Defense Health Agency
ADMINISTRATIVE INSTRUCTION

NUMBER 6025.14
October 19, 2022

DAD-MA

SUBJECT: Defense Health Agency Cancer Registry Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI):

a. Based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (x), creates the DHA's procedures to establish common and uniform guidelines, standards, and procedures for all DoD military medical treatment facilities (MTFs) providing oncological medical services to Military Health System (MHS) beneficiaries including the required use of the designated DoD CR system for Cancer Registry .

b. Requires any MTF that provides clinical or pathological diagnoses and/or treats malignant Cancer Registry (CR) reportable cases to comply with standards that parallel the Cancer Program of the American College of Surgeons Commission on Cancer (ACoS-CoC) for cancer reporting and establishes and maintains DHA CR Program that is comparable to the standard of care for similar programs in the private sector and in accordance with Reference (i).

c. Defines a reportable case for CR to include in-situ and invasive cancer (with exception of basal cell and squamous cell carcinoma of the skin and carcinoma in-situ of the cervix), malignant and benign brain-related or central nervous system (CNS) tumor, and hematopoietic or lymphoid neoplasm, as well as any reportable-by-agreement cases.

d. Obliges the identification and reporting of:

(1) All Active Duty Service Members (ADSM), regardless of where diagnosed.

(2) Any patient with a reportable case diagnosed and/or treated within an MTF, with the intent of decreasing the morbidity and mortality of patients with early diagnosis, pre-treatment evaluation, staging, and treatment and ongoing surveillance for cancers.

2. APPLICABILITY. This DHA-AI applies to DHA, DHA components (activities under the authority, direction, and control [ADC] of DHA), and all cancer registry healthcare personnel to include: assigned, attached, or detailed Active Duty and Reserve Component members, federal civilians, contractors (when required by the terms of the applicable contract), and other cancer registry healthcare personnel assigned temporary or permanent duties within DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (), to establish uniform accountability, standards, and processes for all DoD MTFs providing oncological medical services to MHS beneficiaries that is consistent with the standard of care established in the private sector and parallels the standards of ACoS-CoC. This applies to all cancer registry personnel to include contractors (when required by the terms of the applicable contract). This publication establishes uniform accountability, standards, and processes for the diagnosis, treatment, and reporting of cancer using the DoD CR system for Cancer Registry activities.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director for Medical Affairs (DAD-MA). When Activities are unable to comply with this publication, the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through the supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or a designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

9. FORMS. DD Form 2875, System Authorization Access Request (SAAR) is available at: https://www.esd.whs.mil/DD/

/s/
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Director

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REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) United States Code, Title 10, Section 1073c
(e) DoD Instruction 6490.03, "Deployment Health," June 19, 2019
(f) DoD Directive 6200.04, "Force Health Protection," October 9, 2004, as amended
(g) Public Law 107-260, "Benign Brain Tumor Cancer Registries Amendment Act," October 29, 2002
(h) American College of Surgeons Commission on Cancer, Cancer Care Standards, current edition
(i) United States Code, Title 42, Section 281
(j) Public Law 102-515, "Cancer Registries Amendment Act," October 24, 1992
(k) DoD Manual 6025.18, "Implementation of Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Program," March 13, 2019
(l) DoD Instruction 3216.02, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Conducted and Supported Research," April 15, 2020
(m) Title 32, Code of Federal Regulations, Part 219
(n) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Program," August 12, 2015
(o) DoD Instruction 4000.19, "Support Agreements," April 25, 2013
(p) Commission on Cancer National Data Standards (FORDS, ROAD, STORE): Current editions
(q) International Classification of Diseases for Oncology (ICD-O), 3rd Edition, 2000
(r) The Surveillance, Epidemiology, and End Results (SEER), 2018, current editions[1]
(s) The Surveillance, Epidemiology, and End Results (SEER) Extent of Disease (EOD) Consolidation Manual, December 8, 2021[2]
(t) The Surveillance, Epidemiology, and End Results (SEER) Solid Tumor Rules, September 17, 2022[3]
(u) Hematopoietic and Lymphoid Neoplasm Database and Coding Manual, August 2021[4]
(v) The Surveillance, Epidemiology, and End Results (SEER) Program Coding and Staging Manual, 2022, September 2021, as amended[5]
(w) American Joint Committee on Cancer Staging Manual, current edition[6]
(x) National Comprehensive Cancer Network (NCCN) Guidelines, current editions[7]

[1] This reference can be found at: https://seer.cancer.gov/
[2] This reference can be found at: https://seer.cancer.gov/tools/staging/eod/
[3] This reference can be found at: https://seer.cancer.gov/tools/solidtumor/
[4] This reference can be found at: https://seer.cancer.gov/tools/heme/update.html
[5] This reference can be found at: https://seer.cancer.gov/tools/codingmanuals/
[6] This reference can be found at: https://www.facs.org/quality-programs/cancer-programs
[7] This reference can be found at: https://www.nccn.org/guidelines/category_1

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Establish policy, procedures, and direction of the DHA CR Program.

b. Establish procedures to ensure DHA CR Programs are conducted in accordance with standards that parallel the ACoS-CoC for cancer reporting, the community standard for quality cancer care.

c. Ensure Direct Reporting Markets (DHR), Small Market and Stand-Alone Military Treatment Facility Organization (SSO) and Defense Health Agency Regions (DHAR) assign responsibilities to implement the DHA CR Program, as outlined in this DHA-AI.

d. Provide sufficient resources and funding, including educational materials and personnel, as required, to maintain DHA CR Program accreditation and certification of Certified Tumor Registrars (CTR).

2. DAD-MA, DHA. The DAD-MA will:

a. Be responsible for the implementation of policy, procedures, and direction of the DHA CR Program.

b. Monitor compliance with the guidance outlined in this DHA-AI through the DRM, SSO and DHAR where DHA CR Programs are housed.

c. Develop a process to update this instruction, as necessary, with respect to the DHA CR Programs' procedures in support of continuous process improvement.

d. Provide recommendations, updates, or action requests to the Director, DHA.

e. In coordination with DHA Health Care Operations, determine on an annual basis the Cancer Registry positions required to meet staffing requirements in accordance with the ACoS-CoC requirements.

3. CHIEF INFORMATION OFFICER (CIO), PROGRAM EXECUTIVE OFFICE (PEO), MEDICAL SYSTEMS/J6. The CIO, PEO, MEDICAL SYSTEMS/J6 will:

a. Assist in initial implementation and maintenance of the DoD CR system.

b. Provide a Contracting Officer to monitor and provide oversight for the DoD CR system to ensure compliance with designated contract.

c. Provide the technical framework to sustain an information technology (IT) infrastructure for the DoD CR system that enables collaboration and the ability to share information while protecting Personally Identifyable Information, including Protect Health Information.

d. Support and perform technical and administrative contract functions.

e. Deliver IT infrastructure service excellence in support of the DoD CR system.

f. Implement tools and processes for the DoD CR system to monitor network, application, and performance measures to inform leadership, provide transparency, create priorities, and establish accountability.

g. Assist with the coordination of training for the DHA CR Program staff.

4. DIRECTORS, DIRECT REPORTING ORGANIZATIONS (DRM, SSO, and DHAR). The Directors, Direct Reporting Organizations will:

a. Verify MTF's CR services are established and conducted as outlined in this DHA-AI.

b. Implement CR management and utilization requirements within the MTFs, Direct Reporting Markets facilities as outlined in this DHA-AI.

c. Identify CR Subject Matter Experts (SMEs) to support full implementation and compliance with this DHA-AI.

d. Ensure MTF Directors and CR SMEs comply with the guidance in this DHA-AI and implement corrective actions or provide additional resources and training, if required.

e. Establish processes that enable respective MTFs to be accredited by ACoS-CoC when applicable. MTFs not accredited by ACoS-CoC will be required to operate and adhere to those standards.

f. Ensure that quality assurance activities are conducted in accordance with ACoS-CoC standards for non-accredited MTFs.

g. Track and monitor measures to assess MTF standardization, processes, and compliance with the management and utilization of CRs as outlined in this DHA-AI.

h. Implement and monitor the required CR-specific education and training activities within the local, regional, and national areas in accordance with this DHA-AI.

i. Provide analysis and support to MTF staff on CR management and utilization metrics and issues, as needed.

j. Ensure MTF Directors develop and integrate CR management and utilization coordination between DHA Headquarters (MA and Health Care Operations), to reduce fragmentation.

k. Provide qualified CR team, to include CTRs and clinical support staff through the assignment of medical personnel to MTFs.

5. DIRECTORS, MTFs. The Directors of MTFs will:

a. Ensure compliance with this issuance at all MTFs under authority and direction of DHA.

b. Implement provisions of the designated DoD CR system and CR as outlined in this DHA-AI.

c. Require the sole use of the designated DoD CR system at their respective MTFs.

d. Establish responsibility and accountability for cancer case-finding function, including policy and procedure for ensuring any patient with a reportable case diagnosed and/or treated within an MTF is entered into the DoD CR system, using a standardized collection of oncology information, abstracted from the Electronic Health Record (EHR).

e. Ensure their respective MTF policies and procedures are in accordance with ACoS-CoC guidelines, and delegate responsibility for cancer patient follow-up surveillance and submission of all reportable conditions for patients in designated catchment area utilizing the current DoD Reportable List and DHA Class of Case.

f. Establish responsibility, accountability, and multidisciplinary membership of the MTF's cancer committee and appoint chairperson.

g. Define and document the roles and responsibilities of of the MTF's cancer committee (e.g., types of cancer, scope of care, meeting frequency, and duration).

h. Ensure MTFs with oncology services hold a multidisciplinary cancer conference/tumor board which focuses on diagnostic workup, American Joint Committee on Cancer (AJCC) or other appropriate staging, treatment, and rehabilitation of individual patients. Accredited MTFs will follow ACoS-CoC Multidisciplinary Cancer Care Conference. Non-Accredited MTFs will be at the discretion of the cancer committee.

i. Select CR personnel that align with the necessary knowledge, skills, and abilities as outlined in the DHA-AI.

j. Establish a recommended CTR staffing ratio of 1 full-time equivalent per 150-300 new analytical cancer cases per year.

6. DHA HEAD QUARTERS (HQ) ONCOLOGY CLINICAL COMMUNITY (OCC) CHAIR. The OCC Chair will:

a. Utilize expertise to support training, dissemination of CR-related resources, implementation, evaluation, and research throughout the MHS.

b. Advocate and promote DHA policies that support optimal CR utilization.

c. Provide support (i.e., identifying points of contact [POCs] for registry needs at individual MTFs providing cancer care) for CR entities such as identified and approved work groups.

7. JOINT PATHOLOGY CENTER (JPC). The JPC will:

a. Provide oversight for research requests using CR data per reference (l) and (m).

b. In coordination with the DHA Headquarters-based CR Program Manager (PM), approve release of DHA CR data for research purposes and provide secondary pathology consultative services for DoD, other federal agencies, and data release to non-DoD organizations per guidance stated below.

c. Require that requests for DHA CR data include the submission of a Data Sharing Agreement Application (DSAA) to the DHA Health Insurance Portability and Accountability Act (HIPAA) Privacy and Civil Liberties Office (PCLO). An approved DSAA will create a Data Sharing Agreement (DSA) or Data Use Agreement (DUA). Contractors or non-governmental researchers must have a government sponsor sign the DSAA before submission to PCLO.

d. Require that all data requestors agree and adhere to the privacy and security requirements of protected health information and personally identifiable information in accordance with the following higher authority guidance pursuant to References (l) through (n) as applicable.

e. Support DoD and other state and federal agencies to enhance the health and well-being of MHS beneficiaries by providing medical expertise in diagnostic pathology consultation, education, and research.

8. DHA HQ CR FUNCTIONAL PM. The DHA Headquarters CR Functional PM will:

a. Serve as the POC to the OCC regarding issues involving the DHA CR Program.

b. Monitor the implementation and tracking of CR management and utilization outlined within this DHA-AI and report that to the DHA HQ OCC.

c. Make recommendations in collaboration with the OCC for CR positions and staffing to ensure proper management and utilization support necessary to improve MHS delivery and quality care.

d. Evaluate the CR management and utilization support necessary to improve MHS delivery and quality care outcomes, when appropriate.

e. Evaluate and recommend outcome measurement in support of standardized and uniform evaluation of CR utilization.

f. Advocate for standardized, evidence-based care, and workflow incorporating the DHA CR.

g. Participate as a non-voting member of the OCC.

h. Recommend volunteer candidates to serve as SMEs to the OCC and Market Directors via appointment letter.

i. Maintain and update as appropriate Support Agreements with participating state agencies per reference (o).

9. MTF CR SME. The MTF CR SME will:

a. Develop and integrate new policies and procedures in accordance with this DHA-AI.

b. Interpret, analyze, and use expert knowledge of laws, policies, regulations, and precedents in accordance with References (p) through (x) and Surveillance, Epidemiology, and End Results (SEER)*Rx Interactive Antineoplastic Drugs Database to facilitate efficiency, quality management, and superior data collection for the CR Program.

c. Respond proactively to ongoing challenges and legislative changes governing cancer research, evolving technology, protocols, and regulation of registry services.

d. Advise on CR matters at the MTF where assigned and throughout the DHA enterprise, JPC, the American Cancer Society, the United States Centers for Disease Control and Prevention (CDC), and the National Cancer Database (NCDB).

e. Identify opportunities to maximize capabilities, achieve unparalleled goals, and ensure continuing advancements in the CR performance processes and administration.

f. Maintain responsibility for the systematic development and implementation of policy solutions to achieve and ensure a mission-ready state, attributable to continuous quality improvements.

g. Develop and maintain quality control measures that assess and monitor overall

performance in the efficiency, appropriateness, and effectiveness of CR quality and efficiency improvement initiatives.

h. Serves in an advisory role in the application and upgrades of the DoD CR system, serving as a key consultant regarding system improvements, advancements, and state-of-the-art edits, conversions, coding, maintenance, and safeguarding.

i. Develop data quality management tools and methodologies to assess and monitor data maintained in the CR program throughout DoD.

j. Analyze information generated by automated tools, utilizing that information to evaluate, educate, and recommend data quality improvement initiatives to enhance research and the CR.

k. Represent DHA in local and national CR conferences, seminars, and meetings impacting the vision, direction, and scope of future registry milestones and endeavors.

l. Provide proactive oversight of MTF cancer patient care evaluation (PCE) audits, special research studies, cancer prevention programs, cancer screenings, and health fairs.

m. Attend all relevant meetings and provide feedback to the DHA OCC pertaining to issues within the CR.

n. Serve as a conduit between DHA OCC and CTRs at the individual MTFs .

o. Set and adjust short-term priorities and prepare schedules for the completion of work.

p. Assign work to employees based on priorities, selective consideration of difficulty and requirements of assignments, and capabilities of employees.

q. Evaluate work performance of employees and provide advice, counsel, or instruction to employees on both work and administrative matters.

r. Conduct candidate interviews for unit positions, and recommend appointment, promotion, or reassignment to positions.

s. Hear and resolve complaints from employees, and refer group grievances and more serious unresolved complaints to higher level supervisor or manager as appropriate.

t. Recommend training when necessary, and if warranted, recommend minor disciplinary measures to supervisors of members who are deficient, such as warnings and reprimands, and recommend other actions in more serious cases.

u. Identify developmental and training needs of employees and provide or arrange for needed development and training.

v. Plan and provide continuing education for CR personnel.

10. MTF CTRs. The MTF CTRs will:

a. Serve as the Oncology Data Program Analysts in both ACoS-CoC accredited and non-accredited MTFs.

b. Adhere to categorical standards as defined by The Joint Commission, ACoS-CoC, DHA, and all other regulatory standards or accrediting agencies regarding legal requirements related to reporting cancer data.

c. Use knowledge of laws, policies, regulations, and precedents in accordance with References (p) through (x) and SEER*Rx Interactive Antineoplastic Drugs Database to provide comprehensive oversight to the MTF CR.

d. Collaborate with SMEs on problems, procedures, and methods of collecting and retrieving data and perform research studies, workload statistics, and projects.

e. Identify issues, propose solutions, and initiate action for resolution.

f. Identify methods of utilizing registry data through PCE audits and special research studies.

g. Encourage participation in cancer prevention programs, cancer screenings, and health fairs.

h. Advise the MTF Cancer Committee on change in cancer patient population, referral patterns, trends in treatment modalities, and other topics of interest to the committee.

i. Prepare reports and research data for the MTF Cancer Committee and the ACoS-CoC from computerized database.

j. Assist the MTF Cancer Committee in performing quality of care audits and in developing cancer-related PCE criteria and procedures.

k. Participate in the PCE studies of the ACoS-CoC and assist in the design and development of the annual plan.

l. Assist in the ACoS-CoC survey.

m. Access required tumor and cancer abstract data in the DHA data repository and prepare correspondence.

n. Manage operations of the CR and coordinate functions of the Registry.

o. Use established methodology to evaluate the performance of functional areas within the office.

p. Advise on and perform a wide range of technical and administrative duties involved in the development, analysis, maintenance, and use of diagnostic and therapeutic cancer data.

q. Plan, organize, and implement a systematic cancer data program system in compliance with the ethical and legal requirements and in accordance with ACoS-CoC guidelines, and cancer-related DHA-PIs.

r. Attend necessary annual meeting to maintain current certification and meet continuing education requirements.

s. Participate in relevant local, state, regional, or national cancer-related educational activities.

t. Plan and provide continuing education for CR personnel.

u. Demonstrate current and ongoing privacy training as required by the MTF.

v. Comply with all current security standards for collecting and maintaining sensitive health records.

w. Serve as the required non-physician member of the Cancer Committee.

x. Serve as the MTF Cancer Committee recorder as designated by the MTF Cancer Committee members, as needed.

y. Perform analytic case abstraction and manage the program design, input, and retrieval of the computerized cancer database with the CIO PEO, Medical Systems/J6 and other personnel, as necessary.

11. NON-CERTIFED CR PERSONNEL. Non-Certified CR personnel will:

a. Obtain and maintain Cancer Registrar certification within three years of employment or within three years of the date of this publication.

b. Operate and maintain standards and workflow processes in accordance with DoD CR system manual.

c. Apply for and maintain access to the DoD CR system in accordance with the established protocol per Service PMs.

d. Be responsible for historic and current reference materials with any necessary purchases made through clinical services or medical library.

e. Fully abstract, provide substantiated text, and resolve data edits within six months of first date of contact.

f. Review and complete data quality/edits as indicated by the facility program standards (i.e., ACoS-CoC, state, and the MHS Central CR).

g. Make modifications after approval is received by the Service PMs prior to requests for ACoS-CoC modifications.

h. Engage in at least monthly continuing education opportunities and provide validation of attendance when requested.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. The CDC in accordance with Reference (j) established that cancer is considered a reportable disease and granted the authority to develop a National Cancer Program, to include the National Cancer Institute, national cancer registry programs, research institutes, and Federal programs. Reportable diseases are those considered to be of great public health importance. Accordingly, DHA health care providers are responsible for reporting a cancer diagnosis. This DHA-AI establishes standard processes, procedures, and business rules for the DHA CR Program. Implementation and compliance of the standard processes, procedures, business rules, and productivity standards in this DHA-AI apply to all DHA MTFs, regardless of the use of either the legacy EHR system or MHS GENESIS. The goals of the procedures found in this instruction are to: (1) standardize processes throughout DHA, (2) increase accuracy/timeliness of identification and reporting, (3) maximize resources, and (4) improve patient outcomes.

2. GENERAL INFORMATION AND GUIDELINES

a. All established Cancer Programs, excluding any program currently in development, will be in full compliance with this guidance effective immediately upon signature of this instruction, including those in Direct Reporting Markets.

b. Recommend DHA CR Program be aligned under Population Health; however, if Population Health is not available, designate CR staff to be under the responsibility and oversight of Histopathology or Patient Administration.

c. DHA will have oversight of the DHA CR Program. SMEs will provide representation at the MTF specific cancer programs, through the DHA HQ CR Functional PM.

d. MTFs that are ACoS-CoC-accredited and that provide clinical or pathological diagnoses and/or treat malignancies and other reportable diseases comply with the ACoS-CoC.

e. Non-accredited facilities comply with applicable state and/or SEER reporting standards.

3. CASE FINDING (CASE ASCERTAINMENT)

a. Identification of any patient with a reportable case diagnosed and/or treated within an MTF is entered in the DoD CR system using standardized collection of oncology information, abstracted from the EHR.

b. Active case finding is accomplished through review of source documents (e.g., pathology reports, oncology consults, appointment lists, treatment summaries, disease indices, referral lists, etc.) that are compared against the registry's case listing.

c. Passive case finding occurs when other healthcare professionals notify the registry of potentially reportable cases.

d. Case finding may be provided by non-registry staff; however, registrars should not solely rely on non-registry staff for case finding as they are not familiar with reporting criteria and terminology.

e. Using registrars is critical and preferred for case finding; case finding methods include active and passive review of case sources.

f. DoD CR system will be used for monthly review of the Oncology Disease Index, pathology reports, appointment logs, and cancer conference presentations that are compared to DHA CR.

g. Cases that have not been documented in DoD CR system require review of clinical documentation in EHR to determine if patients have a reportable diagnosis using the DoD Reportable List.

h. Add cases to the Suspense File of possible cases and research further in EHR for reportability versus miscoding of diagnosis.

i. Reportable cases will be accessioned into the DoD CR system using AJCC and SEER standards (and all other applicable standards), applying case eligibility rules, and determining Class of Case.

j. SEER Solid Tumor Rules and the Hematopoietic Database will be used to differentiate between new cases or recurrences. The International Classification of Diseases for Oncology (ICD-O-3) resources will be used to determine the primary site and histology code.

k. MTFs must report in-house using Class of Case 43 (pathology read only) for patients who are not found in the MHS registry software and slides that originate from and MTF without registry staff.

4. ACCESSIONING

a. Minimal information is entered into the DoD CR system to obtain cases' accession number.

b. Collect all pertinent information related to the reportable condition to initially determine basic preliminary case factors. This includes, at a minimum, the primary site, histology, date of diagnosis, Class of Case, and patient demographics.

c. Reportable diseases are based on knowledge of diagnostic terms for establishing diagnosis date, histology, and laterality.

d. Accession requires an understanding of ICD-O, full comprehension of clinic notes, pathology reports, knowledge of the difference between histology and cytology, beginning skills with DoD CR system, and adherence to DoD Class of Case Rules.

5. ABSTRACTING

a. Summarize cases in text and code, enter into DoD CR system, and finalize using all pertinent manuals in accordance with all applicable standard setters, including North American Association of Central Cancer Registries (NAACCR).

b. Use clear supportive text to substantiate the entire dataset and required coding of items. Set case to complete once data edits have been validated and cleared.

c. Contact civilian or other military registries, if needed, when information is not in the EHR.

6. CANCER CASE CONFERENCE

a. When applicable, coordinate and/or attend weekly meetings to gather all oncologic diagnostic procedures and treatment conducted in the private sector for each identified patient.

b. Attend cancer case conferences in the private sector, when available, when DHA MTF patients are reviewed and discussed.

7. FOLLOW-UP

a. Use DoD CR system to generate monthly list of patients due for registry follow-up and to record last contact date, vital status, and status of disease.

b. Medication refills should not be recorded when clinical information of recurrence or progression of disease is evident in the EHR.

c. Search all available EHR sources, obituaries, and the Social Security Death Index Death Date found in the DoD CR system for updates to vital status and status of disease to update the DoD Central (or Consolidated) CR annually.

d. Navigate the DoD CR system, Department of Veterans Affairs/Computerized Patient Records System, Armed Forces Health Longitudinal Technology Application (AHLTA), and

MHS GENESIS to generate and mail letters to patients who are no longer in the MHS/Veterans Health Administration or have moved out of state.

e. Follow and maintain all standards as identified in accordance with the ACoS-CoC.

8. QUALITY CONTROL

a. For ACoS-CoC-accredited facilities, perform data quality activities to monitor and to ensure CR; state reporting; SEER; and NCDB (if applicable).

b. For non-accredited facilities, oversight and completion of quality assurance activities for the DHA CR Program will be provided by the MTFs Market designee.

c. Chronic data quality issues are reported to local supervisors, MTF leadership, Market leadership, and the DHA HQ CR Functional PM.

9. PERFORMANCE/OUTCOME MEASUREMENT

a. In collaboration with the DAD-Information Operations, the DHA HQ CR Functional PM will identify, monitor, and provide oversight for the development of performance metrics. These metrics will be reported to the OCC on a biannual basis.

b. Performance metrics to include, but not limited to, the following:

(1) The number of MTFs participating in ACoS-CoC accreditation.

(2) The rate of successful follow-up falling below the range of 90 percent of cases diagnosed in the past 5 years.

(3) The rate of follow-up falling below the range of 80 percent within the reference year.

(4) Percent of cases completed within 6 months of date of first diagnosis, falling below 90 percent.

(5) Percentage of data items coded as unknown (usually coded as 9 or a string of 9s) of fields left blank. This metric will monitor the completeness of data.

10. RELEASE OF INFORMATION

a. Registrars must protect patient privacy and ensure confidentiality of patient information.

b. For states with existing support agreements, the information is released IAW 10.e below. Registrars may disclose or exchange pertinent information in order to complete an abstract or registry surveillance follow-up.

c. If no support agreements exists, the requesting agency must execute a Data Sharing Agreement through JPC for release of information. Requests for data for research will be routed to the JPC for review and processing.

d. State cancer registries requesting data submissions from military hospitals residing in the respective state must first establish an MOA with coordination through the DHA HQ CR Functional PM and in accordance with reference (o).

e. Once an MOA is approved, MTFs within each authorized state will report and submit data using one of the following POCs:

(1) Designated MTF CTR.

(2) MTFs without a registrar will utilize the designated MTF CTR at a registry where DHA has a sharing agreement.

(3) Respective SMEs who have access to the list of all MTFs by state and location.

11. STAFFING. Staffing quotas for each MTF are dependent upon the following factors:

a. ACoS-CoC accreditation requirement and standards.

b. Annual caseload numbers.

c. Staffing authorization for Registrars in the DHA CR Program consisting of (1) CTR per every 150-300 cases per year for an ACoS-CoC accredited facility.

12. EDUCATION AND TRAINING

a. It is a mandate of the DHA Headquarters Central CR that highly trained and qualified staff are placed in cancer reporting positions. Continuing education ensures staff have adequate knowledge to provide quality data for ongoing investigational and incidence studies conducted locally, regionally, and by DHA/DoD.

b. All registry staff will participate in relevant continuing education, as required, and will provide documentation of completion to supervisors and/or Service PM.

c. Educational opportunities may be free or paid for either by the MTF or a centrally funded agency on temporary duty travel status.

d. Non-compliance with continuing education requirements will be reported to the supervisor and MTF Director for oversight and to ensure all requirements are completed.

e. DHA proponency organization and/or Clinical Community may request compliance reports.

f. Only trained and qualified staff are assigned to designated cancer reporting positions. CTRs preferably have 12 months experience.

g. Request for access to the DoD CR system must be submitted to DHA HQ J6 via DD Form 2875, System Authorization Access Request (SAAR). Staff who are not trained or qualified will not be granted access to the DoD CR system.

h. Staff must complete current and on-going privacy training as required by the Department of Defense, DHA leadership, and MTF leadership.

i. Staff must comply with all current security standards for collecting and maintaining sensitive records.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ACoS-CoC	American College of Surgeons Commission on Cancer
AHLTA	Armed Forces Health Longitudinal Technology Application
AJCC	American Joint Committee on Cancer
CDC	Centers for Disease Control and Prevention
CIO PEO	Chief Information Officer, Program Executive Office
CR	Cancer Registry
CTR	Certified Tumor Registrar
DAD	Deputy Assistant Director
DHA-PI	Defense Health Agency-Procedural Instruction
DSA	Data Sharing Agreement
DSAA	Data Sharing Agreement Application
DUA	Data Use Agreement
EHR	Electronic Health Record
ICD-O	International Classification of Diseases for Oncology
IT	Information Technology
JPC	Joint Pathology Center
MA	Medical Affairs
MHS	Military Health System
MILDEP	Military Department
MOA	Memorandum of Agreement
MTF	Military Medical Treatment Facility
NAACCR	North American Association of Central Cancer Registries
NCDB	National Cancer Database
OCC	Oncology Clinical Community
PCE	Patient Care Evaluation
PM	Program Manager
POC	Point of Contact
SEER	The Surveillance, Epidemiology, & End Results
SME	Subject Matter Expert

PART II. DEFINITIONS

DHA CR Program. A process whereby cancer data is tracked for beneficiaries within DoD who have a reportable cancer diagnoses.

DoD CR System. The automated database which aides in the tracking of cancer data.

ACoS-CoC. A consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting which promotes cancer prevention, research, education, and monitoring of comprehensive quality care.

Reference Year. The starting date established for a registry, usually January 1 of a given year, which all cases that meet eligibility criteria must be entered into the registry.

SEER. The Surveillance, Epidemiology, and End Results (SEER)*Rx Interactive Antineoplastic Drugs Database was developed as a one-step lookup for coding oncology drug and regimen treatment categories in cancer registries.