

Cancer Registry - Notifying Cancer Cases to the NSW Central Cancer Registry

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Distributed to Public Health System, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

Audience Health Information Managers; Medical Records; Clinical Coders; Data Managers; Path Lab Managers

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Author Branch Centre for Epidemiology and Evidence

Branch contact Centre for Epidemiology and Evidence 8374 5749

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

**CANCER REGISTRY – NOTIFYING CANCER CASES
TO THE NSW CENTRAL CANCER REGISTRY**

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1 Introduction

1.1 Purpose

The purpose of this policy directive is to describe the mandatory requirement to report cancer cases to the NSW Central Cancer Registry.

1.2 Background

The NSW Central Cancer Registry is a central repository of data relating to cases of cancer diagnosed and treated in residents of the State of New South Wales.

The Registry contributes to the prevention, control and treatment of cancer in the population of NSW in particular, by supplying timely and accurate data based on a total record of all cases of cancer diagnosed in NSW residents.

The aims of the NSW Central Cancer Registry are to:

- Monitor and record the number of new cases of cancer and deaths from cancer in NSW
- Produce regular and ad hoc reports on cancer incidence and mortality patterns
- Utilise the data to support epidemiological and clinical research
- Evaluate the benefits of cancer screening programs to determine their effectiveness
- Assist in planning and monitoring services for the control of cancer and the care of cancer patients in NSW
- Make the data available for use by health providers, planners, educators and research scientists
- Contribute cancer data to national and international agencies to assist in cancer control.

The Public Health Act 1991 identifies cancer as a scheduled medical condition (category 3) and as a notifiable disease. The Act requires notification of cancer to the Director-General of the NSW Department of Health. The Cancer Institute NSW, established under the *Cancer Institute (NSW) Act, 2003*, acts as the manager of the NSW Central Cancer Registry and custodian of cancer data on behalf of the Director-General.

The NSW Central Cancer Registry also processes all notifications received by the ACT Cancer Registry.

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1.3 Audience

The policies described in this directive are relevant to staff working in the following facilities:

Public Sector

- Public Hospitals
- Multi-Purpose Services
- Pathology Laboratories
- Residential Aged Care Facilities
- Forensic medicine

Private Sector

- Private Hospitals
- Day Procedure Centres
- Pathology Laboratories
- Residential Aged Care Facilities

In particular the policies are relevant to:

- Medical Record Departments
 - Health Information Managers
 - Clinical Coders
- Directors of Nursing
- Radiation Oncology Departments
- Oncology Outpatient Departments
- Cancer Care Centres
- Data Managers
- Pathologists and Haematologists
- Directors/Managers of Pathology Laboratories

2 Statutory Context

The *Public Health Act 1991* and *Public Health General Regulation 2002* give authority to the policy directive relating to the NSW Central Cancer Registry as described in this document.

The Act and Regulation also outline the obligation for health care providers to notify cases of cancer, and describe the penalties for non-compliance.

The Privacy Manual (Version 2), 2004 (NSW Health Department's Policy Directive: PD2005_593) describes privacy issues relating to the collection and provision of identified patient data with reference to the *Health Records and Information Privacy Act 2002*. The *Public Health Act, 1991* and the *Public Health General Regulation 2002* give the authority to provide this information to the NSW Central Cancer Registry within the privacy guidelines and the requirements of *Health Records and Information Privacy Act, 2002*.

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Chapter 9 of the Privacy Manual describes the retention, security and protection requirements for identified patient data for all parties involved in the collection of person level information. These requirements must be adhered to by the NSW Central Cancer Registry and its notifiers.

Below are the sections of the Public Health Act and Regulation that are relevant to the NSW Central Cancer Registry.

2.1 Public Health Act, 1991

Part 3 – Scheduled Medical Conditions

- Division 3 – Notification and Treatment of Certain Medical Conditions
 - Section 16 – Notification of Test Results – Category 3 Medical Condition
- Division 5 – Death From Scheduled Medical Condition
 - Section 20 – Notification of Certain Deaths

Part 7 – Administration

- Division 2 – Notifications by Hospitals
 - Section 69 – Chief Executive Officer to Provide Information

Schedule 1 – Scheduled Medical Conditions

Schedule 3 – Notifiable Diseases

2.2 Public Health General Regulation, 2002

Part 3 – Scheduled Medical Conditions

- Regulation 8 – Notification of Test Results – Prescribed Tests
- Regulation 9 – Notification of Test Results – Time Limit for Providing Information
- Regulation 11 – Notification of Death from Scheduled Medical Conditions

Part 5 – Miscellaneous

- Regulation 19 – Particulars of Notifiable Diseases

2.3 Cancer Institute (NSW) Act, 2003

Section 13 – Collection of Cancer Control Information

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3 Notifiable cancers

3.1 Inclusions

The table below shows, at summary level, the cancers for which a notification must be provided.

Disease Description	ICD-10-AM 6 th Edition Codes ⁽²⁾		
	From	To	With Morphology
Human immunodeficiency virus [HIV] disease resulting in malignant neoplasms	B21		Ending with /3
All cases of invasive cancer, other than those specifically listed as excluded in point 2.2 below.	C00.0	C96.9	All ending with /3
Melanoma-in-situ	D03.0	D03.9	All ending with /2
Breast Carcinoma-in-situ	D05.0	D05.9	All ending with /2
Polycythaemia vera ⁽¹⁾	D45		M9950/3
Refractory anaemia without sideroblasts ⁽¹⁾	D46.0		M9980/3
Refractory anaemia with sideroblasts ⁽¹⁾	D46.1		M9982/3
Refractory anaemia with excess of blasts ⁽¹⁾	D46.2		M9983/3
Refractory anaemia with excess of blasts with transformation ⁽¹⁾	D46.3		M9984/3
Refractory anaemia, unspecified ⁽¹⁾	D46.4		M9980/3
Other myelodysplastic syndromes ⁽¹⁾	D46.7		M9989/3
Myelodysplastic syndrome, unspecified ⁽¹⁾	D46.9		M9989/3
Chronic myeloproliferative disease ⁽¹⁾	D47.1		M9960/3
Essential (haemorrhagic) thrombocythaemia ⁽¹⁾	D47.3		M9962/3
Lymphomatoid papulosis ⁽¹⁾	L41.2		M9718/3

In addition to the table above, five squamous cell carcinomas are notifiable when paired with a morphology code in the range of 'M805' to 'M808' and ending with '/3'. These are listed below:

Disease Description	ICD-10-AM 6 th Edition Codes ⁽²⁾	
	Topo	With Morphology
Squamous cell carcinomas of skin of anus only	C44.5 ⁽³⁾	M805X/3 – M808X/3
Squamous cell carcinomas of the vermilion surface and border of the lip	C00.0 to C00.9	M805X/3 – M808X/3
Squamous cell carcinomas of skin of vulva	C51.9	M805X/3 – M808X/3
Squamous cell carcinomas of skin of penis	C60.9	M805X/3 – M808X/3
Squamous cell carcinomas of skin of scrotum	C63.2	M805X/3 – M808X/3

Note ⁽¹⁾: Diseases with ICD-10-AM codes commencing with 'D' and 'L' were reclassified in ICD-O Third Edition with a malignant morphology code. Despite being located in the ICD-10-AM chapter for 'Neoplasms of uncertain or unknown behaviour', these diseases are notifiable when paired with the

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corresponding morphology code listed in the table above. The NSW Central Cancer Registry officially commenced collection of these additional diseases for cases diagnosed in the year 2003. Cases where such a diagnosis was made prior to 2003 may also be reported, and if the exact date of diagnosis of these earlier diagnosed cases is unknown a default date of 01/01/2001 should be reported.

Note ⁽²⁾: These are codes in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (6th Edition, 1 July 2008), published by the National Centre for Classification in Health, Faculty of Health Science, University of Sydney, Australia. ICD-10-AM is updated biennially. For later editions of ICD-10-AM check for code changes with Cancer Institute NSW at: <http://www.cancerinstitute.org.au/>

Note ⁽³⁾: C44.5 also covers Squamous cell carcinomas of skin sites other than anus, which are not notifiable. The determination as to whether a case with a C44.5 diagnosis code is notifiable (i.e. relates to the anus) or not (does not relate to the anus) must therefore be made by a clinical coder.

3.2 Exclusions

The following cases must be excluded from notifications:

- 1) Squamous cell carcinomas of the skin, **other than** skin of anus, vulva, penis, scrotum, and vermillion surface and border of the lip
- 2) Basal cell carcinomas of the skin
- 3) In-situ cancers and intraepithelial neoplasia with no mention of invasion, other than those listed in section 4.1.
- 4) Cases where patients have benign tumours or pre-cancerous conditions
- 5) Cases where patients have declined treatment and do not have a clear confirmation of cancer
- 6) Cases where patients have an equivocal diagnosis of cancer; that is, a definitive diagnosis of cancer has not been made radiologically, cytologically or pathologically, and the clinician does not regard the patient as having, or does not treat the patient for cancer
- 7) Cases where patients have been admitted solely for routine surveillance of previously treated cancers, for example, check cystoscopy or colonoscopy, where there is no detection of a new notifiable primary cancer
- 8) Cases where patients have a past history of cancer but have no current/ active evidence of cancer.

4 Admitted patient notifications

4.1 Who must notify

Any facility that provides admitted patient services within New South Wales has an obligation to notify the NSW Central Cancer Registry. This includes:

- Public Hospitals
- Public Multi-purpose Services
- Private Hospitals
- Private Day Procedure Centres

4.2 Cases that must be notified

A notification of cancer is required for each admitted patient episode of care where there is a notifiable cancer diagnosed and/or active or palliative treatment for cancer is provided.

‘Active Treatment for Cancer’ is defined as a clinical treatment intervention (e.g. surgery, course of radiotherapy, course of chemotherapy) for a specific cancer at a single point in time where the cancer is the principal or an additional diagnosis for the episode of care.

A separate notification is required for each primary cancer. Additional primary cancers may be determined by a different topography from the original, or the same topography but a different histological type.

With the exception of cases of recurrent chemotherapy or radiotherapy, one notification must be submitted for each primary cancer for each episode of care. This means:

- if more than one primary cancer is diagnosed during one episode of care, a notification must be submitted for each primary cancer, and/or
- if the patient has one primary cancer, but presents for active treatment over two or more episodes of care, two or more notifications must be submitted (one for each episode of care).

For patients receiving chemotherapy or radiotherapy on an admitted patient basis a single notification for each primary cancer for which active treatment is provided is required once per year only, regardless of the number of treatment sessions provided.

See Section 3 for a detailed list of inclusions and exclusions, described in terms of ICD-10-AM codes.

5 Non-Admitted patient notifications

5.1 Who must notify

Any facility that provides non-admitted patient services within New South Wales has an obligation to notify the NSW Central Cancer Registry of any case that is defined as notifiable.

The type of facilities that must notify include:

- Radiation Oncology Departments
- Oncology Outpatient Clinics
- Cancer Care Centres
- Haematology and Bone Marrow Transplant Services

5.2 Cases that must be notified

A notification of cancer is required for each non-admitted patient once only where there is a notifiable cancer diagnosed and/or active or palliative treatment for cancer is provided.

‘Active Treatment for Cancer’ is defined as a clinical treatment intervention (e.g. surgery, course of radiotherapy, course of chemotherapy) for a specific cancer at a single point in time where the cancer is the principal or an additional diagnosis for the episode of care.

Radiation Oncology Departments, Oncology Outpatient Clinics and Cancer Care Centres must submit one cancer notification only per person for treatment (e.g. chemotherapy or radiotherapy) provided for a primary cancer. If a course of treatment is not provided, a cancer notification must be submitted following the initial consultation for a primary cancer.

A separate notification is required for each primary cancer. Additional primary cancers may be determined by a different topography from the original, or the same topography but a different histological type.

6 Due dates for notifications

Cancer notifications for admitted patients diagnosed with cancer must be submitted to the NSW Central Cancer Registry no later than 6 weeks after the patient’s separation.

Cancer notifications for non-admitted patients must be submitted to the NSW Central Cancer Registry no later than 6 weeks after the patient’s first date of attendance for treatment for each primary cancer.

7 Information that must be reported

The data elements required for reporting a cancer notification for admitted and non-admitted patients are published in the NSW Central Cancer Registry Data Dictionary. This is available on the Cancer Institute NSW's website.

- <http://www.cancerinstitute.org.au/>

8 How to submit a notification - Public facilities

8.1 Method of reporting

8.1.1 Admitted patient facilities

Public Hospitals and Multi-Purpose Services must report cancer notifications in an electronic format via the NSW Department of Health's Health Information Exchange (HIE). The NSW Central Cancer Registry does not support paper form reporting of admitted patient activity notifications from public facilities unless a special written exemption for a limited period is provided by the NSW Central Cancer Registry.

The patient administration systems used by public facilities must include a cancer notification module and an Admitted Patient Data Collection extract compliant with the specifications for reporting admitted patient activity via the HIE – the AP feed specification (reference: PO2981), available at: <http://internal.health.nsw.gov.au/im/ims/hie/doco/library/po/PO2981.doc>. The HIE extract includes all cancer notification data items.

All cancer notifications for admitted patients from public facilities are sourced by the NSW Central Cancer Registry from the NSW Department of Health's HIE.

To ensure the NSW Central Cancer Registry receives cancer notifications by the due date, admitted patient data should be extracted from patient administration systems and loaded into the Area HIE on a daily basis. This ensures new notifications of cancer are received as early as possible and any data quality issues can be identified and corrected in a timely manner.

Reporting admitted patient cancer notifications via the HIE is a three step process:

1. Data must be extracted from the patient administration system (preferably daily and at least weekly), then transferred and loaded into the Area Health Service HIE by the hospital or Area Health Service

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2. Area Health Service HIE data must be transferred to the Department HIE by the Area Health Service (at least weekly). It is the responsibility of the Area Health Service HIE Coordinator to monitor the status of the transfer and resolve any technical issues with this process that may occur from time to time.
3. The NSW Central Cancer Registry extracts data from the Department's HIE, and loads it into the NSW Central Registry processing system where case matching and further data quality assurance is performed.

8.1.1.1 Functional requirements for Patient Administration Systems

To comply with the NSW Central Cancer Registry mandatory reporting requirements patient administration systems used by public facilities to record admitted patient activity and cancer notifications must include:

- a module (patient register or patient master index) for recording the demographic data relating to the patient that are in scope of the reporting requirements for the NSW Central Cancer Registry;
- ability to record episodes of care, episode of care start and end dates, and separation mode;
- a coding module for the recording of diagnoses, procedures, and morphologies;
- the capacity to support clinical coding in multiple editions of ICD-10-AM at any point in time, the edition used being linked automatically to the episode end date (episode of care separation date) rather than the date the record is accessed or updated;
- a cancer notification module designed to capture the mandatory cancer specific data;
- automated triggers of cancer notification modules/windows based on the diagnosis codes and paired morphology codes, and referencing the flagged ICD-10-AM edition specific notifiable primary sites of cancer;
- functionality to exclude notifications of exceptions, such as squamous cell carcinomas of the skin (C44 with morphology M805 to M807) and basal cell carcinomas of the skin (C44 with Morphology Code M809 to M811);
- enforced mandatory completion of all cancer notification specific data elements at time of clinical coding for each episode of care and each primary site of cancer;

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- a functional and accurate extract that can be scheduled to automatically extract and transfer admitted patient data to the NSW Department of Health's HIE in a format compliant with the requirements of the NSW Department of Health's HIE; and
- functionality to flag and re-extract any record modified in any field included in the notification of cancer between extracts of data, and functionality to include that modified record in the next extract for submission to the NSW Central Cancer Registry via the HIE.

8.1.2 Non-admitted patient facilities

Cancer notifications for non-admitted patients must be submitted either:

- In an electronic format via the NSW Health Department's Health Information Exchange (HIE), or
- Using the standard NSW Central Cancer Registry Notification paper form.

8.1.2.1 Electronic submissions via the NSW Health Information Exchange

Cancer notifications from public sector Radiation Oncology Departments must be submitted to the NSW Central Cancer Registry in an electronic format via the NSW Health Information Exchange (HIE). Electronic submissions must be compliant with the HIE Non-Admitted Patient Cancer Notification Specification for the HIE (reference: PO3591) available at:

<http://internal.health.nsw.gov.au/im/ims/hie/doco/library/po/PO3591.354.doc>

Reporting in the standard electronic format via the HIE is currently optional for other non-admitted patient departments, however electronic notification must be implemented where-ever possible and should be a core function of new source systems.

To ensure the NSW Central Cancer Registry receives cancer notifications by the due dates, non-admitted patient data should be extracted from the radiotherapy information system or other source system and loaded into the Area HIE on a weekly basis. This ensures new notifications of cancer are received as early as possible and any data quality issues can be identified and corrected in a timely manner.

Reporting non-admitted patient cancer notifications via the HIE is a three step process:

1. Data must be extracted from the radiotherapy information system or source system (at least weekly), then transferred and loaded into the Area Health Service HIE by the facility or Area Health Service

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2. Area Health Service HIE data must be transferred to the Department HIE by the Area Health Service (at least weekly). It is the responsibility of the Area Health Service HIE Coordinator to monitor the status of the transfer and resolve any technical issues with this process that may occur from time to time.
3. The NSW Central Cancer Registry extracts data from the Department's HIE, and loads it into the NSW Central Registry processing system where case matching and further data quality assurance is performed.

8.1.2.2 Paper form submissions

Non-admitted patient facilities, other than Public Radiation Oncology Departments, may notify on the standard paper notification form, rather than in the electronic format. There are some additional data items to report when reporting on the standard paper notification form. These include:

- Name of Hospital
- Cancer Registry Notification Code
- Age
- More than one Primary Cancer Indicator

For non-admitted patient notifications, the Date of Attendance must be entered into the "Date of Admission" box, and the "Date of Separation" box should be left blank. The "Status at Separation" question should be left blank as it is not applicable for non-admitted patient notifications.

The paper form used to report cancer notifications to the NSW Central Cancer Registry is a standard form issued by the Cancer Institute NSW. To order stock of the form, contact the NSW Central Cancer Registry (see Section 13 for contact details).

Completed Cancer Notification paper forms must be sent via secure post or courier and marked "NSW Central Cancer Registry - Private and Confidential". Contact details for the NSW Central Cancer Registry are provided in Section 13.

9 How to submit a notification - Private facilities

9.1 Methods of reporting

9.1.1 Admitted and non-admitted patients

Private Hospitals, Day Procedure Centres, Radiotherapy departments and Outpatient departments must submit Cancer Notifications either:

- Using the NSW Central Cancer Registry Cancer Notification Portal; or

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- Using the standard NSW Central Cancer Registry Notification paper form.

The NSW Central Cancer Registry Cancer Notification Portal enables notifying institutions to submit cancer notifications via the Internet using a web-based notification form or by uploading an extract from the patient administration system. The Cancer Notification Portal is available on the Cancer Institute NSW website at: <https://www.notification.cancerinstitute.org.au>

Paper forms will continue to be accepted and processed by the NSW Central Cancer Registry until the staggered implementation of the Cancer Notification Portal is completed.

9.1.1.1 Electronic submissions using the Cancer Notification Portal

The Cancer Institute NSW has a standard specification for electronic notifications from private hospitals and day procedure centres. This specification must be complied with when data are uploaded to the Cancer Notification Portal. The specification is provided in Appendix 2.

A user name and password are required to submit notifications using the Cancer Notification Portal. To obtain a user name and password contact the Cancer Notification Portal Administrator. Contact details are available in Section 13. A user name and password will be sent to you via email.

Electronic notifications from private hospitals, day procedure centres radiotherapy departments and outpatient departments received via the Cancer Notification Portal are loaded directly into the NSW Central Cancer Registry's data processing system.

9.1.1.2 Paper form submissions

When cancer notifications are reported on paper forms there are some additional data items to report. These include:

- Name of Hospital
- Cancer Registry Notification Code
- Age
- Status of Separation (instead of Mode of Separation)
- More than one Primary Cancer Indicator

For non-admitted patient notifications, the Date of Attendance must be entered into the "Date of Admission" box, and the "Date of Separation" box should be left blank. The "Status at Separation" question should be left blank as it is not applicable for non-admitted patient notifications.

The paper form used to report cancer notifications to the NSW Central Cancer Registry is a standard form issued by the Cancer Institute NSW. To order stock

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of the form, contact the NSW Central Cancer Registry (see Section 13 for contact details).

Completed Cancer Notification paper forms must be sent via secure post or courier and marked “NSW Central Cancer Registry - Private and Confidential”. Addresses and contact details for the NSW Central Cancer Registry are provided in Section 13.

10 Reviewing data quality and correcting errors

10.1 Notifications submitted via the Health Information Exchange

Following the load of data into the Area HIE, hospital staff, radiation oncology department staff and staff in other non-admitted patient facilities must review data errors and make corrections. Data quality is checked automatically in the HIE following the data load process, and a record of each error is created in a data error log.

The data error checks built into the HIE identify many of the common errors, such as primary sites of cancer diagnoses reported without a paired morphology code, and incomplete mandatory fields.

It is a requirement that staff review the data errors identified by the HIE data quality checking process, and make corrections to those errors immediately after the data have been loaded. Timely correction of data will assist in staff education thereby reducing the rate of errors in future notifications.

Standard data error reports showing the records with errors by the type of error have been issued to all Area Health Services in Business Objects format by the NSW Health Department. Where Business Objects reports are not available, locally developed reports or queries against the HIE “data_error” table may be used. Descriptions of the errors are stored in the HIE reference table “data_error_type”.

Corrections to identified errors must be made in the patient administration system or source system (e.g. VARIAN, Impac or LANTIS Radiotherapy Information Systems). Records that have been updated, added or deleted should be flagged automatically by the patient administration system or source system for inclusion in the next extraction of data to the HIE.

When an updated record is re-loaded into the HIE the suite of data quality checks will be applied by the HIE and if the error has been corrected the active error message will be aged (switched off) and will no longer show in the error report. If the error remains, or new errors have been created, the record must be amended further in the patient administration system or radiotherapy information system or other source system, and then resubmitted to the HIE until all data quality checks relevant to cancer notifications have been passed.

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Further data quality checks will be made by the NSW Central Cancer Registry at the time the data is extracted from the HIE and loaded in the NSW Central Cancer Registry data processing system. If data quality issues are detected at this point, an error report will be sent to the notifying hospital by the NSW Central Cancer Registry.

Where an error report is provided, corrections must be made by the staff in the notifying facility and returned to the NSW Central Cancer Registry. Corrections are due 10 working days after receipt of the error report.

Corrections should be sent to the NSW Central Cancer Registry. Contact details for the NSW Central Cancer Registry are provided in Section 13.

10.2 Notifications submitted via the Cancer Notification Portal

Data quality is checked automatically in the Cancer Notification Portal and an error log is generated. Staff must check this log. For batch extracts, errors should be rectified in the Patient Administration System or source system and the data re-extracted and uploaded. For web-based forms, the correct data should be entered in the field. The Patient Administration System or source system should be updated with the correct information.

Further data quality checks will be made by the NSW Central Cancer Registry at the time the data is loaded in the NSW Central Cancer Registry data processing system. If data quality issues are detected at this point, an error report will be sent to the notifying facility by the NSW Central Cancer Registry.

Where an error report is provided, corrections must be made by the staff in the notifying facility and returned to the NSW Central Cancer Registry. Corrections are due 10 working days after receipt of the error report.

Corrections should be sent to the NSW Central Cancer Registry. Contact details for the NSW Central Cancer Registry are provided in Section 13.

10.3 Notifications submitted on paper notification forms

Once received by the NSW Central Cancer Registry cancer notifications submitted on paper forms are entered into the Central Cancer Registry data processing system. A suite of data quality checks is then applied to the data.

Where information is missing, incomplete, inconsistent or illegible a staff member from the NSW Central Cancer Registry will contact the non-admitted patient facility to seek correction or clarification.

Where an error report is provided, corrections must be made by the staff in the non-admitted patient facility and returned to the NSW Central Cancer Registry. Corrections are due 10 working days after receipt of the error report.

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Corrections should be sent via secure post or courier and marked “NSW Central Cancer Registry - Private and Confidential”. Addresses and contact details for the NSW Central Cancer Registry are provided in Section 13.

11 Notifications of results from Pathology laboratories

11.1 Who must notify

All public sector and private sector pathology laboratories operating within New South Wales must notify cases of cancer to the NSW Central Cancer Registry.

For the purpose of mandatory reporting, a **pathology laboratory** is defined as any accredited premises in which pathology services are supplied.

A **pathology service** is the analysis of a sample of human tissue or fluid, or any other product of the human body, for the purpose of preventing, diagnosing or treating disease. It includes the collection, preparation, preservation and storage of any such sample.

Any pathology laboratory that is not reporting to the NSW Central Cancer Registry must contact the Registry to obtain a facility identifier for reporting purposes.

11.2 Cases that must be notified

All cases reported unequivocally as cancer must be notified to the NSW Central Cancer Registry. The pathology report is considered the definitive source of determining a cancer case, and histological verification is seen as the gold standard.

The qualifiers used in pathology reports that are regarded as acceptable for a diagnosis of cancer are tabulated below.

Considered as diagnostic of cancer
diagnostic of
consistent with
compatible with
typical of
in keeping with
(the features) are those of
supports a diagnosis of
equivalent to/of
extension into
invasion of

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The notifiable cancers are listed in Section 2. These include carcinoma, sarcoma, lymphoma, leukaemia, melanoma, invasive tumour, malignant neoplasm, in situ melanoma in situ cancer of the breast and in situ cancer of the bladder.

Notifications are also required where a person was originally diagnosed with cancer, and that diagnosis was subsequently changed to something other than cancer.

11.3 Due dates for notifications

As the pathology report provides the definitive diagnosis of cancer, the timeliness of notifications from pathology laboratories is essential for maintaining a current register.

Notifications from pathology laboratories should be submitted to the NSW Central Cancer Registry within 4 weeks of the pathology report date.

For larger pathology laboratories with a high volume of reports, batches of reports can be provided weekly.

11.4 Sources and modes of notification

Pathology Laboratories must submit a copy of the full and complete pathology report to the NSW Central Cancer Registry.

A pathology report of a notifiable cancer may originate from the following laboratory areas:

- Histology – a histological diagnosis of cancer as a result of microscopic examination using routine H & E stains, special stains and/or immunohistochemistry
- Cytology – from fine needle aspirations, smears or cytospin preparations, including Flow Cytometry
- Haematology – from trephines and/or blood smears
- Molecular laboratories – cancer diagnosed as a result of solid tumour cytogenetics, fluorescent in-situ hybridisation (FISH) studies, results of polymerase chain reaction (PCR)

The type of reports that must be submitted to the NSW Central Cancer Registry include:

1. Histology reports diagnostic of cancer

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2. Cytology reports diagnostic of cancer
3. Flow cytometry and cytogenetic reports diagnostic of malignant conditions
4. Bone marrow aspirates and trephine reports diagnostic of malignant conditions, including myelodysplastic and myeloproliferative disorders
5. Blood film reports diagnostic of malignant conditions, including myelodysplastic and myeloproliferative disorders
6. Slide reviews, second opinions and amended reports for previously reported cases
7. Receptor assays

The NSW Central Cancer Registry uses the demographic data detailed in pathology reports to ensure accurate registration of cancer patients. It is thus important for the report to include comprehensive and correct patient demographic information, including all given names, any alias names, date of birth and full address. Other demographic data, such as country of birth and Aboriginal and Torres Strait Islander status are useful, if known.

Pathology Laboratories are not required to complete the standard cancer notification items specified for reporting by hospitals for admitted and non-admitted patients diagnosed with cancer.

Data items that are required on the report are listed below:

11.4.1 Reporting authority

- Pathology Laboratory Name (or Central Cancer Registry Facility Code)

11.4.2 Person demographics

- Person's Family Name
- Person's Given Names
- Date of Birth
- Sex
- Address of Patient's Usual Residence
 - Unit/Flat Number
 - Street Number
 - Street Name
 - Street Type
 - Suburb/Locality
 - State
 - Postcode

11.4.3 Referring doctor details

- Doctor's Family Name
- Doctor's Given Names
- Doctor's Address
 - Unit/Flat Number
 - Street Number
 - Street Name
 - Street Type
 - Suburb/Locality
 - State
 - Postcode

11.4.4 Test details

- Collection Date
- Test Type
- Test Result

11.5 How to submit a notification – Pathology Laboratories

Pathology laboratories are required to submit the pathology report in hard copy only.

Packages must be marked "NSW Central Cancer Registry - Private and Confidential". Contact details for the NSW Central Cancer Registry are provided in Section 13.

11.6 Requests for further information

Where a notification is received and the diagnosis cancer is equivocal, further information is likely to be requested by the NSW Central Cancer Registry before the case is registered. In such instances, the NSW Central Cancer Registry may contact the pathology laboratory to obtain clarification of the results, or the results of any additional tests performed.

It is a mandatory requirement that, when requested by the NSW Central Cancer Registry, further information or clarification is provided by the pathology laboratory.

12 Notifications of deaths caused by cancer

12.1 Who must notify

Where a patient dies as an admitted patient, the usual admitted patient cancer notification is required and the "Mode of Separation" or the "Status at Separation" should be used to indicate that the patient died.

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The following additional facilities and organisations are responsible for reporting deaths caused by cancer:

- NSW Registry of Births, Deaths and Marriages
- Departments of Forensic Medicine
- Public Residential Aged Care Facilities
- Private Residential Aged Care Facilities

Under the *Public Health Act, 1991* it is a responsibility of the NSW Registry of Births, Deaths and Marriages (a Government Trading Enterprise and a business unit within the New South Wales Attorney-General's Department) to notify the NSW Central Cancer Registry of any death that was apparently caused by cancer; or where cancer was an incidental finding at post-mortem.

The Australian Bureau of Statistics provides the NSW Central Cancer Registry with coded cause of death data on behalf of the NSW Registry of Births, Deaths and Marriages.

12.2 Cases that must be notified

A cancer notification must be provided to the NSW Central Cancer Registry for any case where the cause of death has been determined to be cancer and that disease is listed as notifiable (see Section 3 – Notifiable Cancers, Appendix 1 – Full List of Cancers to Notify to NSW Central Cancer Registry and Notifiable cancers which may not be easily recognised).

12.3 Due dates for notifications

Notification of a death caused by cancer from Institutes of Forensic Medicine and residential aged care facilities must be provided to the NSW Central Cancer Registry within 6 weeks of the patient's death or date of final determination of cause of death.

The due dates for cancer death data from the NSW Registry of Births, Deaths and Marriages and the Australian Bureau of Statistics is negotiated directly between those agencies and the Cancer Institute NSW.

12.4 Information that must be notified

The table below shows what should be notified, by the type of notifier.

Notifier	What to Submit
Departments of Forensic Medicine	Coroner's/autopsy Report
Public Hospitals, Multi-Purpose Services	All information as listed for Admitted Patients with Mode of Separation indicating "Died".
Private Hospitals, Private Day Procedure Centres, Public Residential	All information as listed for Admitted Patients with Mode of Separation

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Notifier	What to Submit
Aged Care Facilities, Private Residential Aged Care Facilities.	indicating “Died”.
Australian Bureau of Statistics	Coded cause of death data in an electronic format
NSW Registry of Births, Deaths and Marriages	Death notification data in an electronic format

12.5 How to Submit a Notification

The table below shows how a notification must be submitted to the NSW Central Cancer Registry.

Notifier	How to Submit
Departments of Forensic Medicine	Mail or fax a copy of the coroner’s/autopsy report.
Public Hospitals, and Multi-Purpose Services	Notification is entered into the Patient Administration System and sent via the admitted patient extract to the Health Information Exchange.
Private Hospitals, Day Procedure Centres	Notification via the Cancer Notification Portal or mail or fax the NSW Central Cancer Registry Form to the NSW Central Cancer Registry.
Residential Aged Care Facilities	Notification via the Cancer Notification Portal or mail or fax the NSW Central Cancer Registry Form to the NSW Central Cancer Registry.
Australian Bureau of Statistics	On media via courier or secure post to the NSW Central Cancer Registry.
NSW Registry of Births, Deaths and Marriages	Encrypted file via email to ccr@cancerinstitute.org.au

Notifications that are sent via secure post or courier must be marked “NSW Central Cancer Registry - Private and Confidential”. Contact details for the NSW Central Cancer Registry are provided in Section 13.

12.6 Requests for further information

After receipt of a notification of a death caused by cancer, the NSW Central Cancer Registry may require further information, and contact the notifier. Responses to requests for further information are required within 10 working days.

For notifications of patients who died as admitted patients, the standard data quality checks will be applied as described in Section 10.

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13 Contact details

Further information about the mandatory reporting requirements of the NSW Central Cancer Registry should be directed to the Cancer Notification Manager, NSW Central Cancer Registry.

Contact details for the NSW Central Cancer Registry are provided below:

Physical Address:
(for courier deliveries)

Cancer Institute NSW
Australian Technology Park
Biomedical Building
Suite 101, 1 Central Avenue
Eveleigh NSW 2015

Secure Post Address:

Locked Mail Bag 1
Kings Cross NSW 1340

Phone: (02) 8374 5749

Secure Fax: (02) 8374 5744

E-mail:

ccr@cancerinstitute.org.au

Website:

<http://www.cancerinstitute.org.au>Cancer

Notification Portal e-mail:

ccr_scnp@cancerinstitute.org.au

Cancer Notification Portal website:

<http://www.notification.cancerinstitute.org.au>

Professor Debora Picone AM
Director-General

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Appendix 1 Notifiable cancers

Full list of cancers to notify to NSW Central Cancer Registry

The table below shows the full list of diseases that must be notified, when paired with the appropriate morphology as described in the summary table in Section 3.

Disease Description	ICD-10-AM 6 th Edition Code
Human immunodeficiency virus [HIV] disease resulting in malignant neoplasms	B21
Malignant neoplasm of lip	C00
Malignant neoplasm of external upper lip	C00.0
Malignant neoplasm of external lower lip	C00.1
Malignant neoplasm of external lip, unspecified	C00.2
Malignant neoplasm of upper lip, inner aspect	C00.3
Malignant neoplasm of lower lip, inner aspect	C00.4
Malignant neoplasm of lip, unspecified, inner aspect	C00.5
Malignant neoplasm of commissure of lip	C00.6
Overlapping malignant lesion of lip	C00.8
Malignant neoplasm of lip, unspecified	C00.9
Malignant neoplasm of base of tongue	C01
Malignant neoplasm of other and unspecified parts of tongue	C02
Malignant neoplasm of dorsal surface of tongue	C02.0
Malignant neoplasm of border of tongue	C02.1
Malignant neoplasm of ventral surface of tongue	C02.2
Malignant neoplasm of anterior two-thirds of tongue, part unspecified	C02.3
Malignant neoplasm of lingual tonsil	C02.4
Malignant neoplasm of overlapping lesion of tongue	C02.8
Malignant neoplasm of tongue, unspecified	C02.9
Malignant neoplasm of gum	C03
Malignant neoplasm of upper gum	C03.0
Malignant neoplasm of lower gum	C03.1
Malignant neoplasm of gum, unspecified	C03.9
Malignant neoplasm of floor of mouth	C04
Malignant neoplasm of anterior floor of mouth	C04.0
Malignant neoplasm of lateral floor of mouth	C04.1
Overlapping malignant lesion of floor of mouth	C04.8
Malignant neoplasm of floor of mouth, unspecified	C04.9
Malignant neoplasm of palate	C05
Malignant neoplasm of hard palate	C05.0
Malignant neoplasm of soft palate	C05.1
Malignant neoplasm of uvula	C05.2
Overlapping malignant lesion of palate	C05.8
Malignant neoplasm of palate, unspecified	C05.9
Malignant neoplasm of other and unspecified parts of mouth	C06
Malignant neoplasm of cheek mucosa	C06.0
Malignant neoplasm of vestibule of mouth	C06.1
Malignant neoplasm of retromolar area	C06.2
Overlapping malignant lesion of other and unspecified parts of mouth	C06.8
Malignant neoplasm of mouth, unspecified	C06.9
Malignant neoplasm of parotid gland	C07
Malignant neoplasm of other and unspecified major salivary glands	C08
Malignant neoplasm of submandibular gland	C08.0
Malignant neoplasm of sublingual gland	C08.1

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Disease Description	ICD-10-AM 6 th Edition Code
Overlapping malignant lesion of major salivary glands	C08.8
Malignant neoplasm of major salivary gland, unspecified	C08.9
Malignant neoplasm of tonsil	C09
Malignant neoplasm of tonsillar fossa	C09.0
Malignant neoplasm of tonsillar pillar (anterior)(posterior)	C09.1
Overlapping malignant lesion of tonsil	C09.8
Malignant neoplasm of tonsil, unspecified	C09.9
Malignant neoplasm of oropharynx	C10
Malignant neoplasm of vallecula	C10.0
Malignant neoplasm of anterior surface of epiglottis	C10.1
Malignant neoplasm of lateral wall of oropharynx	C10.2
Malignant neoplasm of posterior wall of oropharynx	C10.3
Malignant neoplasm of branchial cleft	C10.4
Overlapping malignant lesion of oropharynx	C10.8
Malignant neoplasm of oropharynx, unspecified	C10.9
Malignant neoplasm of nasopharynx	C11
Malignant neoplasm of superior wall of nasopharynx	C11.0
Malignant neoplasm of posterior wall of nasopharynx	C11.1
Malignant neoplasm of lateral wall of nasopharynx	C11.2
Malignant neoplasm of anterior wall of nasopharynx	C11.3
Overlapping malignant lesion of nasopharynx	C11.8
Malignant neoplasm of nasopharynx, unspecified	C11.9
Malignant neoplasm of pyriform sinus	C12
Malignant neoplasm of hypopharynx	C13
Malignant neoplasm of postcricoid region	C13.0
Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	C13.1
Malignant neoplasm of posterior wall of hypopharynx	C13.2
Overlapping malignant lesion of hypopharynx	C13.8
Malignant neoplasm of hypopharynx, unspecified	C13.9
Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	C14
Malignant neoplasm of pharynx, unspecified	C14.0
Malignant neoplasm of Waldeyer ring	C14.2
Overlapping malignant lesion of lip, oral cavity and pharynx	C14.8
Malignant neoplasm of oesophagus	C15
Malignant neoplasm of cervical part of oesophagus	C15.0
Malignant neoplasm of thoracic part of oesophagus	C15.1
Malignant neoplasm of abdominal part of oesophagus	C15.2
Malignant neoplasm of upper third of oesophagus	C15.3
Malignant neoplasm of middle third of oesophagus	C15.4
Malignant neoplasm of lower third of oesophagus	C15.5
Overlapping malignant lesion of oesophagus	C15.8
Malignant neoplasm of oesophagus, unspecified	C15.9
Malignant neoplasm of stomach	C16
Malignant neoplasm of cardia	C16.0
Malignant neoplasm of fundus of stomach	C16.1
Malignant neoplasm of body of stomach	C16.2
Malignant neoplasm of pyloric antrum	C16.3
Malignant neoplasm of pylorus	C16.4
Malignant neoplasm of lesser curvature of stomach, unspecified	C16.5
Malignant neoplasm of greater curvature of stomach, unspecified	C16.6
Overlapping malignant lesion of stomach	C16.8
Malignant neoplasm of stomach, unspecified	C16.9

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Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of small intestine	C17
Malignant neoplasm of duodenum	C17.0
Malignant neoplasm of jejunum	C17.1
Malignant neoplasm of ileum	C17.2
Malignant neoplasm of Meckel's diverticulum	C17.3
Overlapping malignant lesion of small intestine	C17.8
Malignant neoplasm of small intestine, unspecified	C17.9
Malignant neoplasm of colon	C18
Malignant neoplasm of caecum	C18.0
Malignant neoplasm of appendix	C18.1
Malignant neoplasm of ascending colon	C18.2
Malignant neoplasm of hepatic flexure	C18.3
Malignant neoplasm of transverse colon	C18.4
Malignant neoplasm of splenic flexure	C18.5
Malignant neoplasm of descending colon	C18.6
Malignant neoplasm of sigmoid colon	C18.7
Overlapping malignant lesion of colon	C18.8
Malignant neoplasm of colon, unspecified part	C18.9
Malignant neoplasm of rectosigmoid junction	C19
Malignant neoplasm of rectum	C20
Malignant neoplasm of anus and anal canal	C21
Malignant neoplasm of anus, unspecified	C21.0
Malignant neoplasm of anal canal	C21.1
Malignant neoplasm of cloacogenic zone	C21.2
Overlapping malignant lesion of rectum, anus and anal canal	C21.8
Malignant neoplasm of liver and intrahepatic bile ducts	C22
Liver cell carcinoma	C22.0
Intrahepatic bile duct carcinoma	C22.1
Hepatoblastoma	C22.2
Angiosarcoma of liver	C22.3
Other sarcomas of liver	C22.4
Other specified carcinomas of liver	C22.7
Malignant neoplasm of liver, unspecified	C22.9
Malignant neoplasm of gallbladder	C23
Malignant neoplasm of other and unspecified parts of biliary tract	C24
Malignant neoplasm of extrahepatic bile duct	C24.0
Malignant neoplasm of ampulla of Vater	C24.1
Overlapping malignant lesion of biliary tract	C24.8
Malignant neoplasm of biliary tract, unspecified	C24.9
Malignant neoplasm of pancreas	C25
Malignant neoplasm of head of pancreas	C25.0
Malignant neoplasm of body of pancreas	C25.1
Malignant neoplasm of tail of pancreas	C25.2
Malignant neoplasm of pancreatic duct	C25.3
Malignant neoplasm of endocrine pancreas	C25.4
Malignant neoplasm of other parts of pancreas	C25.7
Overlapping malignant lesion of pancreas	C25.8
Malignant neoplasm of pancreas, part unspecified	C25.9
Malignant neoplasm of other and ill-defined digestive organs	C26
Malignant neoplasm of intestinal tract, part unspecified	C26.0
Malignant neoplasm of spleen	C26.1
Overlapping malignant lesion of digestive system	C26.8
Malignant neoplasm of ill-defined sites within the digestive system	C26.9

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Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of nasal cavity and middle ear	C30
Malignant neoplasm of nasal cavity	C30.0
Malignant neoplasm of middle ear	C30.1
Malignant neoplasm of accessory sinuses	C31
Malignant neoplasm of maxillary sinus	C31.0
Malignant neoplasm of ethmoidal sinus	C31.1
Malignant neoplasm of frontal sinus	C31.2
Malignant neoplasm of sphenoidal sinus	C31.3
Overlapping malignant lesion of accessory sinuses	C31.8
Malignant neoplasm of accessory sinus, unspecified	C31.9
Malignant neoplasm of larynx	C32
Malignant neoplasm of glottis	C32.0
Malignant neoplasm of supraglottis	C32.1
Malignant neoplasm of subglottis	C32.2
Malignant neoplasm of laryngeal cartilage	C32.3
Overlapping malignant lesion of larynx	C32.8
Malignant neoplasm of larynx, unspecified	C32.9
Malignant neoplasm of trachea	C33
Malignant neoplasm of bronchus and lung	C34
Malignant neoplasm of main bronchus	C34.0
Malignant neoplasm of upper lobe, bronchus or lung	C34.1
Malignant neoplasm of middle lobe, bronchus or lung	C34.2
Malignant neoplasm of lower lobe, bronchus or lung	C34.3
Overlapping malignant lesion of bronchus and lung	C34.8
Malignant neoplasm of bronchus or lung, unspecified	C34.9
Malignant neoplasm of thymus	C37
Malignant neoplasm of heart, mediastinum and pleura	C38
Malignant neoplasm of heart	C38.0
Malignant neoplasm of anterior mediastinum	C38.1
Malignant neoplasm of posterior mediastinum	C38.2
Malignant neoplasm of mediastinum, part unspecified	C38.3
Malignant neoplasm of pleura	C38.4
Overlapping malignant lesion of heart, mediastinum and pleura	C38.8
Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs	C39
Malignant neoplasm of upper respiratory tract, part unspecified	C39.0
Overlapping malignant lesion of respiratory and intrathoracic organs	C39.8
Malignant neoplasm of ill-defined sites within the respiratory system	C39.9
Malignant neoplasm of bone and articular cartilage of limbs	C40
Malignant neoplasm of scapula and long bones of upper limb	C40.0
Malignant neoplasm of short bones of upper limb	C40.1
Malignant neoplasm of long bones of lower limb	C40.2
Malignant neoplasm of short bones of lower limb	C40.3
Overlapping malignant lesion of bone and articular cartilage of limbs	C40.8
Malignant neoplasm of bone and articular cartilage of limb, unspecified	C40.9
Malignant neoplasm of bone and articular cartilage of other and unspecified sites	C41
Malignant neoplasm of bones of skull and face	C41.0
Malignant neoplasm of craniofacial bones	C41.01
Malignant neoplasm of maxillofacial bones	C41.02
Malignant neoplasm of mandible	C41.1
Malignant neoplasm of vertebral column	C41.2
Malignant neoplasm of ribs, sternum and clavicle	C41.3

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Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of pelvic bones, sacrum and coccyx	C41.4
Overlapping malignant lesion of bone and articular cartilage	C41.8
Malignant neoplasm of bone and articular cartilage, unspecified	C41.9
Malignant melanoma of skin	C43
Malignant melanoma of lip	C43.0
Malignant melanoma of eyelid, including canthus	C43.1
Malignant melanoma of ear and external auricular canal	C43.2
Malignant melanoma of other and unspecified parts of face	C43.3
Malignant melanoma of scalp and neck	C43.4
Malignant melanoma of trunk	C43.5
Malignant melanoma of upper limb, including shoulder	C43.6
Malignant melanoma of lower limb, including hip	C43.7
Overlapping malignant melanoma of skin	C43.8
Malignant melanoma of skin, unspecified	C43.9
Other malignant neoplasms of skin	C44
Malignant neoplasm of skin of lip	C44.0
Malignant neoplasm of skin of eyelid, including canthus	C44.1
Malignant neoplasm of skin of ear and external auricular canal	C44.2
Malignant neoplasm of skin of other and unspecified parts of face	C44.3
Malignant neoplasm of skin of scalp and neck	C44.4
Malignant neoplasm of skin of trunk	C44.5
Malignant neoplasm of skin of upper limb, including shoulder	C44.6
Malignant neoplasm of skin of lower limb, including hip	C44.7
Overlapping malignant lesion of skin	C44.8
Malignant neoplasm of skin, unspecified	C44.9
Mesothelioma	C45
Mesothelioma of pleura	C45.0
Mesothelioma of peritoneum	C45.1
Mesothelioma of pericardium	C45.2
Mesothelioma of other sites	C45.7
Mesothelioma, unspecified	C45.9
Kaposi sarcoma	C46
Kaposi sarcoma of skin	C46.0
Kaposi sarcoma of soft tissue	C46.1
Kaposi sarcoma of palate	C46.2
Kaposi sarcoma of lymph nodes	C46.3
Kaposi sarcoma of other sites	C46.7
Kaposi sarcoma of multiple organs	C46.8
Kaposi sarcoma, unspecified	C46.9
Malignant neoplasm of peripheral nerves and autonomic nervous system	C47
Malignant neoplasm of peripheral nerves of head, face and neck	C47.0
Malignant neoplasm of peripheral nerves of upper limb, including shoulder	C47.1
Malignant neoplasm of peripheral nerves of lower limb, including hip	C47.2
Malignant neoplasm of peripheral nerves of thorax	C47.3
Malignant neoplasm of peripheral nerves of abdomen	C47.4
Malignant neoplasm of peripheral nerves of pelvis	C47.5
Malignant neoplasm of peripheral nerves of trunk, unspecified	C47.6
Overlapping malignant lesion of peripheral nerves and autonomic nervous system	C47.8
Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	C47.9
Malignant neoplasm of malignant neoplasm of retroperitoneum and peritoneum	C48

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Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of retroperitoneum	C48.0
Malignant neoplasm of specified parts of peritoneum	C48.1
Malignant neoplasm of peritoneum, unspecified	C48.2
Overlapping malignant lesion of retroperitoneum and peritoneum	C48.8
Malignant neoplasm of other connective and soft tissue	C49
Malignant neoplasm of connective and soft tissue of head, face and neck	C49.0
Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	C49.1
Malignant neoplasm of connective and soft tissue of lower limb, including hip	C49.2
Malignant neoplasm of connective and soft tissue of thorax	C49.3
Malignant neoplasm of connective and soft tissue of abdomen	C49.4
Malignant neoplasm of connective and soft tissue of pelvis	C49.5
Malignant neoplasm of connective and soft tissue of trunk, unspecified	C49.6
Overlapping malignant lesion of connective and soft tissue	C49.8
Malignant neoplasm of connective and soft tissue, unspecified	C49.9
Malignant neoplasm of breast	C50
Malignant neoplasm of nipple and areola	C50.0
Malignant neoplasm of central portion of breast	C50.1
Malignant neoplasm of upper-inner quadrant of breast	C50.2
Malignant neoplasm of lower-inner quadrant of breast	C50.3
Malignant neoplasm of upper-outer quadrant of breast	C50.4
Malignant neoplasm of lower-outer quadrant of breast	C50.5
Malignant neoplasm of axillary tail of breast	C50.6
Overlapping malignant lesion of breast	C50.8
Malignant neoplasm of breast, unspecified part	C50.9
Malignant neoplasm of vulva	C51
Malignant neoplasm of labium majus	C51.0
Malignant neoplasm of labium minus	C51.1
Malignant neoplasm of clitoris	C51.2
Overlapping malignant lesion of vulva	C51.8
Malignant neoplasm of vulva, unspecified	C51.9
Malignant neoplasm of vagina	C52
Malignant neoplasm of cervix uteri	C53
Malignant neoplasm of endocervix	C53.0
Malignant neoplasm of exocervix	C53.1
Overlapping malignant lesion of cervix uteri	C53.8
Malignant neoplasm of cervix uteri, unspecified	C53.9
Malignant neoplasm of corpus uteri	C54
Malignant neoplasm of isthmus uteri	C54.0
Malignant neoplasm of endometrium	C54.1
Malignant neoplasm of myometrium	C54.2
Malignant neoplasm of fundus uteri	C54.3
Overlapping malignant lesion of corpus uteri	C54.8
Malignant neoplasm of corpus uteri, unspecified	C54.9
Malignant neoplasm of uterus, part unspecified	C55
Malignant neoplasm of ovary	C56
Malignant neoplasm of other and unspecified female genital organs	C57
Malignant neoplasm of fallopian tube	C57.0
Malignant neoplasm of broad ligament	C57.1
Malignant neoplasm of round ligament	C57.2
Malignant neoplasm of parametrium	C57.3
Malignant neoplasm of uterine adnexa, unspecified	C57.4

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of other specified female genital organs	C57.7
Overlapping malignant lesion of female genital organs	C57.8
Malignant neoplasm of female genital organ, unspecified	C57.9
Malignant neoplasm of placenta	C58
Malignant neoplasm of penis	C60
Malignant neoplasm of prepuce	C60.0
Malignant neoplasm of glans penis	C60.1
Malignant neoplasm of body of penis	C60.2
Overlapping malignant lesion of penis	C60.8
Malignant neoplasm of penis, unspecified	C60.9
Malignant neoplasm of prostate	C61
Malignant neoplasm of testis	C62
Malignant neoplasm of undescended testis	C62.0
Malignant neoplasm of descended testis	C62.1
Malignant neoplasm of testis, unspecified	C62.9
Malignant neoplasm of other and unspecified male genital organs	C63
Malignant neoplasm of epididymis	C63.0
Malignant neoplasm of spermatic cord	C63.1
Malignant neoplasm of scrotum	C63.2
Other specified male genital organs	C63.7
Overlapping malignant lesion of male genital organs	C63.8
Malignant neoplasm of male genital organ, unspecified	C63.9
Malignant neoplasm of kidney, except renal pelvis	C64
Malignant neoplasm of renal pelvis	C65
Malignant neoplasm of ureter	C66
Malignant neoplasm of bladder	C67
Malignant neoplasm of trigone of bladder	C67.0
Malignant neoplasm of dome of bladder	C67.1
Malignant neoplasm of lateral wall of bladder	C67.2
Malignant neoplasm of anterior wall of bladder	C67.3
Malignant neoplasm of posterior wall of bladder	C67.4
Malignant neoplasm of bladder neck	C67.5
Malignant neoplasm of ureteric orifice	C67.6
Malignant neoplasm of urachus	C67.7
Overlapping malignant lesion of bladder	C67.8
Malignant neoplasm of bladder, unspecified	C67.9
Malignant neoplasm of other and unspecified urinary organs	C68
Malignant neoplasm of urethra	C68.0
Malignant neoplasm of paraurethral gland	C68.1
Overlapping malignant lesion of urinary organs	C68.8
Malignant neoplasm of urinary organ, unspecified	C68.9
Malignant neoplasm of eye and adnexa	C69
Malignant neoplasm of conjunctiva	C69.0
Malignant neoplasm of cornea	C69.1
Malignant neoplasm of retina	C69.2
Malignant neoplasm of choroid	C69.3
Malignant neoplasm of ciliary body	C69.4
Malignant neoplasm of lacrimal gland and duct	C69.5
Malignant neoplasm of orbit	C69.6
Overlapping malignant lesion of eye and adnexa	C69.8
Malignant neoplasm of eye, unspecified	C69.9
Malignant neoplasm of meninges	C70
Malignant neoplasm of cerebral meninges	C70.0

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Malignant neoplasm of spinal meninges	C70.1
Malignant neoplasm of meninges, unspecified	C70.9
Malignant neoplasm of brain	C71
Malignant neoplasm of cerebrum, except lobes and ventricles	C71.0
Malignant neoplasm of frontal lobe	C71.1
Malignant neoplasm of temporal lobe	C71.2
Malignant neoplasm of parietal lobe	C71.3
Malignant neoplasm of occipital lobe	C71.4
Malignant neoplasm of cerebral ventricle	C71.5
Malignant neoplasm of cerebellum	C71.6
Malignant neoplasm of brain stem	C71.7
Overlapping malignant lesion of brain	C71.8
Malignant neoplasm of brain, unspecified	C71.9
Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	C72
Malignant neoplasm of spinal cord	C72.0
Malignant neoplasm of cauda equina	C72.1
Malignant neoplasm of olfactory nerve	C72.2
Malignant neoplasm of optic nerve	C72.3
Malignant neoplasm of acoustic nerve	C72.4
Malignant neoplasm of other and unspecified cranial nerves	C72.5
Overlapping malignant lesion of brain and other parts of central nervous system	C72.8
Malignant neoplasm of central nervous system, unspecified	C72.9
Malignant neoplasm of thyroid gland	C73
Malignant neoplasm of adrenal gland	C74
Malignant neoplasm of cortex of adrenal gland	C74.0
Malignant neoplasm of medulla of adrenal gland	C74.1
Malignant neoplasm of adrenal gland, unspecified	C74.9
Malignant neoplasm of other endocrine glands and related structures	C75
Malignant neoplasm of parathyroid gland	C75.0
Malignant neoplasm of pituitary gland	C75.1
Malignant neoplasm of craniopharyngeal duct	C75.2
Malignant neoplasm of pineal gland	C75.3
Malignant neoplasm of carotid body	C75.4
Malignant neoplasm of aortic body and other paraganglia	C75.5
Malignant neoplasm of pluriglandular involvement, unspecified	C75.8
Malignant neoplasm of endocrine gland, unspecified	C75.9
Malignant neoplasm of other and ill-defined sites	C76
Malignant neoplasm of head, face and neck	C76.0
Malignant neoplasm of thorax	C76.1
Malignant neoplasm of abdomen	C76.2
Malignant neoplasm of pelvis	C76.3
Malignant neoplasm of upper limb	C76.4
Malignant neoplasm of lower limb	C76.5
Malignant neoplasm of other ill-defined sites	C76.7
Overlapping malignant lesion of other and ill-defined sites	C76.8
Malignant neoplasm without specification of site	C80
Hodgkin lymphoma	C81
Hodgkin disease, lymphocytic predominance	C81.0
Hodgkin disease, nodular sclerosis	C81.1
Hodgkin disease, mixed cellularity	C81.2
Hodgkin disease, lymphocytic depletion	C81.3

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Other Hodgkin disease	C81.7
Hodgkin disease, unspecified	C81.9
Follicular [nodular] non-Hodgkin lymphoma	C82
Small cleaved cell, follicular non-Hodgkin lymphoma	C82.0
Mixed small cleaved and large cell, follicular non-Hodgkin lymphoma	C82.1
Large cell, follicular non-Hodgkin lymphoma	C82.2
Other types of follicular non-Hodgkin lymphoma	C82.7
Follicular non-Hodgkin lymphoma, unspecified	C82.9
Diffuse non-Hodgkin lymphoma	C83
Small cell (diffuse) non-Hodgkin lymphoma	C83.0
Small cleaved cell (diffuse) non-Hodgkin lymphoma	C83.1
Mixed small and large cell (diffuse) non-Hodgkin lymphoma	C83.2
Large cell (diffuse) non-Hodgkin lymphoma	C83.3
Immunoblastic (diffuse) non-Hodgkin lymphoma	C83.4
Lymphoblastic (diffuse) non-Hodgkin lymphoma	C83.5
Undifferentiated (diffuse) non-Hodgkin lymphoma	C83.6
Burkitt tumour	C83.7
Other types of diffuse non-Hodgkin lymphoma	C83.8
Diffuse non-Hodgkin lymphoma, unspecified	C83.9
Peripheral and cutaneous T-cell lymphomas	C84
Mycosis fungoides	C84.0
Sézary disease	C84.1
T-zone lymphoma	C84.2
Lymphoepithelioid lymphoma	C84.3
Peripheral T-cell lymphoma	C84.4
Other and unspecified T-cell lymphomas	C84.5
Other and unspecified types of non-Hodgkin lymphoma	C85
Lymphosarcoma	C85.0
B-cell lymphoma, unspecified	C85.1
Other specified types of non-Hodgkin lymphoma	C85.7
Non-Hodgkin lymphoma, unspecified type	C85.9
Malignant immunoproliferative diseases	C88
Waldenstrom macroglobulinaemia	C88.0
Waldenstrom macroglobulinaemia, without mention of remission	C88.00
Waldenstrom macroglobulinaemia, in remission	C88.01
Alpha heavy chain disease	C88.1
Alpha heavy chain disease, without mention of remission	C88.10
Alpha heavy chain disease, in remission	C88.11
Gamma heavy chain disease	C88.2
Gamma heavy chain disease, without mention of remission	C88.20
Gamma heavy chain disease, in remission	C88.21
Immunoproliferative small intestinal disease	C88.3
Immunoproliferative small intestinal disease, without mention of remission	C88.30
Immunoproliferative small intestinal disease, in remission	C88.31
Other malignant immunoproliferative diseases	C88.7
Other malignant immunoproliferative diseases, without mention of remission	C88.70
Other malignant immunoproliferative diseases, in remission	C88.71
Malignant immunoproliferative disease, unspecified	C88.9
Malignant immunoproliferative disease, unspecified, without mention of remission	C88.90
Malignant immunoproliferative disease, unspecified, in remission	C88.91
Multiple myeloma and malignant plasma cell neoplasms	C90

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Multiple myeloma	C90.0
Multiple myeloma, without mention of remission	C90.00
Multiple myeloma, in remission	C90.01
Plasma cell leukaemia	C90.1
Plasma cell leukaemia, without mention of remission	C90.10
Plasma cell leukaemia, in remission	C90.11
Plasmacytoma, extramedullary	C90.2
Plasmacytoma, extramedullary, without mention of remission	C90.20
Plasmacytoma, extramedullary, in remission	C90.21
Lymphoid leukaemia	C91
Acute lymphoblastic leukaemia	C91.0
Acute lymphoblastic leukaemia, without mention of remission	C91.00
Acute lymphoblastic leukaemia, in remission	C91.01
Chronic lymphocytic leukaemia	C91.1
Chronic lymphocytic leukaemia, without mention of remission	C91.10
Chronic lymphocytic leukaemia, in remission	C91.11
Subacute lymphocytic leukaemia	C91.2
Subacute lymphocytic leukaemia, without mention of remission	C91.20
Subacute lymphocytic leukaemia, in remission	C91.21
Prolymphocytic leukaemia	C91.3
Prolymphocytic leukaemia, without mention of remission	C91.30
Prolymphocytic leukaemia, in remission	C91.31
Hairy-cell leukaemia	C91.4
Hairy-cell leukaemia, without mention of remission	C91.40
Hairy-cell leukaemia, in remission	C91.41
Adult T-cell leukaemia	C91.5
Adult T-cell leukaemia, without mention of remission	C91.50
Adult T-cell leukaemia, in remission	C91.51
Other lymphoid leukaemia	C91.7
Other lymphoid leukaemia, without mention of remission	C91.70
Other lymphoid leukaemia, in remission	C91.71
Lymphoid leukaemia, unspecified	C91.9
Lymphoid leukaemia, unspecified, without mention of remission	C91.90
Lymphoid leukaemia, unspecified, in remission	C91.91
Myeloid leukaemia	C92
Acute myeloid leukaemia	C92.0
Acute myeloid leukaemia, without mention of remission	C92.00
Acute myeloid leukaemia, in remission	C92.01
Chronic myeloid leukaemia	C92.1
Chronic myeloid leukaemia, without mention of remission	C92.10
Chronic myeloid leukaemia, in remission	C92.11
Subacute myeloid leukaemia	C92.2
Subacute myeloid leukaemia, without mention of remission	C92.20
Subacute myeloid leukaemia, in remission	C92.21
Myeloid sarcoma	C92.3
Myeloid sarcoma, without mention of remission	C92.30
Myeloid sarcoma, in remission, in remission	C92.31
Acute promyelocytic leukaemia	C92.4
Acute promyelocytic leukaemia, without mention of remission	C92.40
Acute promyelocytic leukaemia, in remission	C92.41
Acute myelomonocytic leukaemia	C92.5
Acute myelomonocytic leukaemia, without mention of remission	C92.50
Acute myelomonocytic leukaemia, in remission	C92.51

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Other myeloid leukaemia	C92.7
Other myeloid leukaemia, without mention of remission	C92.70
Other myeloid leukaemia, in remission	C92.71
Myeloid leukaemia, unspecified	C92.9
Myeloid leukaemia, unspecified, without mention of remission	C92.90
Myeloid leukaemia, unspecified, in remission	C92.91
Monocytic leukaemia	C93
Acute monocytic leukaemia	C93.0
Acute monocytic leukaemia, without mention of remission	C93.00
Acute monocytic leukaemia, in remission	C93.01
Chronic monocytic leukaemia	C93.1
Chronic monocytic leukaemia, without mention of remission	C93.10
Chronic monocytic leukaemia, in remission	C93.11
Subacute monocytic leukaemia	C93.2
Subacute monocytic leukaemia, without mention of remission	C93.20
Subacute monocytic leukaemia, in remission	C93.21
Other monocytic leukaemia	C93.7
Other monocytic leukaemia, without mention of remission	C93.70
Other monocytic leukaemia, in remission	C93.71
Monocytic leukaemia, unspecified	C93.9
Monocytic leukaemia, unspecified, without mention of remission	C93.90
Monocytic leukaemia, unspecified, in remission	C93.91
Other leukaemias of specified cell type	C94
Acute erythraemia and erythroleukaemia	C94.0
Acute erythraemia and erythroleukaemia, without mention of remission	C94.00
Acute erythraemia and erythroleukaemia, in remission	C94.01
Chronic erythraemia	C94.1
Chronic erythraemia, without mention of remission	C94.10
Chronic erythraemia, in remission	C94.11
Acute megakaryoblastic leukaemia	C94.2
Acute megakaryoblastic leukaemia, without mention of remission	C94.20
Acute megakaryoblastic leukaemia, in remission	C94.21
Mast cell leukaemia	C94.3
Mast cell leukaemia, without mention of remission	C94.30
Mast cell leukaemia, in remission	C94.31
Acute panmyelosis	C94.4
Acute panmyelosis, without mention of remission	C94.40
Acute panmyelosis, in remission	C94.41
Acute myelofibrosis	C94.5
Acute myelofibrosis, without mention of remission	C94.50
Acute myelofibrosis, in remission	C94.51
Other specified leukaemias	C94.7
Other specified leukaemias, without mention of remission	C94.70
Other specified leukaemias, in remission	C94.71
Leukaemia of unspecified cell type	C95
Acute leukaemia of unspecified cell type	C95.0
Acute leukaemia of unspecified cell type, without mention of remission	C95.00
Acute leukaemia of unspecified cell type, in remission	C95.01
Chronic leukaemia of unspecified cell type	C95.1
Chronic leukaemia of unspecified cell type, without mention of remission	C95.10
Chronic leukaemia of unspecified cell type, in remission	C95.11
Subacute leukaemia of unspecified cell type	C95.2
Subacute leukaemia of unspecified cell type, without mention of remission	C95.20

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Disease Description	ICD-10-AM 6 th Edition Code
Subacute leukaemia of unspecified cell type, in remission	C95.21
Other leukaemia of unspecified cell type	C95.7
Other leukaemia of unspecified cell type, without mention of remission	C95.70
Other leukaemia of unspecified cell type, in remission	C95.71
Leukaemia, unspecified	C95.9
Leukaemia, unspecified, without mention of remission	C95.90
Leukaemia, unspecified, in remission	C95.91
Other and unspecified malignant neoplasms of lymphoid, haematopoietic and related tissue	C96
Letterer-Siwe disease	C96.0
Malignant histiocytosis	C96.1
Malignant mast cell tumour	C96.2
True histiocytic lymphoma	C96.3
Other specified malignant neoplasms of lymphoid, haematopoietic and related tissue	C96.7
Malignant neoplasm of lymphoid, haematopoietic and related tissue, unspecified	C96.9
Malignant neoplasms of independent (primary) multiple sites	C97
Melanoma in situ	D03
Melanoma in situ of lip	D03.0
Melanoma in situ of eyelid, including canthus	D03.1
Melanoma in situ of ear and external auricular canal	D03.2
Melanoma in situ of other and unspecified parts of face	D03.3
Melanoma in situ of scalp and neck	D03.4
Melanoma in situ of trunk	D03.5
Melanoma in situ of upper limb, including shoulder	D03.6
Melanoma in situ of lower limb, including hip	D03.7
Melanoma in situ of other sites	D03.8
Melanoma in situ, unspecified	D03.9
Carcinoma in situ of breast	D05
Lobular carcinoma in situ of breast	D05.0
Intraductal carcinoma in situ of breast	D05.1
Other carcinoma in situ of breast	D05.7
Carcinoma in situ of breast, unspecified	D05.9
Polycythaemia vera	D45
Myelodysplastic syndromes	D46
Refractory anaemia without sideroblasts, so stated	D46.0
Refractory anaemia with sideroblasts	D46.1
Refractory anaemia with excess of blasts	D46.2
Refractory anaemia with excess of blasts with transformation	D46.3
Refractory anaemia, unspecified	D46.4
Other myelodysplastic syndromes	D46.7
Myelodysplastic syndrome, unspecified	D46.9
Chronic myeloproliferative disease	D47.1
Essential (haemorrhagic) thrombocythaemia	D47.3
Lymphomatoid papulosis	L41.2

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Notifiable Cancers which may not be easily recognised as cancer

Below is a list of cancers which are notifiable to the NSW Central Cancer Registry, but which may not be easily recognised as cancer by administrative staff.

- Acute erythremia (acute erythremic myelosis)
- Adamaninoma (malignant)
- Adenoacanthoma (malignant)
- Alpha heavy chain disease
- Ameloblastoma/Adamantinoma (malignant)
- Angioendothelioma (malignant)
- Astrocytoma
- Brenner tumour (malignant)
- Burkitt's tumour
- Carcinoid tumour
- Chloroma
- Chordoma
- Chronic erythremia (chronic erythremic myelosis)
- Di Guglielmo's disease
- Dysgerminoma
- Endodermal sinus tumour
- Ependymoma
- Epithelioid hemangioendothelioma (malignant)
- Erythremia
- Ewing's tumour (Ewing's sarcoma)
- Fibrous histiocytoma (malignant)
- Gamma heavy chain disease (Franklin's disease)
- Ganglioneuroblastoma
- Germ cell tumours
- Germinoma
- Glioblastoma
- Glioma (malignant)
- Gliomatosis cerebri
- Grawitz tumour
- Hepatoblastoma (embryonal hepatoma)
- Histiocytic medullary reticulosis
- Histiocytosis X (acute, malignant)
- Hodgkin's disease
- Hutchinson's Melanotic Freckle
- Immunoproliferative disease
- Krukenberg tumour
- Letterer-Siwe's disease
- Linitis plastica
- Medulloblastoma
- Merkel cell tumour
- Mesothelioma
- Mullerian mixed tumour
- Mycosis fungoides
- Myelofibrosis (acute, chronic, idiopathic, with myeloid metaplasia, with panmyelosis, as a result of myeloproliferative disease)
- Neuroectodermal tumour
- Nephroblastoma

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Neuroblastoma
Neuroendocrine tumours
Paget's disease, extra mammary
Pheochromocytoma (malignant)
Phyllodes tumour (malignant)
Pineoblastoma (malignant)
Plasmacytoma (malignant)
Polycythaemia vera
Pseudomyxoma peritonei
Retinoblastoma
Richter's syndrome
Seminoma
Sézary disease (syndrome)
Sympathicoblastoma
Teratoma (malignant)
Thecoma (malignant)
Thymoma (malignant)
Waldenstrom's macroglobulinaemia
Wilm's tumour
Yolk sac tumour (malignant)

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Appendix 2 Cancer Notification Portal extract layout

The table below shows the format for reporting cancer notifications electronically via the Cancer Notification Portal. This should be used in conjunction with the NSW Central Cancer Registry Data Dictionary. This is available on the Cancer Institute NSW's website. <http://www.cancerinstitute.org.au>

NSW Central Cancer Registry: Extract specification for Cancer Notification Portal

Header Record	Size	Start	End	Mandatory?	Notes
RECORD_TYPE	1	1	1	Yes	Must be "H"
HOSPITAL_CODE	4	2	5	Yes	Facility code (i.e. CCR Facility Code)
NUMBER_RECORDS	5	6	10	Yes	Number of records following. Right-justified zero-filled (e.g. 00023 = 23)
PRODUCTION_DATE	8	11	17	No	YYYYMMDD

Data Record	Size	Start	End	Mandatory?	Notes
RECORD_TYPE	1	1	1	Yes	Must be "T"
HOSPITAL_CODE	4	2	5	Yes	Facility code (as for header record)
SURNAME	24	6	29	Yes	Surname
GIVEN_NAME1	12	30	41	Yes	First given name
GIVEN_NAME2	12	42	53	No	Second given name
ALIAS1_SURNAME	24	54	77	No	Alias 1: Surname (up to 3 aliases may be provided)
ALIAS1_GIVEN_NAME1	12	78	89	No	Alias 1: First given name
ALIAS1_GIVEN_NAME2	12	90	101	No	Alias 1: Second given name
ALIAS2_SURNAME	24	102	125	No	Alias 2: Surname
ALIAS2_GIVEN_NAME1	12	126	137	No	Alias 2: First given name
ALIAS2_GIVEN_NAME2	12	138	149	No	Alias 2: Second given name
ALIAS3_SURNAME	24	150	173	No	Alias 3: Surname
ALIAS3_GIVEN_NAME1	12	174	185	No	Alias 3: First given name
ALIAS3_GIVEN_NAME2	12	186	197	No	Alias 3: Second given name
SEX	1	198	198	Yes	Sex 1 = Male 2 = Female 3 = Intersex or Indeterminate 9 = Not stated
ABORIGINAL_TSI	1	199	199	No	Aboriginal and Torres Strait Islander origin 1 = Aboriginal 2 = Torres Strait Islander 3 = Both 4 = Neither 8 = Declined to respond 9 = Not stated/inadequately described
MEDICAL_RECORD_NO	7	200	206	No	Medical record number. Allocated by Notifying institution
DATE_BIRTH	8	207	214	Yes	Date of birth. Record as YYYYMMDD
FLAT_NO	5	215	219	No	Address fields must be split up as indicated: Flat number
STREET_NO	4	220	223	No	Street number
STREET_NAME	24	224	247	Yes	Street name

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Data Record	Size	Start	End	Mandatory?	Notes
					AR = Arcade AV = Avenue BL = Boulevard CC = Circle CI = Circuit CL = Close CR = Crescent CT = Court DR = Drive ES = Esplanade GD = Gardens GL = Glen GR = Grove HW = Highway JN = Junction LN = Lane ML = Mall MW = Mews PD = Parade PK = Park PL = Place PW = Parkway PZ = PLAZA RD = ROAD SQ = SQUARE ST = STREET TC = TERRACE WY = WAY XX = N/A
STREET_TYPE	2	248	249	No	
LOCALITY	24	250	273	Yes	Town/Suburb
POSTCODE	4	274	277	Yes	Postcode
COUNTRY_BIRTH	4	278	281	No	Country of birth. Record using the SACC (ABS catalogue no. 1269.0 (Revision 2.03))
MEDICARE_NO	10	282	291	No	Medicare number
CASE_DOCTOR	24	292	315	No	Name of doctor in charge of case (free text)
GP	24	316	339	No	Name of GP (or referring doctor if GP not known) (free text)
GP_ADDRESS	40	340	379	No	Address of GP (or referring doctor if GP not known) (free text)
ADMISSION_DATE	8	380	387	Yes	Date of admission to hospital. Record as YYYYMMDD Note: For non-admitted patients record date of attendance
DISCHARGE_DATE	8	388	395	Yes	Date of separation from hospital record as YYYYMMDD Note: For non-admitted patients leave blank
DISCHARGE_STATUS	2	396	397	Yes	For PUBLIC notifiers: use Department of Health specification for <i>Mode of separation</i> . For PRIVATE notifiers: 01 = ALIVE 07 = DEAD Note: For non-admitted patients must be 01
GT_ONE_PRIMARY?	1	398	398	No	Is there more than one primary cancer? 1 = YES 2 = NO
DATE_DIAGNOSIS	6	399	404	Yes	Date of first diagnosis of this primary cancer. Record as YYYYMM. Note: If unknown, record 999901. If only the year is known, record as YYYY99.

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Data Record	Size	Start	End	Mandatory?	Notes
RESIDENCE_AT_DIAG	1	405	405	Yes	State of usual residence at diagnosis : 1 = NSW (incl Jervis Bay) OR Unknown 2 = VIC 3 = QLD 4 = SA 5 = WA (incl Christmas and Cocos Is) 6 = TAS 7 = NT 8 = ACT 9 = Overseas Used for identification of cases of cancer in non-NSW and non-ACT residents
LATERALITY	1	406	406	No	Cancer of paired organs: 1 = Left 2 = Right 3 = Not applicable 9 = Unknown
PLACE_PATH_DONE	25	407	431	No	Name of Lab where pathology performed (free text) Useful for further inquiries
BEST_BASIS_DIAG	1	432	432	Yes	Best basis for diagnosis at this admission : 1 = Histology 2 = Cytology (including blood or bone marrow smear) 3 = Other (clinical imaging, biochemical etc)
DSPR_THIS_ADMISSION	1	433	433	Yes	Degree of spread of cancer at this admission or attendance: 1 = Localised to tissue of origin 2 = Invasion of adjacent tissue or organs 3 = Regional lymph nodes 4 = Distant metastases 5 = Not applicable 9 = Unknown
REASON_ADMIT	1	434	434	No	Was this admission for Cancer? 1 = YES 2 = NO
PRINCIPAL_TOPOGRAPHY	8	435	442	Yes	Valid topography code (ICD-10-AM, Volume 1 Tabular list of diseases) Topography formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
PRINCIPAL_MORPHOLOGY	8	443	450	Yes	Valid morphology code (ICD-10-AM, Volume 1 Tabular list of diseases) Morphology formats: MNNNN/N or (MNNNNN) Where M = character "M", N = numeric
ADDITIONAL_CODES	8	451	458	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	459	466	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	467	474	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric

Title: Cancer Registry – Notifying Cancer Cases to the NSW Central Cancer Registry

Data Record	Size	Start	End	Mandatory?	Notes
ADDITIONAL_CODES	8	475	482	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	483	490	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	491	498	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	499	506	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
ADDITIONAL_CODES	8	507	514	No	Valid diagnosis code(s) (ICD-10-AM, Volume 1, Tabular list of diseases), formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
PRINCIPAL_DIAGNOSIS	8	515	522	No	Principal diagnosis this admission. Valid diagnosis code (ICD-10-AM, Volume 1, Tabular list of diseases). Formats: CNN, CNN.N, CNN.NN or (CNNN, CNNNN) Where C = alpha character, N = numeric
PRINCIPAL_PROCEDURE	8	523	530	No	Valid Procedure code (ICD-10-AM, Volume 3, Tabular list of procedures (ACHI)) NNNNN-NN or NNNNNNN Where N = numeric
FILLER	60	531	590	Yes	Leave blank

Notes:

1. A Header record must be provided.
2. The file length must be exactly 590 or the file will be rejected by the 'Cancer Notification Portal'.