



DEPARTMENT OF THE NAVY

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

IN REPLY REFER TO

BUMEDINST 6320.92  
BUMED-M3/5  
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BUMED INSTRUCTION 6320.92

From: Chief, Bureau of Medicine and Surgery

To: Navy Medical Treatment Facilities

Subj: NAVY CANCER AND TUMOR REGISTRY PROGRAM

- Ref:
- (a) Armed Forces Institute of Pathology (AFIP) Regulation 40-69, DoD Automated Central Tumor Registry (DoD ACTUR) of 7 Mar 2008 (NOTAL)
  - (b) DoD Instruction 6490.03 of 11 Aug 2006
  - (c) DoD Directive 5154.24 of 3 Oct 2001
  - (d) DoD Automated Central Tumor Registry (ACTUR) User's Manual (NOTAL)
  - (e) DoD Directive 6200.04 of 9 Oct 2004
  - (f) DoD Cancer (Tumor) Registries Reportable List Guidelines (NOTAL)
  - (g) American College of Surgeons, Commission on Cancer, Cancer Programs Standards
  - (h) American College of Surgeons, Commission on Cancer, Facility Oncology Registry Standards (FORDS) (NOTAL)
  - (i) World Health Organization, International Classification of Disease for Oncology (<http://www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=3350>)
  - (j) American Joint Committee on Cancer, Manual for Staging Cancer (<http://www.cancerstaging.org/>)
  - (k) NIH Publication Number 04-5496, Collaborative Staging Manual and Coding Instructions (<http://web.facs.org/cstage/schemalist.htm>)
  - (l) National Institutes of Health, National Cancer Institute, SEER Program, Abstracting and Coding Guide for the Hematopoietic Diseases, (<http://seer.cancer.gov/cgi-bin/pubs/order1.pl?CODING,BOOK,CONV,MONO,CSR,ABOU>)
  - (m) Public Law 102-515, Cancer Registries Amendment Act, 1992
  - (n) Public Law 107-260, Benign Brain Tumors, Cancer Registries Amendment Act, 2002

- Encl:
- (1) Certified Tumor Registrar (CTR) Responsibilities
  - (2) Navy Tumor Registry Program Physician Consultant (NTRPPC) Responsibilities
  - (3) Navy Tumor Registry Consultant (NTRC) Responsibilities
  - (4) Navy Regional Tumor Registry Supervisor (NRTRS) Responsibilities
  - (5) Surveillance, Epidemiology and End Results (SEER) Training Modules List
  - (6) Guidelines for Establishing Facility Cancer Registry Cancer Programs (FCRCP) and Associated Cancer Registry Cancer Committee (CRCC)
  - (7) Acronyms

1. Purpose. This instruction establishes:

a. A Navy Cancer Registry Program which provides the guidelines for establishing and maintaining a cancer reporting system (cancer registries) for Navy Medicine that is comparable to that found in the civilian sector, and will be defined by and maintained in accordance with references (a) through (n) and enclosures (1) through (7).

b. That the AFIP's ACTUR shall be utilized as the primary repository for cancer data collection throughout Navy Medicine as described in reference (a).

2. Scope. Applies to all naval medical treatment facilities (MTFs) with or without established Cancer Registry Programs, free-standing branch health clinics (BHC) inside the continental United States (INCONUS) and outside the continental United States (OCONUS), as well as shipboard medical facilities (SBMF).

### 3. Background

a. Cancer surveillance/registry programs improve cancer control efforts in the areas of prevention, early diagnosis, pretreatment evaluation, staging, treatment follow-up, rehabilitation, and surveillance for recurrence and multiple primary cancers. Cancer surveillance/registry programs also improve cancer control efforts and enhance the care of terminally ill patients in accordance with reference (m). They provide valuable information for national cancer agencies that use registry data, to include the National Cancer Data Base (NCDB) of the American College of Surgeons Commission on Cancer (ACS-CoC) a nationwide oncology outcomes database.

b. Information submitted to the NCDB does not include patient identifiers and is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Additionally, cancer surveillance supports deployment health surveillance per reference (b), and is required for the entire Department of Defense (DoD) beneficiary population, per references (a) and (c) through (e), through ACTUR.

c. The NCDB of the ACS-CoC accepts data from approved programs only. Case abstracting and data submission must be performed or supervised and reviewed by a CTR.

d. Facilities that are certified as an ACS-CoC Approved Cancer Program receive recognition by other health care organizations, including the Joint Commission, as having established performance measures for high-quality cancer care across the organization.

e. For the purposes of this instruction the terms "cancer" and "tumor" are considered interchangeable.

### 4. Discussion

a. This instruction is designed to assure compliance with references (a) through (n), such that new cancer cases are properly entered into ACTUR and that known cancer cases are properly followed up. This program will follow the standards of care set by ACS-CoC and the DoD to support a military cancer database.

b. A regional approach will be utilized in the establishment of a Navy Cancer Registry Program.

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) assigned to BUMED for all administrative and supervisory support. 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 and be under direct daily technical supervision by staff at NMCPHC. Responsibilities of the NTRC are listed in enclosure (3).

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.

(1) Staff presently acting in MTF Cancer Registry roles without certification as a CTR, should be given a minimum of a 1-year period from the date of this instruction to demonstrate progress toward achieving this credential.

(2) To properly collect and file data per ACTUR protocols as delineated in reference (a), each MTRSS as well as MCTRs, must obtain an ACTUR login and password. This login and password is required to gain access to that ACTUR filing system. Login and passwords are issued as specified on the ACTUR Web site, <http://www.afip.org/actur/index.html>. The request form will be printed from the Web site and must be signed by the requestor and their immediate supervisor prior to submission.

(a) To receive a login and password for the ACTUR Web site, local applicants must satisfy the following requirements:

1. At a minimum, complete the following four modules from the SEER training list, enclosure (5):

- a. Anatomy and Physiology.
- b. Case Finding.
- c. Cancer Registry Operations and Procedures.
- d. Cancer and Medical Terminology.

2. Applicants will print and forward those four completed modules to their respective NRTRS who will ensure minimum knowledge guidelines have been met. The respective NRTRS will then forward the names of those applicants who completed these requirements to the NTRC who will issue a login and password for the ACTUR Web site directly to qualified applicants.

f. Facility Cancer Registries and Cancer Programs (FCRCP) are defined as local repositories for data collected on cancer cases and the staff required to collect, abstract, and follow-up on that data and a comprehensive cancer management team incorporating a multi-disciplinary approach to diagnosis, treatment, and follow-up for cancer.

(1) FCRCP will be minimally established when diagnosing and treating 50 or more new cases per year, with the guidelines listed in enclosure (6).

(2) FCRCP that diagnose and treat cancer patients will track analytic cases per ACS-CoC guidelines and will be followed for life.

(3) FCRCP that diagnose cancer patients but have patients treated elsewhere are deemed non-analytic cases, referred to as ACS-CoC class of case 0, but are still required to be fully abstracted, staged, and followed per DoD guidelines.

g. Cancer Registry Cancer Committees (CRCC). Facilities which have determined the need to establish FCRCP per paragraph 5f of this instruction will be required to establish associated CRCC. CRCC will be established in accordance with ACS-CoC guidelines.

(1) The Cancer Committee chair shall be a physician who is preferably a surgeon, medical or radiation oncologist or pathologist. The membership of the CRCC shall be multidisciplinary, representing physicians from all diagnostic and treatment specialties and non-physicians from administrative and supportive services per guidelines of the ACS-CoC.

(2) In larger programs, the CRCC may establish subcommittees or workgroups to manage specific activities. On an annual basis, the CRCC develops and evaluates the annual goals and objectives for cancer care, establishes cancer conference frequency and format, establishes a plan to evaluate the quality of Cancer Registry data and activity, analyzes patient outcomes and disseminates the results of the analysis per ACS-CoC Approved Cancer Program Standards.

(3) The CRCC shall function under the purview of the Executive Committee of the Medical Staff (ECOMS).

(4) Smaller Navy MTFs, BHCs, and SBMFs diagnosing and treating less than 50 new cases of cancer per year may establish CRCC at the discretion of the commanding officer.

(a) If a CRCC is established at such a smaller facility, it must follow the same guidelines as established at larger MTFs and follow all guidelines established in this instruction and references (a) through (n) and enclosures (1) through (7).

(b) Periodic teleconference to the larger affiliated MTF tumor board is recommended.

h. Managing Physicians will be defined as the surgeon, if involved, followed by the medical and/or radiation oncologist in any order of participation in the patient's care, who is the primary individual responsible for appropriate American Joint Commission on Cancer Tumor Node Metastasis (AJCC TNM) staging of all eligible malignancies for their patients.

## 6. Action

a. Cancer Registry Evaluations are utilized regularly to provide quality assurance and quality control of individual FCRCP.

(1) The NRTRS and the NTRC shall conduct regular site visits to sites with Navy Cancer Registry Programs and prepare reports that focus on quality, validity, integrity, accuracy, resources, tri-service operability, and patient follow-up.

(2) The NRTRS is responsible for the validity, integrity, and accuracy of all Navy cancer registries in their region. A report will be generated for each MTF visited.

(3) Within 15 working days of completing a visit, the NRTRS shall submit a report listing areas found needing improvement with reasonable targets and a suggested timeline for completion. These reports will be submitted to:

(a) The commander of the MTF visited.

(b) The commander of the larger MTF responsible for accruing data from the smaller MTF if the visit was to such facility.

(c) The NTRC. Within 30 working days of completing a visit, the NTRC will submit reports outlining the quality, validity, accuracy, operability, and success with patient follow-up to:

1. The commander of the MTF visited.

2. The commander of the larger MTF responsible for accruing data from the smaller MTF if the visit was to such facility.

3. The NTRPPC.

4. Deputy Chief, Medical Operations, BUMED-M3/5 via Head, Epidemiological Data Center, NMCPHC.

(d) Following receipt of the NTRC report, the command will have 30 days to design a 1-year plan focused on sustainment. The plan will be submitted to the larger MTF responsible for accruing data from smaller MTFs, the NRTRS, and the NTRC. Areas to be evaluated during the site visits will include a review of new cases per year, total reportable cases, total patients not deceased, patients known alive in last 15 months, and patients lost to follow-up. Backlog issues will also be monitored, evaluated, and remediated if needed.

b. Research

(1) Navy MTFs and clinics have a responsibility to use FCRCP data for quality purposes, internal review, and ACS-CoC projects.

(2) Data and research related to cancer that is intended for publication must be approved via the NTRC, Institutional Review Boards (IRB), and AFIP per reference (a).

(3) All DoD or specific service wide data requests must be submitted to AFIP through the NTRC. Data requests must be reviewed by that MTF's IRB prior to liaison with the NTRC. Once approved, AFIP will forward data request results to the requesting facility. Data requests cannot be submitted directly from the MTF to the AFIP.

(4) Data intended for local MTF use can be fulfilled within the local installation by the MCTR, or if appropriate, by the geographically utilized CTR, the NRTRS, or the NTRC.

(5) Epidemiological analysis is strongly encouraged for this data, and research results should be made available to AFIP via the NTRC.

(6) Only AFIP may release ACTUR information to outside organizations.

7. Responsibility

a. Deputy Chief, Medical Operations, BUMED-M3/5 shall:

(1) Ensure that ACTUR is utilized as the primary repository for cancer data collection throughout Navy Medicine as described in reference (a).

(2) Appoint an NTRPPC to provide medical expertise and oversight to the Cancer Registry Program.

(3) Recruit and assign an NTRC to provide technical, administrative, and policy expertise to the Cancer Registry Program.

(a) The NTRC with the support of NME, NMW, and NMNCA NRTRS will conduct regular site visits to MTFs who have established FCRCP and prepare reports as described in paragraph 5f.

(b) The NTRC will support NRTRS and local MCTR and MTRSS who are preparing for ACS-CoC inspections.

(c) For MTFs without FCRCP, and when requested by the MTF commanding officer, the NTRC will travel to that MTF and provide on-site support to the MTF for purposes of inspections and monitoring of local programs. The requesting MTF will be responsible for funding such support.

(4) Ensure that DoD or Service-wide specific data requests from Navy researchers to use ACTUR or central registry cancer information is routed through the NTRC via individual facility or MTF IRBs and that all data transfers are HIPAA compliant.

(5) Ensure that all aspects of this program are fully implemented by the end of FY 2011.

(6) Provide annual report to Chief, Bureau of Medicine and Surgery (BUMED) on status of Navy-wide Cancer Registry Programs.

b. Commanders of NME, NMW, and NMNCA shall:

(1) Appoint an NRTRS for each Navy Medicine Region, minimally certified as a CTR per enclosure (1).

(a) These individuals will support the NTRC and provide necessary command and control for each Navy Medicine Region, to implement cancer reporting policy.

(b) The NRTRS for NME, NMW, and NMNCA will work with the NTRC to provide quarterly summaries of cases entered into ACTUR by the NTRC. Each NRTRS will aid in the coordination of periodic site visits and inspections by the NTRC and be available to participate in tiger team inspection support per paragraph 4 of enclosure (3).

(c) The NRTRS should assign appropriate staff to supervise and to monitor OCONUS and SBMF cases submitted from within their respective regions.

(d) Ensure that smaller MTFs relying on larger MTFs for submitting their cancer data are supported by the NRTRS and that regional registries have the technological support required for sending and receiving this data.

(2) Ensure that an active FCRCP is established and maintained at NNMC, NMCSO, and NMCP, and that a CRCC is present and functioning in those facilities that provide cancer treatment functions in accordance with paragraph 5f of this instruction.

(a) Respective NRTRS shall dually function as the MCTR for NNMC, NMCSO, and NMCP.

(b) Minimal staffing ratios for the Cancer Registry are based upon historical data from successful programs. Minimally, one supervisor will be required at each Navy Medical Center, NNMC, NMCSO, and NMCP.

c. Commanders of MTFs, Officers in Charge of BHCs, and senior medical officers for SBMF shall:

(1) Ensure adequate funding is available for personnel affiliated with FCRCP to attend appropriate professional conferences, SEER training and ACTUR, and AFIP meetings which will enhance their abilities to perform necessary submission and tracking of tumor and Cancer Registry data at individual commands. Those non-certified MTRSS who are working towards CTR certification should be provided adequate funding and opportunities to satisfy the requirements as stated in paragraph 5e(1).

(2) Ensure that MTF's FCRCP are placed within clinical departments that accurately reflect knowledge and support of cancer programs, such as departments of surgery, pathology, or medical and radiation oncology.

(3) Any MTF with 50 or more new cases a year shall establish an FCRCP according to paragraph 5f and enclosure (6) of this instruction. Each Region shall ensure that the larger MTFs within their areas of responsibility (AORs) can receive cancer data from smaller facilities that have less than 50 new cases a year as described in paragraph 5f and enclosure (6) of this instruction.



(a) Generally one CTR is required for every 125-150 new cases per year. An MTF with a large follow-up requirement will require a smaller case to CTR ratio.

(b) MTFs within each Navy Medicine Region with less than 50 cases per year may establish cancer registries and employ local CTR assets at discretion of the MTF commanding officer per paragraph 5f and enclosure (6).

(4) Ensure Cancer Programs in MTFs with residency training programs become approved through the ACS-CoC per guidelines listed at <http://www.facs.org/cancer/coc/whatis.html>, and that those MTFs take necessary measures to maintain their approval status, particularly through the timely submission of cancer abstracts from MCTR or MTRSS to ACTUR within prescribed deadlines.

(5) Establish and maintain a CRCC in accordance with the ACS-CoC and the guidelines of paragraph 5g and enclosure (6).

(6) Ensure that the FCRCP is established and maintained, and that a CRCC is present, holding tumor boards, and functioning in accordance with references (a) through (m) and the descriptions listed for the FCRCP and CRCC in paragraphs 5f and 5g and enclosure (6). Ensure that the CRCC meeting schedule and structure fulfills all ACS-CoC standards and follow the guidelines in paragraph 5g.

(7) Employ only CTR in supervisory positions when possible, qualified per paragraphs 5d and 5e and enclosure (1).

(a) MCTR will be expected to maintain current certification and meet any required continuing education requirements as described in paragraph 1 of enclosure (1).

(b) To submit data to the NCDB, and meet ACS-CoC standards, case abstracting shall only be performed or supervised by a CTR. The case abstracting and data supervision responsibilities of the CTR are documented and include the scope of supervision, quality control rate, and educational activities for MTRSS that are not credentialed.

(8) Ensure that geographically-associated fixed MTFs establish joint tumor registries via Memoranda of Agreement (MOA) if any one facility does not have qualified staff or the frequency of services to warrant their own registry.

(a) Establishment of (geographic) joint tumor registries MOA must be reviewed and approved by both the NTRPPC and the NTRC prior to implementation.

(b) Ensure that only MTFs with approved ACS-CoC programs submit their data to NCDB and this data must be submitted from the approved site to maintain that approved program status.

(c) These smaller MTFs that rely on MOA to feed data to larger facilities or to the NRTRS may use patient administration departments for support. MTF ECOMS should provide quality control and supervise the local CRCC.

(d) Ensure that MCTR and MTRSS at facilities utilizing MOA with larger facilities, also follow all the ACS-CoC and DoD guidelines in their tumor registries and are familiar with directives as specified in references (a) through (n) and enclosures (1) through (7).

(e) Ensure that MCTR and MTRSS work with the NTRC and the NRTRS to create and maintain a system by which those smaller facilities, with less than 50 new cases a year, can transmit their cancer abstracting and suspense reporting workload to one of the larger MTFs to be recorded in the ACTUR.

(f) Ensure that all MTFs assigned to receive data from a smaller MTF are adequately staffed and supported to manage the case load that will be transmitted to the MTF from the remote site.

(9) Ensure that FCRCP correct and/or justify data discrepancies as identified by the AFIP ACTUR and the NCDB per ACS-CoC standards in accordance with references (a), (d), and (f) through (h).

(10) Appoint a managing physician per paragraph 5h who will be the responsible individual to document the AJCC TNM stage of the cancer in the patient's medical record in accordance with reference (j).

(11) Ensure that Cancer Registry reference dates will not be changed without written justification and prior approval from the NTRC through the ACTUR Coordination Committee to ensure a valid statistical database.

(12) The FCRCP and CRCC at each site will have the ability to maintain the standard registry functions of follow-up, case finding, and abstracting in accordance with ACS-CoC standards, and ACTUR guidelines as stated in reference (a) and enclosure (6).

(13) Ensure members of local FCRCP staff participate in local, State, regional, or national cancer-related educational activities in accordance with ACS-CoC standards. All MTRSS who are not CTR should follow the guidelines in paragraph 1g of enclosure (1).

(a) Maintain the responsibility for follow-up and tracking of cancer patients diagnosed and treated locally even if cancer data is submitted via MOA with geographic tumor registries or via the Navy Medicine Regional Tumor Registrar.

(b) May establish local tumor boards and utilize CTRs per guidelines described in paragraph 5d.

(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.

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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## **CERTIFIED TUMOR REGISTRAR (CTR) RESPONSIBILITIES**

### 1. Qualifications as a CTR include:

a. A 2-year apprenticeship and demonstrated knowledge of medical terminology and anatomy/physiology or appropriate associates degree in those subjects.

b. Knowledge of Facility Oncology Registry Data Standards (FORDS), International Classification of Diseases (ICD)-9, and ICD-0 Coding, SEER Staging, and American Joint Committee on Cancer Tumor Nodes Metastasis (AJCC TNM) Staging.

c. Additional competencies in computer skills, human relations, and effective communication skills are preferred.

d. CTRs shall be expected to maintain current certification and meet continuing education requirements.

e. CTRs are expected to attend the DoD ACTUR/National Cancer Registrars Association (NCRA) annual meeting at least every other year and to participate in NCRA meetings, conferences, and instruction on essential issues for CTRs.

f. CTRs must be able to access required tumor and cancer abstract data into ACTUR. CTRs will minimally be expected to meet performance criteria as determined by the NTRC. Performance standards will include understanding of case finding, abstracting, and reporting. Qualified individuals appointed as MCTR should complete their CTR certification through NCRA within 2 years of their appointment. Additionally local registrars will be eligible for continued training and support in this position.

g. Members of the Cancer Registry staff participate in a local, State, regional, or national cancer-related educational activity in accordance with ACS-CoC standards. All registrars presently not CTRs have yearly educational requirements toward becoming a CTR until this certification is achieved. If the NTRC dictates special training for a facility or individual, it is expected that such training will take place within the following 12 months.

h. To submit data to the NCDB, and meet ACS-CoC standards, case abstracting must be performed or supervised by a CTR. The case abstracting and data supervision responsibilities of the CTR shall be documented and must include the scope of supervision, quality control rate, and educational activities for staff that is not credentialed.

2. CTR will serve as the local MTF commanding officer's subject matter expert for all issues related to Cancer and Tumor Registry and data collection.

- a. Is familiar with all aspects of this instruction and related references.
- b. Establish a local FCRCP ensuring all MTF cancer data is entered into ACTUR:
  - (1) Establish CRCC per paragraph 5g of this instruction.
  - (2) Provide regular reports to respective NRTRS related to cancer and tumor data as well as to ACTUR.
    - (a) Coordinates MOAs with geographically co-located facilities without Cancer and Tumor Registry Programs to establish joint collection protocols to ensure proper and timely submission of data to ACTUR.
    - (b) Has access to ACTUR data submission Web site portal.
    - (c) Obtains login and password from the NTRC by completion of requirements listed in paragraph 5e(2) of this instruction.
    - (d) Ensures timely submission of tumor data collection information to ACTUR and in reports to the respective NRTRS.
    - (e) Ensure cancer case abstracts are submitted to ACTUR within 6 months of date of diagnosis.
      1. Tumor data from branch clinics of any MTF must also be submitted by the MCTR.
      2. Shave or punch biopsies from any BHC should be submitted by the associated MCTR.
      3. In addition to pathology reports, ensure all sources of data are considered in collecting Cancer and Tumor Registry data including from:
        - a. Oral and Maxillofacial Surgeons.
        - b. Dermatologists.
        - c. Radiation/Medical Oncologists.
        - d. Composite Health Care System (CHCS) or Armed Forces Health Longitudinal Technology Application (AHLTA) Cancer Disease Index.
- (f) Data discrepancies should be adjusted or corrected within specific timeframes per references (d) and (f) through (h) of this instruction.

(g) Ensures staging of tumors done by the patient's treating physician is entered into the patient records.

(h) Ensures all tumor files are permanently kept either in paper or electronic form per the requirements of this instruction.

**NAVY TUMOR REGISTRY PROGRAM  
PHYSICIAN CONSULTANT (NTRPPC) RESPONSIBILITIES**

1. Is a physician with specialty training in surgery or medical, surgical, or radiation oncology.
2. Acts as the Navy subject matter expert for all clinical issues related to Cancer and Tumor Registry and data collection.
  - a. Provides overall program oversight for aspects of the directives listed in this instruction related to the Navy Cancer and Tumor Registry Program.
  - b. Coordinates cancer and tumor data collection issues with Navy representative to ACS-CoC and Cancer Control and Tumor Registry Committee.
    - (1) Is familiar with all aspects of this instruction and related references.
    - (2) Serves as the Navy representative to the DoD ACTUR Coordination Committee.
      - (a) Serves as the active voting member of the DoD ACTUR Coordination Committee per references (a), (c), and (d) of this instruction.
      - (b) Provides input on Navy concerns to the ACTUR Coordination Committee related to:
        1. Budget.
        2. Evaluates budgetary/mission priorities.
        3. Reviews all policy that affects the collection and reporting of cancer data that impacts Navy medical treatment and research facilities.
        4. Reviews all policy that affects the collection and reporting of cancer data that affects the overall quality of the ACTUR and DoD Central Cancer Registries databases.
        5. Provides guidance to the NTRC related to clinical cancer treatment and cancer and tumor data collection issues.
        6. Provides an annual report to Current and Future Medical Operations, BUMED-M3/5, of support requirements or changes required to improve the scope of this instruction and cancer and tumor data collection and any issues related to improving treating patients with cancer.

### **NAVY TUMOR REGISTRY CONSULTANT (NTRC) RESPONSIBILITIES**

1. Is assigned to and shall function as the primary representative for Headquarters Navy Medicine, BUMED, to AFIP and other Multi-service coordination meetings/organizations on issues related to cancer registries.
2. The NTRC position shall be a full time equivalent (1 FTE) assigned to BUMED for all administrative and supervisory support. 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 and be under direct daily technical supervision by staff at NMCPHC.
3. Approve on case-by-case basis, nominees for AFIP-sponsored SEER beginners course, based on applicants' interest, and nominating commands needs for trained qualified tumor registry personnel.
4. Coordinates Tumor Registry Tiger Teams to assist individual MTFs preparing for cancer program inspections.
5. Acts as a liaison between NRTRS and the NTRPPC
  - a. Serves as the Navy Cancer Program Representative to ACTUR Coordination Committee. Supports the NTRPPC at ACTUR Coordination Committee meetings.
  - b. Acts as the point of contact for ACTUR for all Navy Tumor Registries and with similar representatives from other services. The NTRC will be the primary contact for NRTRS, MCTR, and MTRSS for questions and assistance in running local programs and collecting data required for ACTUR entry.
  - c. Advises and assists the NRTRS from NME, NMW, and NMNCA with issues related to Cancer and Tumor Registry data collection.
  - d. Provides guidance on qualifications and training requirements for MCTR and MTRSS via the NRTRS.
  - e. Directly provides MCTR and MTRSS with ACTUR Web site login and password information once proper qualification standards have been verified and forwarded from the respective NRTRS, as described in paragraph 5e(1) of this instruction.
  - f. Provides an annual summary report from the ACTUR database to the NTRPPC for submission to Current and Future Medical Operations, BUMED-M3/5.
  - g. Ensures that cases reportable to ACTUR include all malignancies listed in the International Classification of Diseases for Oncology (ICD-O-3) with a behavior code (5<sup>th</sup> digit) of /2 (in situ) and /3 (invasive), with the exception of basal cell and squamous cell carcinomas of



the skin. All benign and malignant tumors of the brain and central nervous system will also be included and followed throughout the lifetime of the patient. Reportable-by-agreement cases will be included as determined by each facility's cancer committee.

6. Serves as a voting member of the DoD ACTUR Coordination Committee.

**NAVY REGIONAL TUMOR REGISTRY  
SUPERVISOR (NRTRS) RESPONSIBILITIES**

1. Qualifications include certification as a CTR per paragraph 5b of this instruction.
2. Responsibilities of the NRTRS shall include:
  - a. Supports the NTRC and provides necessary command and control in the regions to implement cancer reporting policy.
  - b. Provides quarterly summaries of cases entered into ACTUR to the NTRC. Assists in the coordination of site visits and inspections by the NTRC.
  - c. Assigns appropriate staff to supervise and to monitor OCONUS and SBMF cases submitted to respective regions.
    - (1) Acts as a liaison between MTF Tumor Registrars within respective regions and the Navy Tumor Registry Consultant.
    - (2) Acts as the point of contact for submitting data to the ACTUR for any facility in their respective region that does not have an established cancer or tumor registry program:
      - (a) Ensures cancer data is recorded and submitted to ACTUR from geographically isolated, smaller MTFs within the respective Navy Medicine Regions that do not have associations with MTFs with a Tumor Registry Program.
      - (b) Ensures cancer data is recorded and submitted from OCONUS and shipboard MTFs to ACTUR.
    - (3) Advises and assists respective regional Navy Medicine MTF Tumor Registrars with issues related to Cancer and Tumor Registry data collection.
    - (4) Provides support for obtaining qualifications and training requirements for Navy MTF Tumor Registrars as defined in this instruction or designated by the Navy Medicine Tumor Registrar Consultant:
      - (a) Collects completed and printed SEER module sets from MTF Tumor Registrars who are requesting ACTUR login and password access.
      - (b) Verifies minimum qualification standards have been met and forwards names of qualified individuals to the Navy Medicine Tumor Registrar Consultant, as described in paragraph 5e(2)(a)1. of this instruction.
    - (5) Provides an annual summary report on cancer data and ACTUR submissions from each Navy Medicine Region to their respective Navy Medicine Regional Commanders and to the NTRC.

**SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER)  
TRAINING MODULES LIST**  
(<http://training.seer.cancer.gov>)

- Cancer Registration and Surveillance Modules.
- Cancer Registration.
- Cancer Registry Operations and Procedures.
- Cancer as a Disease.
- Cancer and Medical Terminology.
- Anatomy and Physiology.
- Case Finding.
- Abstracting and Cancer Case.
- Diagnostic Tests.
- Cancer Treatment.
- Coding Primary Site and Tumor Morphology.
- Staging a Cancer Case.
- Summary Staging 2000.
- Introduction to Collaborative Stage.
- Cancer Patient Follow-up.
- ICD-O-3.

**GUIDELINES FOR ESTABLISHING FACILITY CANCER REGISTRY  
CANCER PROGRAMS (FCRCP) AND  
ASSOCIATED CANCER REGISTRY CANCER COMMITTEE (CRCC)**

1. The determination for the need of a facility to have a Cancer Registry and Cancer Program will be based on the number of new cancer cases diagnosed and treated annually.

a. MTFs with 50 or more new cases a year shall establish an active Cancer Registry and Cancer Program.

b. MTFs with less than 50 cases per year may establish cancer registries and employ local CTR assets at the MTF commander's discretion, or utilize geographically larger MTFs with established Cancer Registry Programs. If a cancer program is established, the program must follow and adhere to all policies of this instruction, references (a) through (n), and enclosures (1) through (6).

(1) Each Region will ensure that larger MTFs in their AOR can receive cancer data from smaller facilities that have less than 50 new cases a year when appropriate and make such assignments.

(2) Medical facilities will work with the NTRC and the NRTRS to create and maintain a system by which those smaller facilities, with less than 50 new cases a year, can transmit their cancer abstracting and suspense reporting workload to one of the larger MTFs to be recorded in the ACTUR.

(3) MTFs assigned to receive data from a smaller MTF will ensure:

(a) Adequate staffing and support to manage the case load that will be transmitted to the MTF from the remote site.

(b) Registries have the technological support required to send and receive this data.

c. Geographically-associated fixed MTFs may establish joint tumor registries via MOA if any one facility does not have qualified staff or the frequency of services to warrant their own registry.

(1) Establishment of (geographic) joint tumor registries MOA must be reviewed and approved by both the Navy Medicine Tumor Registrar Consultant and the NTRC prior to implementation.

(2) Only MTFs with approved ACS-CoC programs can submit data to NCDB and this data must be submitted from the approved site to maintain that approved program status.

(3) MTFs with less than 50 cases per year and rely on MOA to feed data to larger facilities or to the NRTRS, may use patient administration departments for support.

d. The Cancer Registry at each site will have the ability to maintain the standard registry functions of:

- (1) Follow-up according to ACS-CoC guidelines.
- (2) Case finding using eligibility criteria as outlined by ACS-CoC and DoD guidelines.
- (3) Abstracting in accordance with the ACS-CoC standards and ACTUR guidelines.

e. For programs that diagnose and treat cancer patients, the cases are considered to be analytic cases per ACS-CoC guidelines and those patients will be followed for life.

f. For programs that diagnose cancer patients, but have those patients treated elsewhere, the cases are considered to be non-analytic cases, but the facilities are still required to fully abstract, stage, and follow the patient per DoD guidelines.

g. Navy MTFs that diagnose and/or treat cancers must comply with the standards as provided in references (a) through (n) and must ensure that MTF cancer registrars follow ACS-CoC and DoD guidelines.

h. Cancer registries must correct and/or justify data discrepancies as identified by the DoD Central Cancer Registry and the NCDB per ACS-CoC standards in accordance with references (d) and (f) through (h) of this instruction.

i. Cancer Registry files currently stored by the Cancer Registry staff will be retained or scanned into an electronic format. The goal of the registry is for the record and data to be accessible for the duration of the registry. Archived files may be deleted as the electronic documentation program becomes available.

j. For Navy MTFs with less than 50 cases a year, the NRTRS should provide a minimum of quarterly site visits to support clinicians in the administrative process of forwarding clinical cancer data to a larger MTF assigned by the region to remotely support and receive cancer data from the smaller MTF. In these smaller MTFs, with less than 50 cases per year, patient administration departments may assist the process by running the Cancer Disease Index and supplying necessary reportable data to the NRTRS.

k. To ensure accuracy in tracking outcomes, all cancer data from Navy MTFs shall be entered into ACTUR under the reporting Facility Institution Number (FIN), and beginning in January 2008 additionally referencing the National Provider Identifier (NPI) number.

l. Cancer Registry reference dates will not be changed without written justification and prior approval from the NTRC through the ACTUR Coordination Committee.

## ACRONYMS

|          |   |
|----------|---|
| ACS-CoC  | American College of Surgeons Commission on Cancer         |
| ACTUR    | Automated Central Tumor Registry                          |
| AFIP     | Armed Forces Institute of Pathology                       |
| AHLTA    | Armed Forces Health Longitudinal Technology Application   |
| AJCC TNM | American Joint Commission on Cancer Tumor Node Metastasis |
| AOR      | Area of Responsibility                                    |
| BHC      | Branch Health Clinics                                     |
| BUMED    | Bureau of Medicine and Surgery                            |
| CHCS     | Composite Health Care System                              |
| CRCC     | Cancer Registry Cancer Committees                         |
| CTR      | Certified Tumor Registrar                                 |
| DoD      | Department of Defense                                     |
| ECOMS    | Executive Committee of the Medical Staff                  |
| FCRCP    | Facility Cancer Registry Cancer Programs                  |
| FIN      | Facility Institution Number                               |
| FORDS    | Facility Oncology Registry Standards                      |
| FTE      | Full-Time Equivalent                                      |
| HIPAA    | Health Insurance Portability and Accountability Act       |
| ICD      | International Classification of Diseases                  |
| INCONUS  | In the Continental United States                          |
| IRB      | Institutional Review Boards                               |
| MCTR     | MTF Certified Tumor Registrars                            |
| MOA      | Memoranda of Understanding                                |
| MTF      | Medical Treatment Facilities                              |
| MTRSS    | MTF Tumor Registry Support Staff                          |
| NCDB     | National Cancer Data Base                                 |
| NCRA     | National Cancer Registrars Association                    |
| NMCP     | Naval Medical Center, Portsmouth                          |
| NMCPHC   | Navy and Marine Corps Public Health Center                |
| NMCSD    | Naval Medical Center, San Diego                           |
| NME      | Navy Medicine East  |
| NMNCA    | Navy Medicine National Capital Area                       |
| NMW      | Navy Medicine West  |
| NNMC     | National Naval Medical Center                             |
| NOTAL    | Not to All  |
| NPI      | National Provider Identifier                              |
| NRTRS    | Navy Regional Tumor Registry Supervisor                   |
| NTRC     | Navy Tumor Registry Consultant                            |
| NTRPPC   | Navy Tumor Registry Program Physician Consultant          |
| OCONUS   | Outside the Continental United States                     |
| SBMF     | Shipboard Medical Facilities                              |
| SEER     | Surveillance, Epidemiology and End Results                |