

EFFECTIVE  
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NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

186 NAC 1

TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 1 CANCER REGISTRY

001. SCOPE AND AUTHORITY. These regulations implement the laws governing the establishment and maintenance of a registry pursuant to Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 81-642 to 81-650 and §§ 81-663 to 81-675.

002. DEFINITIONS. Definitions set out in Neb. Rev. Stat. §§ 81-653 to 81-662, § 81-663 to 81-675, and the following apply to this chapter.

002.01 HEALTH PRACTITIONER. An individual who practices medicine and surgery, osteopathic medicine and surgery, or dentistry within the State of Nebraska.

002.02 INITIAL DIAGNOSIS. The recognition of cancer in a patient by a health practitioner, medical examiner, facility, or coroner.

003. DATA REQUIREMENTS. For each medical record of cancer the data required to be provided to the Department pursuant to Neb. Rev. Stat, § 81-646 must include all of the information set out in statute and additional information as set out in Attachment 1 which is incorporated herein by this reference.

004. HOSPITAL AND HEALTH PRACTITIONER REPORTING REQUIREMENTS. The reporting requirements for hospitals and health practitioners within the State of Nebraska are set out below:

- (A) Each hospital and health practitioner shall produce and make available the data specified in this chapter to the Department;
- (B) Data must be submitted on disk or in encrypted electronic form in a manner acceptable to the Department;
- (C) Data must be submitted on an ongoing monthly basis, within six months from the date of initial diagnosis; and
- (D) Supplemental and follow-up data on previously reported cases must be reported in the next reporting period following receipt of the data.

005. CONFIDENTIALITY AND RELEASE OF INFORMATION. All data obtained from medical records of individual patients is confidential and may only be released as provided in Neb. Rev. Stats. §§ 81-647, §§ 81-663 to 81-675 and Title 185 Nebraska Administrative Code.

Attachment 1

Item #	Item Name
70	Address at Diagnosis–City
80	Address at Diagnosis–State
90	County at Diagnosis
100	Address at Diagnosis–Postal Code
150	Marital Status at Diagnosis
160	Race 1
161	Race 2
162	Race 3
163	Race 4
164	Race 5
170	Race Coding System–Current
180	Race Coding System–Original
190	Spanish/Hispanic Origin
220	Sex
230	Age at Diagnosis
240	Birth Date
250	Birthplace
260	Religion*
310	Text–Usual Occupation*
320	Text–Usual Industry*
340	Tobacco History*
350	Alcohol History*
360	Family History of Cancer*
390	Date of Diagnosis
400	Primary Site
410	Laterality
419	Morphology–Type & Behavior ICD-O-2 <sup>H</sup>
420	Histology (92-00) ICD-O-2 <sup>H</sup>
430	Behavior (92-00) ICD-O-2 <sup>H</sup>
440	Grade
450	Site Coding System–Current
460	Site Coding System–Original
470	Morphology Coding System–Current
480	Morphology Coding System–Original
490	Diagnostic Confirmation
500	Type of Reporting Source
521	Morphology–Type & Behavior ICD-O-3
523	Behavior Code ICD-O-3
540	Reporting Hospital
550	Accession Number–Hospital
560	Sequence Number–Hospital
570	Abstracted By
580	Date of 1 <sup>st</sup> Contact
610	Class of Case
620	Year First Seen This Cancer*
630	Primary Payer at Diagnosis
670	Treatment Hospital–Surgery Primary Site
672	Treatment Hospital–Scope Regional Lymph Node Surgery
674	Treatment Hospital–Surgery Other Regional/Distant
700	Treatment Hospital–Chemotherapy
710	Treatment Hospital–Hormone Therapy
720	Treatment Hospital–Immunotherapy

Item #	Item Name
730	Treatment Hospital—Other
740	Treatment Hospital—Diagnosis/Staging Procedure
759	SEER Summary Stage 2000
760	SEER Summary Stage 1977 <sup>H</sup>
780	Extent of disease—Tumor Size
820	Regional Nodes Positive
830	Regional Nodes Examined
880	TNM Pathologic Tumor
890	TNM Pathologic Nodes
900	TNM Pathologic Metastases
910	TNM Pathologic Stage Group
920	TNM Pathologic Descriptor
930	TNM Pathologic Staged By
940	TNM Clinical Tumor
950	TNM Clinical Nodes
960	TNM Clinical Metastases
970	TNM Clinical Stage Group
980	TNM Clinical Descriptor
990	TNM Clinical Staged By
1060	TNM Edition Number
1150	Tumor Marker 1*
1160	Tumor Marker 2*
1170	Tumor Marker 3*
1200	Treatment Date—Surgery
1210	Treatment Date—Radiation
1250	Treatment Date—Other
1270	Date of 1 <sup>st</sup> Course of Treatment—COC
1280	Treatment Date—Diagnosis/Staging Procedure
1290	Treatment Summary—Surgery Primary Site
1292	Treatment Summary—Scope Regional Lymph Nodes Surgery
1294	Treatment Summary—Surgery Other Regional/Distant
1320	Treatment Summary—Surgical Margins
1340	Reason for No Surgery
1350	Treatment Summary—Diagnosis/Staging Procedure
1380	Treatment Summary—Surgery/Radiation Sequence
1390	Treatment Summary—Chemotherapy
1400	Treatment Summary—Hormone Therapy
1410	Treatment Summary—Immunotherapy
1420	Treatment Summary—Other
1430	Reason for No Radiation Therapy
1460	Treatment Coding System—Current
1510	Radiation—Regional Dose: cGy
1520	Radiation—Number of Treatment Volume
1540	Radiation—Treatment Volume
1550	Radiation—Location of Treatment
1570	Radiation—Regional Treatment Modality
1660	Subsequent Treatment 2 <sup>nd</sup> Course Date*
1670	Subsequent Treatment 2 <sup>nd</sup> Course Codes*
1671	Subsequent Treatment 2 <sup>nd</sup> Course Surgery*
1672	Subsequent Treatment 2 <sup>nd</sup> Course Radiation*
1673	Subsequent Treatment 2 <sup>nd</sup> Course Chemotherapy*
1674	Subsequent Treatment 2 <sup>nd</sup> Course Hormone Therapy*
1675	Subsequent Treatment 2 <sup>nd</sup> Course Immunotherapy*
1676	Subsequent Treatment 2 <sup>nd</sup> Course Other*
1677	Subsequent Treatment 2 <sup>nd</sup> —Scope Lymph Nodes Surgery*
1678	Subsequent Treatment 2 <sup>nd</sup> —Surgery Other*
1679	Subsequent Treatment 2 <sup>nd</sup> —Regional Lymph Nodes Removed*

Item #	Item Name
1680	Subsequent Treatment 3 <sup>rd</sup> Course Date*
1690	Subsequent Treatment 3 <sup>rd</sup> Course Codes*
1691	Subsequent Treatment 3 <sup>rd</sup> Course Surgery*
1692	Subsequent Treatment 3 <sup>rd</sup> Course Radiation*
1693	Subsequent Treatment 3 <sup>rd</sup> Course Chemotherapy*
1694	Subsequent Treatment 3 <sup>rd</sup> Course Hormone Therapy*
1695	Subsequent Treatment 3 <sup>rd</sup> Course Immunotherapy*
1696	Subsequent Treatment 3 <sup>rd</sup> Course Other*
1697	Subsequent Treatment 3 <sup>rd</sup> -Scope Lymph Nodes Surgery*
1698	Subsequent Treatment 3 <sup>rd</sup> -Surgery Other*
1699	Subsequent Treatment 3 <sup>rd</sup> -Regional Lymph Nodes Removed*
1700	Subsequent Treatment 4 <sup>th</sup> Course Date*
1710	Subsequent Treatment 4 <sup>th</sup> Course Codes*
1711	Subsequent Treatment 4 <sup>th</sup> Course Surgery*
1712	Subsequent Treatment 4 <sup>th</sup> Course Radiation*
1713	Subsequent Treatment 4 <sup>th</sup> Course Chemotherapy*
1714	Subsequent Treatment 4 <sup>th</sup> Course Hormone Therapy*
1715	Subsequent Treatment 4 <sup>th</sup> Course Immunotherapy*
1716	Subsequent Treatment 4 <sup>th</sup> Course Other*
1717	Subsequent Treatment 4 <sup>th</sup> -Scope Lymph Nodes Surgery*
1718	Subsequent Treatment 4 <sup>th</sup> -Surgery Other*
1719	Subsequent Treatment 4 <sup>th</sup> -Regional Lymph Nodes Removed
1720	Subsequent Treatment 5 <sup>th</sup> Course Date
1730	Subsequent Treatment 5 <sup>th</sup> Course Codes
1731	Subsequent Treatment 5 <sup>th</sup> Course Surgery*
1732	Subsequent Treatment 5 <sup>th</sup> Course Radiation*
1733	Subsequent Treatment 5 <sup>th</sup> Course Chemotherapy*
1734	Subsequent Treatment 5 <sup>th</sup> Course Hormone Therapy*
1735	Subsequent Treatment 5 <sup>th</sup> Course Immunotherapy*
1736	Subsequent Treatment 5 <sup>th</sup> Course Other*
1737	Subsequent Treatment 5 <sup>th</sup> -Scope Lymph Nodes Surgery*
1738	Subsequent Treatment 5 <sup>th</sup> -Surgery Other*
1739	Subsequent Treatment 5 <sup>th</sup> -Regional Lymph Nodes Removed*
1750	Date of Last Contact
1760	Vital Status
1770	Cancer Status
1790	Follow-Up Source
1800	Next Follow-Up Source
1810	Address Current-City
1820	Address Current-State
1830	Address Current-Postal Code
1860	Recurrence Date-1 <sup>st</sup>
1880	Recurrence Type-1 <sup>st</sup>
1930	Autopsy*
1940	Place of Death*
1980	ICD-O-2 Conversion Flag
1985	Over-ride Accession/Class of Case/Sequence
1986	Over-ride Hospital Sequence/Diagnostic Confirmation
1987	Over-ride COC-Site/Type
1988	Over-ride Hospital Sequence/Site
1989	Over-ride Site/TNM-Staging Group
1990	Over-ride Age/Site/Morphology
2020	Over-ride Surgery/Diagnostic Confirmation
2030	Over-ride Site/Type
2040	Over-ride Histology
2070	Over-ride Leukemia Lymphoma
2071	Over-ride Site/Behavior

Item #	Item Name
2074	Over-ride Site/Laterality/Morphology
2110	Date Case Report Exported
2111	Date Case Report Received
2112	Date Case Report Loaded
2113	Date Tumor Record Available
2116	ICD-O-3 Conversion Flag
2140	COC Coding System—Current
2150	COC Coding System—Original
2170	Vendor Name
2230	Name—Last
2240	Name—First
2250	Name—Middle
2270	Name—Suffix
2280	Name—Alias
2290	Name—Spouse/Parent*
2300	Medical Record Number
2310	Military Record No Suffix
2320	Social Security Number
2330	Address at Diagnosis—Number & Street
2335	Address at Diagnosis—Supplemental
2350	Address Current—Number & Street
2355	Address Current—Supplemental
2360	Telephone
2390	Name—Maiden*
2410	Institution Referred From
2420	Institution Referred To
2440	Following Registry
2460	Physician—Managing
2470	Physician—Follow-Up
2480	Physician—Primary Surgery
2490	Physician 3
2500	Physician 4
2520	Text—Diagnosis Procedure—Physical Exam
2530	Text—Diagnosis Procedure—X-ray/scan
2540	Text—Diagnosis Procedure—Scopes
2550	Text—Diagnosis Procedure—Lab Tests
2560	Text—Diagnosis Procedure—Operative
2570	Text—Diagnosis Procedure—Pathology
2580	Text—Primary Site Title
2590	Text—Histology Title
2600	Text—Staging
2610	Treatment Text—Surgery
2620	Treatment Text—Radiation (Beam)
2630	Treatment Text—Radiation Other
2640	Treatment Text—Chemotherapy
2650	Treatment Text—Hormone Therapy
2660	Treatment Text—Immunotherapy
2670	Treatment Text—Other
2680	Text—Remarks
2690	Place of Diagnosis
2800	Collaborative Stage Tumor Size*
2810	Collaborative Stage Extension*
2820	Collaborative Stage Tumor Size/Extension Evaluation*
2830	Collaborative Stage Lymph Nodes*
2840	Collaborative Stage Regional Lymph Nodes Evaluation*
2850	Collaborative Stage Metastasis at Diagnosis*
2880	Collaborative Stage Site-Specific Factor 1*

Item #	Item Name
2890	Collaborative Stage Site-Specific Factor 2*
2900	Collaborative Stage Site-Specific Factor 3*
2910	Collaborative Stage Site-Specific Factor 4*
2920	Collaborative Stage Site-Specific Factor 5*
2930	Collaborative Stage Site-Specific Factor 6*
2940	Derived AJCC Tumor*
2950	Derived AJCC Tumor Descriptor*
2960	Derived AJCC Lymph Nodes*
2970	Derived AJCC Lymph Nodes Descriptor*
2980	Derived AJCC Metastasis*
2990	Derived AJCC Metastasis Descriptor*
3000	Derived AJCC Stage Group*
3010	Derived Summary Stage (SEER)1977*
3020	Derived Summary Stage 2000*
3030	Derived AJCC–Conversion Flag*
3040	Derived Summary Stage 1977–Conversion Flag*
3050	Derived Summary Stage 2000–Conversion Flag
3100	Archive Federal Identification Number
3110	Comorbidities/Complication 1
3120	Comorbidities/Complication 2
3130	Comorbidities/Complication 3
3140	Comorbidities/Complication 4
3150	Comorbidities/Complication 5
3160	Comorbidities/Complication 6
3170	Treatment Date–Most Definitive Surgery
3180	Treatment Date–Surgical Discharge
3190	Readmission Same Hospital within 30 Days
3200	Radiation–Boost Treatment Modality
3210	Radiation–Boost Dose cGy
3220	Treatment Date–Radiation Ended
3230	Treatment Date–Systemic
3250	Treatment Summary–Transplant/Endocrine Procedures
3270	Treatment Summary–Palliative Procedure
3280	Treatment Hospital–Palliative Procedure
<b>Codes for Recommendations:</b> *-- Required when available. H -- Historically collected and currently transmitted.	