





---

# Table of Contents

<b>INTRODUCTION</b> .....	7
<b>I. GENERAL INSTRUCTIONS</b> .....	9
A. SUBMISSION GUIDELINES.....	10
B. REPORTABILITY.....	10
1. MANDATORY.....	10
2. VOLUNTARY.....	11
C. CONFIDENTIALITY AND HIPAA.....	12
D. REPORTABLE TERMINOLOGY.....	12
E. CASES NOT REQUIRED TO BE REPORTED.....	13
F. REPORTING DEATHS.....	13
G. DEATH CERTIFICATE PROCESS.....	14
<b>II. CANCER REPORTING FORM</b> .....	14
A. PATIENT IDENTIFICATION INFORMATION.....	14
1. PATIENT NAME.....	14
2. ADDRESS AT DIAGNOSIS.....	14
3. BIRTH DATE.....	14
4. SOCIAL SECURITY NUMBER.....	15
5. RACE.....	15
6. HISPANIC ORIGIN.....	15
7. SEX.....	15
8. TOBACCO HISTORY.....	15
9. ALCOHOL HISTORY.....	15
10. VITAL STATUS.....	15
11. DATE OF LAST CONTACT/DEATH.....	15
12. DATE ADMITTED TO YOUR FACILITY.....	16
13. PATIENT TRANSFERRED FROM/TO.....	16
14. PHYSICIAN.....	16
B. CANCER IDENTIFICATION.....	16
15. NEW VERSUS RECURRENCE.....	16
16. DATE OF DIAGNOSIS.....	16
17. CANCER DIAGNOSIS: PRIMARY SITE, LATERALITY.....	16
18. HISTOLOGIC TYPE AND BEHAVIOR.....	18
19-20. TREATMENT.....	18

## Table of Contents (continued)

a. FIRST COURSE THERAPY .....	19
b. RECURRENCE .....	19
c. TYPES OF TUMOR DIRECTED TREATMENT .....	19
21. OTHER PHYSICIANS/FACILITIES.....	21
22. STAGE OF DISEASE AT DIAGNOSIS .....	21

### III. APPENDICES

1. Missouri Statutes .....	23
2. Resources .....	27
3. FAQ Regarding the Missouri Cancer Registry .....	29
4. Glossary .....	32
5. Disease Process Information .....	36
6. FAQ about HIPAA Regarding Cancer Reporting .....	
7. Cancer Reporting Form .....	

























































































