. A cancer registry abstract must be completed for each newly diagnosed case. A separate abstract must be completed for each primary. A health care facility that fails to report cases of cancer electronically, as required by regulation, within six months of diagnosis shall be liable to pay a penalty as stated in N.J.S.A. 26:2-106.

### 2023 Diagnosis-Year Reporting

- 2023 NJSCR Program Manual PDF Format
- 2023 NJSCR Program Manual Word Format
- Reportable List, PDF Format (NEW Updated 2023)
- Reportable List, Word Format (NEW Updated 2023)
- NAACCR Implementation Guidelines
- NAACCR Modified v23 Triggers (posted 11/16/22)
- NAACCR v23 State Metafile (posted 11/16/22) zipped
- NAACCR v23 State Metafile (posted 11/16/22) non-zipped
- NAACCR v23 Data Dictionary
- NAACCR v23A State Metafile (posted 4/12/2023) zipped

FAQ on Cancer Registry

<https://www.nj.gov/health/ces/reporting-entities/njscr/>



# NJ Cancer Statute

## HIGHLIGHTS

- Every **physician, dentist, or other health care provider** who diagnoses or provides treatment for cancer patients shall submit an electronic report to the Department with an initial diagnosis of each case of cancer or other specified tumorous and precancerous disease and for each subsequent primary cancer diagnosed in that person
- Every New Jersey health care facility, physician, dentist, other health care provider, and clinical laboratory shall submit all case reports **within six months of the date of first contact** with the patient for the reportable condition as defined by the NAACCR Data Standards for Cancer Registries—Data Standards and Data Dictionary
- A **CTR** shall perform all abstracting work and oversee all case-finding for a health care facility that diagnoses and/or treats **100 or more** cancer cases per year

### CHAPTER 57A CANCER REGISTRY

#### Authority

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

#### Source and Effective Date

R.2018 d.154, effective July 17, 2018.  
See: 50 N.J.R. 1131(a), 50 N.J.R. 1893(a)

#### Please Note

This is an unofficial copy of the text of this chapter and is provided as a courtesy to New Jersey reporting facilities. The New Jersey Administrative Code is available for free public access at <http://www.lexisnexis.com/hottopics/njcode>.

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- [§ 8:57A-1.5 Health care facility reporting](#)
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- [§ 8:57A-1.13 Civil monetary penalties](#)
- [§ 8:57A-1.14 Failure to pay a penalty; remedies](#)
- [§ 8:57A-1.15 Hearings](#)
- [§ 8:57A-1.16 Settlement of enforcement actions](#)

#### § 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 to establish and maintain the New Jersey State Cancer Registry (NJSCR) as the Statewide repository

[https://www.nj.gov/health/ces/documents/CHAPTER\\_57A\\_7\\_2018.pdf](https://www.nj.gov/health/ces/documents/CHAPTER_57A_7_2018.pdf)



# NJ Program Manual

- What cancer should be reported to the NJSCR
- When to report to the NJSCR
- How to report to the NJSCR
- Who reports to the NJSCR
- Coding instructions including text documentation
  - The NJSCR requires the submission of text information



## NEW JERSEY STATE CANCER REGISTRY

### PROGRAM MANUAL Instructions for Health Care Facilities 2023

New Jersey State Cancer Registry  
Cancer Epidemiology Services  
New Jersey Department of Health  
PO Box 369  
Trenton, New Jersey 08625-0369  
<http://www.nj.gov/health/ces/>  
P: (609) 633-0500 F: (609) 633-7509

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<https://www.nj.gov/health/ces/documents/2023%20NJSCR%20Program%20Manual-%20Revised%204.5.23.pdf/>



# Who has to report Cancer

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- Any facility that diagnose or treat cancer must report
  - Ambulatory surgery centers
  - Endoscopy centers
  - MD offices that take biopsies
  - Laboratories
  - Dental offices
  - Medical Oncology
  - Radiation Oncology
  - Radiology Offices



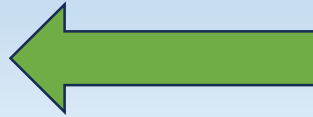
# Who has to report Cancer (cont'd)

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- **Common Questions:**

- If the labs are reporting and send us monthly reports, do we have to report as well?

- **YES**, too often a lab misses a case.



- What does a center do if they have never reported before? Is there a penalty?
  - Every facility that diagnose or treat a patient for a reportable tumor must start reporting as soon as possible.
  - Start with **2023** data if never reported in the past.
  - There will be **No** penalty for prior years **at this time**.



# What is reportable?

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- <https://www.nj.gov/health/ces/documents/2023%20NJSCR%20Reportable%20List-%20Revised%204.5.23.pdf>
  - Any diagnosis including any of the following words:
    - Cancer
    - Carcinoma
    - Adenocarcinoma
    - Carcinoid tumor
    - Leukemia
    - Lymphoma
    - Malignant
    - Sarcoma





# What cases should be reported to the NJSCR?

## Invasive and In Situ Conditions

All in situ or invasive neoplasms that have behavior codes “/2” or “/3” in the ICD-O-3 manual must be reported.

Exclusions: The following conditions are not required to be reported:

- Carcinoma in situ (any/2) and CIN III of the cervix (C5.30-C53.9) (cases diagnosed after April 1, 1995)
- Benign and borderline neoplasms of the ovary
- Prostatic intraepithelial neoplasia (PIN III) of the prostate (C619) (collection stopped effective with cases diagnosed 1/1/2001 and later)
- Basal and squamous cell carcinomas of the skin (C44.0-C44.9)



# What is Reportable?

---

## ALL SITES

- Askin tumor
- Chordoma
- Cylindroma (except of skin)
- Desmoplastic small round cell tumor
- Dysgerminoma
- Epithelioma, malignant
- Fibroblastic reticular cell tumor
- Germ cell tumor, nonseminomatous
- Germinoma
- Hemangioendothelioma, malignant
- High grade squamous intraepithelial lesion (HSIL)
- Intraepithelial neoplasia grade II/III
- Langerhans cell histiocytosis, disseminated (ONLY)
- Malignant histiocytosis
- Malignant mast cell tumor
- Malignant mastocytosis
- Malignant tumor, all cell types
- Medulloepithelioma
- Melanoma



# What is reportable? (Cont'd)

- **ALL SITES (continued)**

- Mesenchymoma, malignant
- Mesothelioma, malignant and in-situ
- Myelodysplastic/Myeloproliferative neoplasm, unclassifiable
- Myoepithelioma, malignant
- Neuroblastoma
- Neuroendocrine Tumor, Grade 1 (NET GR1)
- Neuroendocrine Tumor, Grade 2 (NET GR2)
- Neuroepithelioma
- PEComa, malignant
- Peripheral neuroectodermal tumor
- Perivascular epithelioid cell tumor, malignant
- Phosphaturic mesenchymal tumor, malignant
- Plasmacytoma
- Polyembryoma
- Serrated adenocarcinoma
- Sezary syndrome
- Solitary fibrous tumor, malignant
- Squamous dysplasia, high grade for sites other than colon/GI
- Squamous intraepithelial neoplasia, grade II & III (SIN II & III) (8077/2), except Cervix and Skin
- Yolk sac tumor



# Ambiguous Terminology

Apparent(ly)

Appears

Comparable with

Compatible with

Consistent with

Favor(s)

Malignant appearing

Most likely

Presumed

Probable

Suspect(ed)

Suspicious (for)

Typical (of)



# Radiology- Ambiguous Terminology

When the first diagnosis includes reportable ambiguous terminology, record the date of that diagnosis.

Example: Area of microcalcifications in breast suspicious for malignancy on 02/13/2023.



# Radiology- Li-RADS and Pi-RADS

- Liver- **Li-Rads**
  - LR-4 or LR-5 is reportable.
- Prostate- **Pi-Rads**
  - Pi-Rads category 4 or 5 is reportable.
- **Note:**
  - Breast Reportability
    - Bi-Rads are Not Reportable

For more information check out the SEER Reportable examples page  
[https://seer.cancer.gov/manuals/2023/SPCSM\\_2023\\_Appendix\\_E.pdf](https://seer.cancer.gov/manuals/2023/SPCSM_2023_Appendix_E.pdf)



# Radiology- Benign Brain and CNS

An intracranial or a CNS neoplasm identified only by diagnostic imaging is reportable. Benign and borderline primary intracranial and CNS tumors with a behavior code of “/0” or “/1” in ICD-O-3 must be reported beginning with cases diagnosed 1/1/2004 and later.

C70.\_, C71.\_, C72.\_, C75.1, C75.2 AND C75.3

“Neoplasm” and “tumor” are **reportable** terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1.

“Mass” and “lesion” are not reportable terms for intracranial and CNS because they are not listed in ICD-O-3.2 with behavior codes of /0 or /1.



# What is reportable Dermatology

- MELANOMA:
- Early/evolving invasive melanoma
- Early/evolving melanoma, in situ
- Hutchinson's melanotic freckle
- Lentigo maligna
- Malignant Melanoma
- Malignant Melanoma Insitu
- Basal cell carcinoma of labia, clitoris, vulva, prepuce, penis and scrotum
- Blue nevus, malignant
- Bowen disease of anus and penis
- Ceruminous adenocarcinoma
- Dermatofibrosarcoma, sarcomatous

NOTE: When entering histology: **INV MELANOMA HAS A CODE /3**    **IN-SITU MELANOMA HAS A CODE /2**

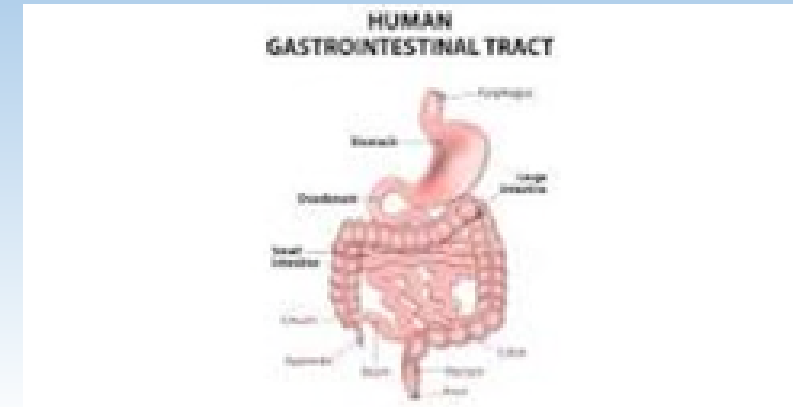
For Full List see NJSCR Reportable List <https://www.nj.gov/health/ces/reporting-entities/njscr/>





# Common Reportable terms for GI

- Adenocarcinoma (8140/3) and Adenocarcinoma insitu (8140/2)-DO NOT REPORT HG DYSPLASIA
- Carcinoid Tumor(well diff neuroendocrine tumor)
- Carcinoma NOS and Carcinoma insitu
- Gastrointestinal stromal tumor (GIST), malignant
- Signet ring cell carcinoma
- Squamous cell carcinoma
- Squamous Intraepithelial Neoplasia grade III (SIN III)



**NOTE: For a Complete List please see the NJ Reportable List under GI-Tract**

<https://www.nj.gov/health/ces/reporting-entities/njscr/>

# What is reportable GYN



Gynecology &  
Obstetrics

- **Malignant Tumors of the Ovary, Uterus, Uterine Tubes, Cervix, Vulva, Vagina,**
  - Squamous Intraepithelial Neoplasia grade II & III (SIN II & III),
  - Vaginal intraepithelial neoplasia II & III (VAIN II & III),
  - Vulvar intraepithelial neoplasia II & III (VIN II & III) and
  - CIN III only if there is invasion or microinvasion.

- **Do Not Report:**

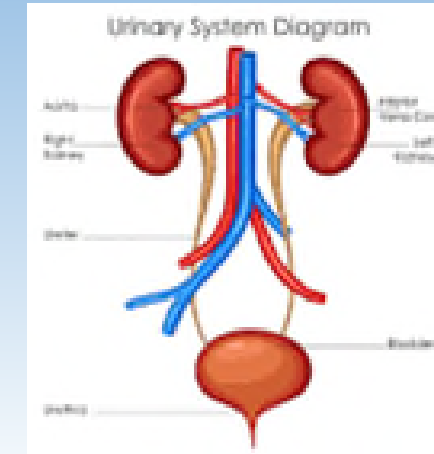
- Borderline tumors
- CIN III, carcinoma in situ, adenocarcinoma in situ of the Cervix

For full list of reportable GYN terms see NJSCR reportable list  
<https://www.nj.gov/health/ces/reporting-entities/njscr/>



# Common **Urology** reportable terms

- Adenocarcinoma
- Adenosarcoma
- Carcinoma Nos
- Carcinosarcoma
- Squamous cell carcinoma
- Squamous Intraepithelial Neoplasia grade II & III (SIN II & III)
- Transitional cell carcinoma
- Urothelial cell carcinoma
- \*\*Note **Not Reportable**: Low Malignant Potential



For a complete list please see the NJ Reportable terms under Urinary Tract.

<https://www.nj.gov/health/ces/reporting-entities/njscr/>



# How to report

- Go to our Website

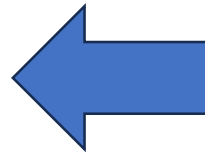


- <https://www.nj.gov/health/ces/reporting-entities/non-hospital/>

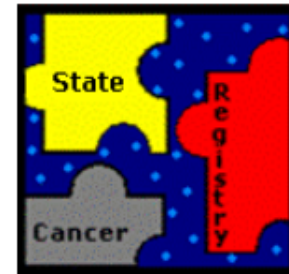
## Non-Hospital Reporting

Non-hospital reporting facilities may use Web Plus for electronic cancer reporting to the NJSCR. Click the logo to access the login page.

[To apply for a Web Plus login, please register.](#)




The screenshot shows the NJSCR website. At the top is a dark blue navigation bar with the word 'Cancer' and links for 'Home', 'Cancer Research Data', 'Cancer Reporting Entities', 'For the Public', and 'New Jersey Commission on Cancer Research'. Below this is a breadcrumb trail: 'Home > Cancer Reporting Entities > Non-Hospital Reporting'. A sidebar menu titled 'Cancer Reporting Entities' lists: 'NJ State Cancer Registry', 'Cancer Registrars', 'Non-Hospital Reporting', 'Meaningful Use', and 'Interactive Cancer Data'. The main content area is titled 'Non-Hospital Reporting' and contains the text: 'Non-hospital reporting facilities may use Web Plus for electronic cancer reporting to the NJSCR. Click the logo to access the login page. [To apply for a Web Plus login, please register.](#)' Below the text is a logo for the 'State Cancer Registry' featuring puzzle pieces in yellow, red, and grey.



# Registry Plus™ Web Plus Registration - New Jersey State Cancer Registry

To proceed to the survey, please check off the box and click the button below.

I'm not a robot

  
reCAPTCHA  
[Privacy](#) - [Terms](#)

Begin survey

Powered by REDCap

## Once you've registered:

A confirmation will be sent to the same email you used in registration. That email should come from either Christian Califano or Michael Tumblety. Expect this email within a week and it will have your ID and Password information and further instructions.

**It's Time Sensitive so it's important to check periodically.**

**Please check your Spam and Junk folders as well!**



# How to Report-When you receive an email

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- Click on the link to register for Web Plus
  - Web Plus is a free web-based software from the CDC that will enable you to report your cancer cases.
  - <https://redcap.cinj.rutgers.edu/redcap/surveys/?s=4WECKRFLF8>
- **Web Plus is not a database software. It will not keep a record of cases submitted in the past. Everything is deleted every 3 months.**
- This software is good for dermatology and outpatient surgery centers where treatment or contact is limited.
- If your practice sees a patient multiple times for the same cancer, such as a radiology practice or medical oncology group, it may be worth investing money into a database software. You only need to report a primary cancer once. But do include all of first course of treatment.

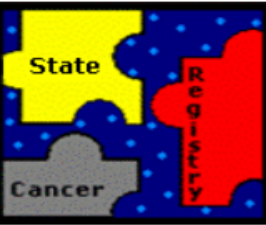


**Welcome to Web Plus**

*Application for Secure Cancer Reporting Over the WWW*

- Go to our Website
  - <https://www.nj.gov/health/ces/reporting-entities/non-hospital/>

State Cancer Data Entry



**READY TO REPORT!**

Web Plus V3.10.0

**Please log in**

User ID   
 Password

Log in

**Notice to Users:** 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.

**HIPAA - WARNING**

All users must comply with HIPAA PRIVACY RULE REQUIREMENTS while using this computer system, including -

- Log on only under your assigned user ID.
- Do not attempt to access health information that you are not authorized to use.
- Log off or lock up your workstation when it is unattended.

# Web Plus Home Page for Elias Rivera

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

## NJ State Cancer Data Entry

[CCR Abstraction/Review](#)



Click Here to Begin Reporting-**Most Facilites**

[Radiation CCR](#)

[CCR abstraction V18](#)

[HemOnc CCR V18](#)

[Radiation CCR V18](#)

[Test Onc v18](#)

[RT CCR V18 test](#)

[CCR V18 test type move](#)





Enter new abstract



Click New Abstract

All data items marked with an asterisk (\*) are required.

## PATIENT ID

Facility Patient # *	<input type="text"/>	
Cancer Sequence # *	<input type="text"/>	
Abstractor	ER	
Medical Record #	<input type="text"/>	
Country	<input type="text"/>	
First Name *	<input type="text"/>	
Last Name *	<input type="text"/>	
Middle Name	<input type="text"/>	
Social Security # *	<input type="text"/>	
Patient's Street *	<input type="text"/>	
Campus, Floor, Bldg	<input type="text"/>	
City *	<input type="text"/>	
State *	<input type="text"/>	
Zip Code *	<input type="text"/>	
Phone *	<input type="text"/>	
Patient's Race *	<input type="text"/>	
Hispanic *	<input type="text"/>	

## DEMOGRAPHIC

Birth Date *	<input type="text" value="YYYYMMDD"/>	
Age at Diagnosis	<input type="text"/>	
Sex *	<input type="text"/>	

Click ? For more  
Information  
about Field

Add/View Comment

Run Edits



Session time left: 90 minutes

## Edit Errors

## Help

Enter an Abstract and click on Save at the bottom of the page to save it to the database. The abstract is edited each time you save. Edit errors, if there are any, will be shown in this message area. All your changes will be saved to the database even if there are edit errors.

## Data entry Help Icons

**Special Code Lookup** icon to the left of the data item links to a searchable listing of terms and coded values for the data item. When a specific code in the list is clicked, it is automatically filled into the abstract for the data item.

**Calculate Field Value** icon to the left of a data item is clicked to automatically calculate the value for the data item from information that has been entered for other data items.

**Context-Sensitive Help** icon to the right of each data item links to the NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary for information regarding the coding of the data item.

## Print Preview


Save

Click to save the abstract and run data Edits. See the box to the right for Edits results each time the abstract is saved.

# WEBPLUS REPORTING CONTINUED...

## CANCER IDENTIFICATION

Date of Diagnosis \*  ?

Primary Cancer Site \*   ?

Side Cancer is on \*  ▼ ?

Type of Cancer \*  ?

Cancer Behavior Code \*  ▼ ?

Grade \*  ?

## STAGE/PROGNOSTIC FACTORS

## Primary Site codes from ICD-O-3 Topography Section

1 2 3 4 5 6 7

Search  Search



Code	Label
<a href="#">C445</a>	Abdomen, skin
<a href="#">C445</a>	Abdominal wall, skin
<a href="#">C447</a>	Ankle, skin
<a href="#">C446</a>	Antecubital space, skin
<a href="#">C210</a>	Anus, NOS (excludes Skin of anus and Perianal skin C44.5)
<a href="#">C445</a>	Anus, skin
<a href="#">C446</a>	Arm, skin
<a href="#">C442</a>	Auricle, skin
<a href="#">C445</a>	Axilla, skin
<a href="#">C445</a>	Back, skin
<a href="#">C509</a>	Breast, NOS (excludes Skin of breast C44.5)
<a href="#">C445</a>	Breast, skin
<a href="#">C445</a>	Buttock, skin
<a href="#">C447</a>	Calf, skin
<a href="#">C444</a>	Cervical region, skin
<a href="#">C443</a>	Cheek, skin
<a href="#">C445</a>	Chest wall, skin
<a href="#">C445</a>	Chest, skin
<a href="#">C443</a>	Chin, skin
<a href="#">C442</a>	Ear, skin, NOS
<a href="#">C446</a>	Elbow, skin
<a href="#">C443</a>	Face, skin
<a href="#">C446</a>	Finger, skin
<a href="#">C445</a>	Flank, skin
<a href="#">C447</a>	Foot, skin



# WEB PLUS REPORTING CONT'D



BIOPSY INFORMATION	
Biopsy Type *	<input type="text"/> ?
Biopsy Date *	<input type="text"/> ?
SURGERY	
Surgery Type *	<input type="text"/> ?
Date of Surgery *	<input type="text"/> ?
FACILITY SPECIFIC	
Reporting Facility # *	<input type="text" value="0000000800"/> ?
Facility NPI # *	<input type="text"/> ?
Your Facility Type *	<input type="text"/> ?
First Contact Date *	<input type="text"/> ?
F-UP/RECURRENCE/DEATH	
Last Contact Date *	<input type="text"/> ?
Vital Status *	<input type="text"/> ?
Cancer Status	<input type="text"/> ?

<u>20</u>	Local tumor excision, NOS
<u>26</u>	Polypectomy
<u>27</u>	Excisional biopsy
<u>21</u>	Any combination of 20 or 26-27 WITH photodynamic therapy (PDT)
<u>22</u>	Any combination of 20 or 26-27 WITH electrocautery
<u>23</u>	Any combination of 20 or 26-27 WITH cryosurgery
<u>24</u>	Any combination of 20 or 26-27 WITH laser ablation
<u>25</u>	Any combination of 20 or 26-27 WITH laser excision
<u>30</u>	Biopsy, NOS, of primary tumor followed by a gross excision of the lesion
<u>31</u>	Shave biopsy followed by a gross excision of the lesion
<u>32</u>	Punch biopsy followed by a gross excision of the lesion
<u>33</u>	Incisional biopsy followed by a gross excision of the lesion
<u>34</u>	Mohs surgery, NOS



## Enter new abstract

All data items marked with an asterisk (\*) are required.

Cancer Status   

### TEXT FIELDS


Primary Cancer Site Text


Type of Cancer Text

Pathology Report Text \*

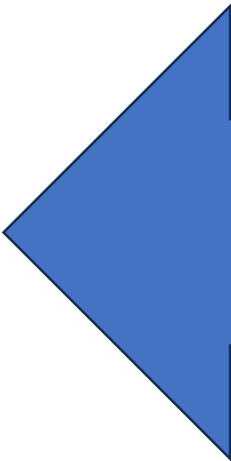
 

Physician Text \*

See NJSCR Program Manual for more information

Page 8 <https://www.nj.gov/health/ces/reporting-entities/njscr/>



TEXT INFORMATION SHOULD REFLECT DATA ENTERED INTO FIELDS ABOVE

# AND YOUR READY TO SAVE YOUR INFO!!

Save

Click to save the abstract and run data Edits. See the box to the right for Edits results each time the abstract is saved.

Add/View Comment

Run Edits



**Session time left: 81 minutes**

Edit Errors

[Help](#)

To ensure that the information contained within an abstract makes sense and codes are coded correctly, both individually and in relation to one another, data quality "Edits" are applied to each abstract as it is saved.

This abstract has not been saved yet. Edits results are only available after an abstract has been saved. Please click on the Save button to save this abstract and run Edits.

ALL EDITS MUST  
BE CLEARED OR  
THE CASE WILL  
NOT SAVE!



# How to report (cont'd)

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- Web Plus Instructions for general users

[https://www.nj.gov/health/ces/documents/CCR\\_Abstraction\\_instructions.pdf](https://www.nj.gov/health/ces/documents/CCR_Abstraction_instructions.pdf)

- Web Plus Instructions for Hematology/Oncology users

[https://www.nj.gov/health/ces/documents/HemOnc\\_CCR\\_VI8\\_instructions.pdf](https://www.nj.gov/health/ces/documents/HemOnc_CCR_VI8_instructions.pdf)

- Web Plus Instructions for Radiation Facilities:

[https://www.state.nj.us/health/ces/documents/CCR\\_Radiation\\_instructions.pdf](https://www.state.nj.us/health/ces/documents/CCR_Radiation_instructions.pdf)



# How to report (cont'd)



- [NJSCR Web Plus Instruction Training Manual for CCR Abstraction \[PDF\]](#)
- [NJSCR Web Plus Instruction Training Manual for Radiation CCR \[PDF\]](#)
- [NJSCR Web Plus Instruction Training Manual for HemOnc CCR \[PDF\]](#)
- [Video Training for how to enter text fields \[MP4\]](#)

Non-Hospital Reporting Tool Kit



Please click [here](#) or the image above to access the

Non Hospital Reporting Tool kit.

- **Web Plus is not a database software. It will not keep a record of cases submitted in the past. Everything is deleted every 3 months.**
- This software is good for dermatology and outpatient surgery centers where treatment or contact is limited.
- If your practice sees a patient multiple times for the same cancer, such as a radiology practice or medical oncology group, it may be worth investing money into a database software. You only need to report a primary cancer once. But do include all of first course of treatment.



# When

- A health care facility must report cases of cancer electronically, within six months of diagnosis or shall be liable to pay a penalty as stated in N.J.S.A. 26:2-106.

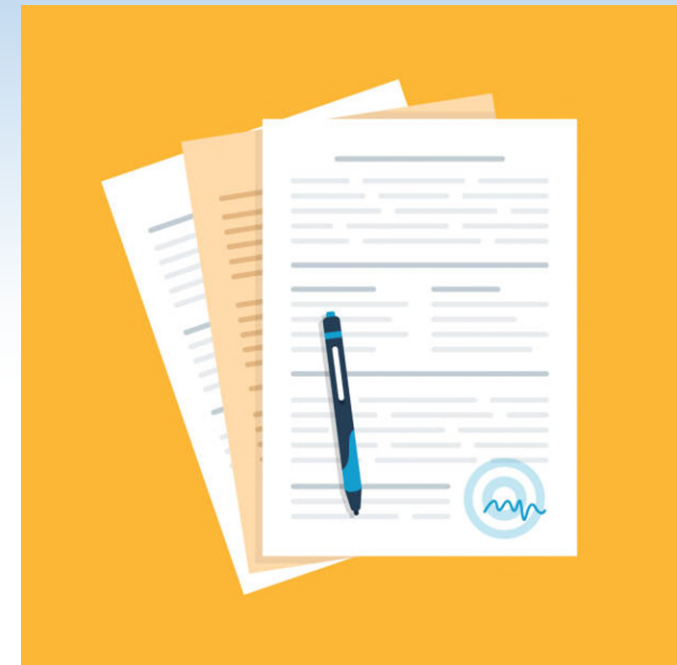




# What is needed – demographics

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- Racial history
- Social security number if available
- Address at diagnosis



# What years of data do I need to report?

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- Start with you 2023 cases, go back to January.
  - Unless you received a letter, then respond to it.
  - If you have been contacted by Suzanne Schwartz or Elias Rivera, then report according to their correspondence (email).
  - You will not be fined even though you have not reported in the past. We will "Grandfather" your reporting.



# Resources

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- <https://seer.cancer.gov/>
- <https://www.ncra-usa.org/>
- <https://www.nj.gov/health/ces/reporting-entities/njscr/>



# Questions

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1. Exact Location to log information, the information needed to submit and does the diagnosis have to say rule out CA? – Wendy L.
2. If our contracted labs are currently reporting cancer findings to the Registry, are we still required to report? – Joan C.
3. The primary cancer site, type, grade and behavior info is not always present; code info; not documenting wrong data. – Susan G.
4. Do all the required fields have to be filled in at the same time? or does someone else enter them as that info becomes available. – Pati P.



# Questions

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5. Are there any available resources/lists that can be shared that would help reporting on PRE-cancerous diseases? – Daphne F.
6. We are owned by 2 Healthcare systems; the I holding the Management Contract does our abstracting. What documentation do I need? – Deborah C.
7. Is it mandatory for the surgery center to report if the pathologist also reports on cancer registry? – Helen K.
8. If the labs are reporting and send us monthly reports, do we have to report as well? – Jina M.



# Recording

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A recording of this presentation will be available at [BrachEichler.com](http://BrachEichler.com) and [NJAAASC.org](http://NJAAASC.org)



# MERCI BEAUCOUP! THANK YOU!

Please direct all general questions to Brach Eichler.

For all ASC-specific questions, please contact NJDOH directly:

- Elias Rivera at [Elias.Rivera@doh.nj.gov](mailto:Elias.Rivera@doh.nj.gov), cell : 609-501-5195
- Suzanne Schwartz at [Suzanne.Schwartz@doh.nj.gov](mailto:Suzanne.Schwartz@doh.nj.gov), 609-913-5024
- General NJDOH line: 609-633-0500

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# Thank you!

