DEPARTMENT OF VETERANS AFFAIRS CANCER REGISTRY SYSTEM

1. REASON FOR ISSUE: The Department of Veterans Affairs (VA) requires each VA medical facility to maintain a cancer registry to identify and collect data on patients diagnosed, clinically or pathologically, and/or treated for diseases outlined in the current VA Central Cancer Registry’s (VACCR’s) reportable list.

2. SUMMARY OF CONTENT:

This directive outlines and clarifies the responsibilities of Veterans Health Administration (VHA) personnel centrally and at medical facilities related to support and operation of VA’s Cancer Registry Systems including data collection requirements and reporting timelines.


4. RESPONSIBLE OFFICE: The Office of Specialty Care Services (10P11) is responsible for the contents of this directive. Questions may be referred to the National Coordinator, VACCR at 202-461-7120. Questions about cancer care may be referred to cancer@va.gov.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

CERTIFIED BY:  

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for Health for Policy and Services

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for Health for Policy and Services
NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DEPARTMENT OF VETERANS AFFAIRS CANCER REGISTRY SYSTEM

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy for VHA personnel, in both VHA Central Office Department of Veterans Affairs (VA) medical facilities, who are responsible to support and operate the VA Cancer Registry System, including requirements for data collection and timelines for reporting. **AUTHORITY:** Title 5 United States Code (U.S.C.) 552a; Title 38 U.S.C. 5701(f)(2), 7301(b); and Public Law (Pub. L.) 104-191, implemented by 45 CFR Parts 160 and 164.

2. BACKGROUND

a. The VA Cancer Registry System provides a systematic approach to (1) identifying patients with a diagnosis of cancer, (2) gathering standardized structured information about each patient with cancer, and (3) generating reports on the population of patients with cancer in VA health care. Data in the VA Cancer Registry System includes patient demographics (e.g., place of birth, race, Spanish origin, sex, (male, female, other, hermaphrodite, transsexual NOS, transsexual natal male, transsexual natal female, 9 (not stated)), primary cancers (e.g., epidemiological, staging, survival, and other clinical data) and is utilized for purposes such as documenting follow-up status, outcome evaluation, and program assessment. Cancer registry data is vital for VA health professionals, policy administrators, researchers, and the public as it provides vital information about newly diagnosed cancer cases (incidence), treatment of cancer, recurrence of cancer and deaths from cancer (mortality). This data is required to understand and address the VA’s cancer burden and patient management as well as program assessment, planning and strengthening of oncology care. Specifically, cancer registry data is used to:

   (1) Assist in the care of individuals with cancer;

   (2) Monitor cancer trends over time;

   (3) Illustrate cancer patterns in various VA populations and identify high-risk groups;

   (4) Evaluate the strength and quality of cancer programs;

   (5) Understand and plan for the impact of new diagnostic tests and treatments on VA health resources; and

   (6) Contribute to VA clinical, epidemiologic, and health services research.

b. The VA Central Cancer Registry (VACCR), a national cancer registry, is established in the Office of the National Program Director for Oncology. The VA Cancer Registry System is composed of local medical facility cancer registries reporting to the VACCR. VACCR requires each medical facility cancer registry to identify and report data on patients diagnosed (clinically or pathologically) and/or treated for diseases outlined in the current VACCR reportable list. VACCR will prepare and distribute a list of reportable diagnoses annually from the International Classification of Diseases -
Oncology (ICD-O-3) manual. See Appendix A. Refer to:

NOTE: This is an internal VA Web site that is not available to the public.

c. Typically, reportable malignancies have an ICD-O-3 behavior code of 2 (in situ) or 3 malignant. This could change as newer versions are available. VACCR facilitates compilation of accurate incidence statistics, comparison of system wide outcomes with national standards, analysis of specific therapies and outcomes, evaluation of prevention practices, and planning for resource allocation. It also assists in providing analytic reports and contributes to nationwide cancer information.

3. DEFINITIONS

a. Eligible Analytical Cases. The eligible cases diagnosed or treated at the medical facility after the registry’s reference date (January 1, 1995) are deemed analytic (Class of Case 00, 10-14 & 20-22). Treatment here includes any component of the first course of treatment (e.g., surgery, radiation, or chemotherapy).

b. Facility Cancer Registrar. The personnel responsible for ensuring that timely and accurate cancer registry data is maintained.

c. VA Central Cancer Registry Registrar. Personnel responsible for the operation of the national cancer registry, by ensuring that complete, timely and accurate cancer registry data is maintained. NOTE: VACCR personnel may be a cancer registrar or belong to another job series.

4. POLICY

It is VHA policy that data regarding all VA patients diagnosed as having cancer be gathered and reports generated in a systematic and standardized manner to facilitate follow-up, outcome evaluation, and program assessment to strengthen oncology care.

5. RESPONSIBILITIES

a. Under Secretary for Health. The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. Deputy Under Secretary for Health for Operations and Management. The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN).

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive for all of the VA medical facilities within that VISN. NOTE: A recommended registrar staffing ratio is 1 FTE per 350 new analytical cancer cases per year. Consideration of other staffing data, such as the 2011 National Cancer Registrars Association Workload and Staffing Study, may be appropriate (http://www.ncra-
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usa.org/). NOTE: This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Chief Officer, Specialty Care Services.** The Chief Officer, Specialty Care Services is responsible for:

   (1) Developing and maintaining policies and procedures related to the VA Cancer Registry System, ensuring sufficient resources for operation of VACCR.

   (2) Working with the National Coordinator of the VACCR are available to ensure that standardized information is gathered regarding all VA patients diagnosed as having cancer.

d. **National Coordinator, VA Central Cancer Registry.** The National Coordinator, VACCR is responsible for:

   (1) Determining the minimal set of data elements to be collected by facility level cancer registries and the timeline for the reporting of this data to VACCR.

   (2) Collecting cancer registry data from all facilities and producing a report on the performance of VACCR, including case counts and trends at least once every five years.

   (3) Notifying facility directors when completeness, timeliness, or quality of registry data is deficient.

   (4) Overseeing training of VA cancer registrars and upon request with funding from a facility providing training in the use of OncoTrax (or other VACCR approved software) and other duties of a VA cancer registrar. Cancer registry duties are highly distinct from medical record coding and related health information functions. **NOTE:** Completion and maintenance of a certification program, such as the Certified Tumor Registrar® program offered by the National Cancer Registrars Association [https://www.ncra-usa.org/](https://www.ncra-usa.org/), is strongly recommended. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

e. **National Program Director for Oncology.** The National Program Director for Oncology is responsible for:

   (1) Overseeing management of the VACCR.

   (2) Generating reports on the status of cancer incidence and oncology care in VHA.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that abstracting and registry reporting activities within the VISN is performed in a timely manner as outlined in this directive.
g. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

1. Establishing a facility cancer registry that reports or provides complete, timely (as determined by the National Coordinator, VACCR) and accurate cancer registry data electronically to the VACCR.

2. Ensuring that facility registries utilize OncoTraX software (or other VACCR approved software) to ascertain cases, abstracting required data, and generating reports.

3. Ensuring that there is a facility procedure manual that includes software for the cancer registry functions and a quality control plan for the registry data consistent with VACCR requirements.

4. Ensuring that facility cancer registry staff receives appropriate training and competencies for VA cancer registry operation.

5. Ensuring abstraction of at least 90 percent of cases within 6 months of first contact with the facility.

6. Ensuring that at least 90 percent of eligible analytical cases required to have follow-up information are updated at least annually.

7. Partnering with another facility to provide cancer registry services when their facility has a small number of patients receiving cancer treatment.

8. Complying with all required actions and items in this directive to include VACCR designated software installation and training in an appropriate and timely manner.

9. Receiving notification of cancer registry deficiencies from the National Coordinator of VACCR for their facility and curing such deficiencies in a timely manner.

h. **Facility Cancer Registrar.** The facility cancer registrar is responsible for:

1. Operating the facility cancer registry and ensuring that complete, timely, and accurate cancer registry data is maintained and reporting cases with a diagnosis on the reportable diagnoses list.

2. Producing a facility procedure manual for the facility cancer registry.

3. Following standards endorsed by VACCR, including reporting cases with a diagnosis on the reportable list, use of software, and standards of North American Association of Central Cancer Registries.

4. Requesting training, as needed, for VA Cancer Registry operation.
(5) Providing cancer registry data for operational and research purposes after working with the facility privacy officer to confirm that there is of appropriate authorization to do so, such as a valid standing written request letter and a data use agreement.

i. **Facility Privacy Officer.** The facility privacy officer is responsible for

(1) Ensuring that there is authority to disclose health information to the cancer registry.

(2) Reviewing the standing written request letter from a state cancer registry to ensure that they are valid for three years as required by VHA Directive 1072, Release of VA Data to State Cancer Registries, dated July 23, 2014.

(3) Working in collaboration with the Information Security Officer to ensure the Data Use agreements are in compliance with VHA Handbook 1080.01, Data Use Agreements, dated November 20, 2013.

j. **Information Security Officer.** The facility Information Security Officer is responsible for ensuring that the electronic transfer of data is accomplished in a secure manner in accordance with VA Handbook 6500, Risk Management Framework for VA Information Systems – Tier 3: VA information Security Program, dated, March 10, 2015.

k. **VHA Personnel.** All VHA personnel are responsible for ensuring their use of cancer registry data is in compliance with all Federal laws and regulations, VA regulations and policies, national VHA policies and local (VSIN, program office and/or facility) policies relating to policy including VHA Directive 1080, Access to Personally Identifiable Information in Information Technology Systems and VHA Directive 1605, VHA Privacy Program.

6. TRAINING

a. The SEER*Educate training is recommended for all VA cancer registrars. It is available from the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program at [https://seer.cancer.gov/training/](https://seer.cancer.gov/training/).

b. Additional training resources appropriate for VA cancer registrars are available from:

   (1) American Health Information Management Association (AHIMA) CTR Management Course at [http://www.ahima.org/education/onlineed/Programs/crm](http://www.ahima.org/education/onlineed/Programs/crm). **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

(3) North American Association of Central Cancer Registries (NAACCR) Educational Products (CTR Preparation & Review) at https://www.naaccr.org/. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

(4) American Joint Committee on Cancer (AJCC) Registrar Education at https://cancerstaging.org/CSE/Registrar/Pages/default.aspx. **NOTE:** This Web site is outside VA control and may not confirm to Section 508 of the Rehabilitation Act of 1973.

**NOTE:** It is the responsibility of the national program office to own, develop, and make available all training products. This responsibility cannot be delegated to the VISN or facilities.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

a. 5 U.S.C. 552a.

b. 38 U.S.C. 5701(f)(2) and 7301(b).


h. VHA Handbook 1080.01, Data Use Agreements, dated November 20, 2013.

i. 2011 National Cancer Registrars Association Workload and Staffing Study; https://www.ncra-usa.org/files/public/NCRAWorkloadStaffing_Summary.pdf. **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

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VA CANCER REGISTRY REPORTING

1. Annually, the VA Central Cancer Registry (VACCR) will prepare and distribute a list of reportable diagnoses (found in the International Classification of Diseases - Oncology (ICD-O-3) manual), from the data collected from each VA medical facility cancer registry, on patients diagnosed (clinically or pathologically) and/or treated for diseases outlined in the current VA Central Cancer Reportable list. Each facility tumor registry will be responsible for including cases with a diagnosis on the reportable diagnoses list. Refer to:
   NOTE: This is an internal VA Web site that is not available to the public.

2. Cases not currently required by VACCR (refer to current reportable list):
   (1) Patients seen only in consultation to establish or confirm a diagnosis.
   (2) Patients who receive transient care to avoid interruption of treatment started elsewhere.
   (3) Patients with active, previously diagnosed cancers who are admitted to the hospital for an unrelated condition.
   (4) Patients admitted to hospice/terminal care only.