



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO:
BUMEDINST 6320.92 CH-1
BUMED-M3/5
23 July 2009

BUMED INSTRUCTION 6320.92 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel
Subj: NAVY CANCER AND TUMOR REGISTRY PROGRAM
Encl: (1) Revised page 3 of basic instruction
(2) Revised page 11 of basic instruction

1. Purpose. To replace pages 3 and 11 of the basic instruction to update the policy in paragraph 5b, and to add paragraph 7e.
2. Action.
 - a. Remove page 3 of basic instruction and replace with revised page 3, enclosure (1) of this change transmittal.
 - b. Remove page 11 of basic instruction and replace with revised page 11, enclosure (2) of this change transmittal.
3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

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c. A hierarchy of oversight will be established consisting of an NTRPPC, an NTRC, and one NRTRS assigned for each of the three Navy Medical Regions; Navy Medicine East (NME), Navy Medicine West (NMW), and Navy Medicine National Capital Area (NMNCA). Individual MTFs, BHCs, and SBMFs will utilize CTRs and support staff as appropriate and as outlined in this instruction. Individual MTF tumor registrars, the NRTRS, and the NTRC will all minimally be qualified as CTRs per the requirements as described in enclosure (1).

5. Definitions

a. The Navy Tumor Registry Program Physician Consultant (NTRPPC) provides medical expertise and oversight to the Navy Cancer Registry Program per the responsibilities as stated in enclosure (2).

b. The Navy Tumor Registry Consultant (NTRC) functions as the subject matter expert for Navy Medicine on technical and policy issues related to cancer registries. The NTRC will minimally be an active CTR, certified through the National Cancer Registrars Association (NCRA). The NTRC should preferably have 5 years experience, as well as 2 years experience as a lead registrar and participation as the lead registrar during at least one ACS-CoC Survey. The NTRC will provide Navy Medicine wide oversight of the quality of data being entered into the ACTUR and the quality of follow-up for known cancer cases. The NTRC should have an understanding of all DoD and other cancer reporting directives as defined in references (a) through (n) of this instruction. The NTRC position shall be a full time equivalent (1 FTE) position. The NTRC will be physically assigned to Health Promotion and Preventive Medicine Department, at the Epidemiology Data Center, Navy and Marine Corps Public Health Center (NMCPHC), Portsmouth, VA. NMCPHC will provide all administrative and supervisory support to the NTRC who will be under direct daily technical supervision of NMCPHC senior staff. Responsibilities of the NTRC are listed in enclosure (3). While at NMCPHC, the NTRC's sole responsibilities are to support the BUMED tumor registry program as defined within this instruction. All required site visits, inspection support and status reports will be made to BUMED M3/5.

c. Navy Regional Tumor Registry Supervisor (NRTRS) shall be appointed for each Navy Medicine Region and shall function as the primary liaison between each Region's respective MTFs individual Cancer Registry Programs and the NTRC. The NRTRS will provide services as detailed in enclosure (4) and ensure cancer data collection from those MTFs, BHCs, and SBMFs that do not have individual cancer reporting systems, or who rely on larger geographically related facilities to collect their data.

d. MTF Certified Tumor Registrars (MCTR). Whenever possible and in accordance with this instruction, CTRs, as described in enclosure (1), shall be employed at the MTF level to support and maintain the facility's Cancer Registry Program.

e. MTF Tumor Registry Support Staff (MTRSS) are personnel working to support local Cancer Registry Programs that may be CTRs or may have worked in these functions without that certification.

(c) At the minimum, they must ensure all clinical areas send their cancer data, to include biopsy results, preliminary diagnosis, patient history and physical, radiology reports, and operative reports to the reporting facility by way of one of the three Navy Medicine Regions, or larger MTFs assigned by the respective Region.

d. Commanders, commanding officers, and officers in charge of Navy MTFs, BHCs, and clinics that do not treat patients with cancer and senior medical officers aboard ships shall:

(1) Ensure that biopsy results and preliminary diagnoses of cancer will be forwarded to the appropriate NRTRS to enter into ACTUR.

(2) Ensure that primary care managers at MTFs that do not have qualified MTRSS or MCTR staff, or do not utilize civilian pathologists, or are from OCONUS facilities; send their tumor data to the NRTRS to ensure data collection in ACTUR.

e. Commander Navy Medicine Support Command (NMSC) shall ensure that the NTRC working at NMCPHC shall only have responsibilities to fulfill the mission required to support this instruction and the responsibilities listed in enclosure (3). NMSC shall ensure that all requisite reporting to BUMED M3/5. occurs on a timely manner through the NMCPHC chain of command.

8. Effective

a. Upon signature for NME, NMW, NMNCA and for all MTFs, BHCs, and SBMFs INCONUS and OCONUS who diagnose and treat patients with cancer.

b. Upon signature for smaller MTFs, BHCs, or SBMFs, MOA and other shared tumor programs with geographically associated MTFs, these cancer programs and guidelines should be established and implemented within 1 year.

c. All programs and personnel shall be in place by end of FY 2011.

9. Report. No report control symbol has been assigned at this time. A report control symbol will be assigned when the program is fully staffed and the reporting requirements have been established.

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