

CHAPTER 57A
CANCER REGISTRY

Authority

N.J.S.A. 26:2-104 et seq., particularly 26:2-106b.

Source and Effective Date

R.2005 d.367, effective October 3, 2005.
See: 37 N.J.R. 1666(a), 37 N.J.R. 4257(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 57A, Cancer Registry, expires on April 1, 2011. See: 42 N.J.R. 2529(a).

Chapter Historical Note

Chapter 57A, Cancer Registry, was originally codified in Title 8, Chapter 57, as Subchapter 6, Cancer Registry. Subchapter 6 was adopted as R.1986 d.277, effective June 16, 1986. See: 17 N.J.R. 2836(b), 18 N.J.R. 1283(a).

Subchapter 6, Cancer Registry, was recodified as N.J.A.C. 8:57A by R.1990 d.242, effective May 21, 1990. See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Pursuant to Executive Order No. 66(1978), Chapter 57A, Cancer Registry, was readopted as R.1995 d.241, effective April 12, 1995. See: 27 N.J.R. 629(a), 27 N.J.R. 1988(a).

Pursuant to Executive Order No. 66(1978), Chapter 57A, Cancer Registry, was readopted as R.2000 d.193, effective April 12, 2000. See: 32 N.J.R. 214(a), 32 N.J.R. 1790(a).

Chapter 57A, Cancer Registry, was readopted by R.2005 d.367, effective October 3, 2005. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. CANCER REGISTRY

8:57A-1.1 Reporting of cancer; general requirements

(a) Cases of cancer and other specified tumorous and precancerous diseases shall be reported to the New Jersey Department of Health and Senior Services. The reportable diseases and conditions shall be specified in a listing

promulgated by the Commissioner of the New Jersey Department of Health and Senior Services, at N.J.A.C. 8:57A-1.8.

(b) All case reports shall be submitted within six months of the date of diagnosis or within three months of the date of discharge from the reporting facility, whichever is sooner.

(c) Follow-up reports shall be submitted on each cancer case at least annually to confirm the patient's vital status. These follow-up reports shall be required until the patient's death.

Amended by R.1990 d.242, effective May 21, 1990.
See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Third party payers permitted to report cases to the Registry; machine readable submissions permitted.

Amended by R.1995 d.241, effective May 15, 1995.

See: 27 N.J.R. 629(a), 27 N.J.R. 1988(a).

Amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.2 Health care facility reporting

(a) The administrative officer of every health care facility shall report to the New Jersey Department of Health and Senior Services every case of cancer or other specified tumorous and precancerous disease when it is initially diagnosed or when the patient is first admitted or treated for any reason in that facility. A report shall also be submitted for each subsequent primary cancer diagnosed in that individual.

1. Health care facility means a facility as defined at N.J.S.A. 26:2H-1 et seq. and amendments thereto.

(b) All abstracting work performed by a health care facility which diagnoses or treats 100 or more cancer cases per year shall be performed by a certified tumor registrar who is certified by the National Cancer Registrars Association's Council on Certification, 1340 Braddock Place, Suite 203, Alexandria, VA 22314, <http://www.ctrexam.org>, telephone: (703) 299-6640; telefacsimile: (703) 299-6620, e-mail: ctrexam@ncra-usa.org. The certified tumor registrar shall be either employed by the health care facility or employed by an abstract-coding service under contract by the health care facility.

1. The health care facility shall have until August 3, 2000 to comply with the provisions of (b) above.

(c) The information to be reported shall:

1. Be submitted electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, cancer treatment, and an annual report to confirm the patient's vital status until the patient's death.

(d) Health care facilities which lack adequate internal capabilities to report cases in accordance with the require-

ments of (b) and (c) above shall contract with the New Jersey Department of Health and Senior Services to provide abstracting services.

(e) The New Jersey Department of Health and Senior Services shall charge a fee to health care facilities for the provision of services set forth at (d) above. The fee shall be based upon the fair market value of services.

(f) A health care facility which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

(g) A health care facility which fails to report cases of cancer or other specified tumorous and precancerous diseases electronically shall be liable to a penalty not to exceed \$1,000 per business day.

Recodified from N.J.A.C. 8:57A-1.1(b) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section. Former N.J.A.C. 8:57A-1.2, Reportable list, was recodified to N.J.A.C. 8:57A-1.8.

Amended by R.2005 d.367, effective November 7, 2005.

See: 37 N.J.R. 1666(a), 37 N.J.R. 4257(a).

Rewrote introductory paragraph of (b).

8:57A-1.3 Physician, dentist, and other health care provider reporting

(a) Every physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients shall report to the New Jersey Department of Health and Senior Services an initial diagnosis of each case of cancer or other specified tumorous and precancerous disease not referred to or previously diagnosed in a health care facility in the State of New Jersey. A report shall also be submitted for each subsequent primary cancer diagnosed in that individual.

(b) The information to be reported shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, and cancer treatment.

(c) The physician, dentist, or other health care provider may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

(d) A physician, dentist, or other health care provider who fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

Recodified from N.J.A.C. 8:57A-1.1(c) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.4 Clinical laboratory reporting

(a) The director of every independent clinical laboratory shall report to the New Jersey Department of Health and Senior Services the results of examinations of tissue specimens and/or hematology examinations which are positive for the existence of cancer or other specified tumorous and precancerous disease not previously reported from that laboratory.

(b) The information to be reported shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include all available patient identifying information and the name, address, and/or telephone number of the referring physician.

(c) The director of the independent clinical laboratory may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

(d) An independent clinical laboratory which fails to comply with the provisions of this subchapter shall be liable for a penalty of up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease.

Recodified from N.J.A.C. 8:57A-1.1(d) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.5 Health care insurer reporting

(a) Health care insurers and other third party health care payers providing benefit plans to residents of the State may report to the New Jersey Department of Health and Senior Services cases of cancer or other specified tumorous and precancerous diseases based upon selection criteria specified by the Cancer Registry.

(b) If reported, the information shall:

1. Be submitted on forms specified by the New Jersey Department of Health and Senior Services; and

2. Include patient identifying information, medical history, cancer treatment, and an annual report to confirm the patient's vital status until the patient's death.

(c) Health care insurers and other third party health care payers providing benefit plans to residents of the State may submit the reports electronically in a standard format which is specified by the New Jersey Department of Health and Senior Services.

Recodified from N.J.A.C. 8:57A-1.1(e) and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

8:57A-1.6 Supplemental information

Information necessary to clarify medical or demographic data shall be supplied upon request of the New Jersey Department of Health and Senior Services. This supplemental information shall include, but not be limited to: copies of pathology and/or hematology reports, operative reports, treatment information, history and physical sections of the medical records, and discharge summaries.

Recodified from N.J.A.C. 8:57A-1.1(f) and amended by R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).
Rewrote the section.

8:57A-1.7 Access to information and records

(a) Every health care facility, independent clinical laboratory, physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third party health care payers providing benefit plans to residents of the State shall allow representatives of the New Jersey Department of Health and Senior Services to obtain information from all medical, pathological, and other pertinent records and logs related to cancer cases, as necessary for fulfilling the functions of the cancer registry program.

(b) Every health care facility, independent clinical laboratory, physician, dentist, or other health care provider who diagnoses or provides treatment for cancer patients and health care insurers and other third party health care payers providing benefit plans to residents of the State shall permit representatives of the New Jersey Department of Health and Senior Services access to information or provide necessary information on specified cancer patients and other patients specified by characteristics for research studies related to cancer etiology, prevention, and control which are conducted by the New Jersey Department of Health and Senior Services. These studies, shall have been approved by the Commissioner of the New Jersey Department of Health and Senior Services after appropriate review to assure protection of human subjects. This access or provision of information shall include patients who came under the care of the health care facility, physician, dentist, or other health care provider prior to November 18, 1977.

(c) The reports made pursuant to this subchapter shall be used only by the New Jersey Department of Health and Senior Services and such other agencies as may be designated by the Commissioner of the New Jersey Department of Health and Senior Services. These reports shall not be otherwise divulged or made public. Such reports shall not be subject to public inspection and copying pursuant to the Right to Know Act, N.J.S.A. 47:1A-1 et seq.

(d) No individual or organization providing information to the New Jersey Department of Health and Senior Services in accordance with this subchapter shall be deemed to be, or held liable for, divulging confidential information.

(e) Any individual or organization which reveals or discloses any information or data in violation of (c) above shall be the subject of penalties as permitted by law. All violations shall be reported to the appropriate professional licensing authorities and public financing programs.

(f) Failure to permit access to information and records to representatives of the New Jersey Department of Health and Senior Services shall be cause for the imposition of penalties as permitted by law.

Recodified from N.J.A.C. 8:57A-1.1(i) and (j) and amended by R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).
Rewrote the section.

8:57A-1.8 List of reportable diseases and conditions

(a) If a diagnosis includes any of the following words, the case shall be reported to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

Cancer;
Carcinoma;
Leukemia;
Malignant; and/or
Sarcoma.

(b) Any case having a diagnosis listed at (g) below and which contains any of the following terms in the final diagnosis shall be reported to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

Compatible with;
Consistent with;
Most likely;
Probable;
Suspect; and/or
Suspicious.

(c) Basal cell carcinomas of the skin shall not be reported to the New Jersey Department of Health and Senior Services except when they are diagnosed in the labia, clitoris, vulva, prepuce, penis, or scrotum.

(d) Carcinoma in situ of the cervix shall not be reported to the New Jersey Department of Health and Senior Services.

(e) Insofar as soft tissue tumors can arise in almost any body site, the primary site of the soft tissue tumor shall also be examined for any questionable neoplasm.

(f) If any uncertainty regarding the reporting of a particular case exists, the New Jersey Department of Health and Senior Services shall be contacted for guidance.

(g) Every New Jersey health care facility, physician, dentist, other health care provider, or independent clinical laboratory shall report the following conditions to the New Jersey Department of Health and Senior Services in accordance with the provisions of this subchapter:

ADRENAL

Adrenal cortical carcinoma

Ganglioneuroblastoma

Neuroblastoma

Neuroendocrine carcinoma

Neuroepithelioma

Paraganglioma (+)

Pheochromocytoma, malignant only

Sympathicoblastoma

ANUS (see G-I tract)

APPENDIX (see G-I tract)

BILE DUCTS (see gall bladder and bile ducts)

BLOOD (see Hematopoietic/Lymphoid)

BLOOD VESSELS (see soft tissues)

BONE AND JOINTS

Adamantinoma

Ameloblastoma, malignant

Angioblastoma (+)

Angiosarcoma

Chondrosarcoma

Chordoma

Ewing's Sarcoma

Fibrosarcoma (medullary, periosteal, central, endosteal)

Giant cell tumor of bone (+)

Giant cell tumor, malignant

Hemangioendothelioma, malignant

Mesenchymal chondrosarcoma

Myeloma

Osteoclastoma (+)

Osteogenic Sarcoma

Osteosarcoma

Parosteal osteoma

Plasmacytoma

BONE MARROW (see Hematopoietic/Lymphoid)

BRAIN, SPINAL CORD, CRANIAL NERVES, MENINGES, AND CENTRAL NERVOUS SYSTEM

Acoustic neuroma (O)

Angiolipoma (O)

Angiomatous meningioma (O)

Astroblastoma

Astrocytoma, any type

Atypical choroid plexus papiloma (+)

Atypical lipoma (+)

Atypical meningioma (+)

Capillary hemangioma (O)

Cavernous hemangioma (O)

Central neurocytoma (+)

Chordoid glioma (+)

Choroid plexus papilloma, malignant

Choroid plexus papilloma (O)

Clear cell meningioma (+)

Dermoid cyst (O)

Demoplastic infantile astrocytoma (+)

Diffuse melanocytosis (O)

Dysembryoplastic neuroepithelial tumor (O)

Dyplastic gangliocytoma of cerebellum (O) (Lhermitte-Duclos)

Ependyoblastoma

Ependymoma

Fibrolipoma (O)

Fibroma (O)

Fibrous meningioma (O)

Gangliocytoma (O)

Ganglioglioma (+)

Ganglioneuroblastoma

Ganglioneuroma (O)

Germinoma

Glioblastoma multiforme

Gliofibroma (+)	Perineurioma (O)
Glioma, all types	Pinealoma
Gliomatosis cerebri (+)	Pineal teratoma, malignant
Hemangioblastoma (+)	Pineoblastoma
Hemangioendothelioma, benign (O)	Pineocytoma
Hemangioendothelioma (+)	Plexiform neurofibroma (O)
Hemangioma (O)	Polarespongioblastoma
Hemangiopericytoma, benign (O)	Psammomatous meningioma (O)
Hemangiopericytoma (+)	Rhabdomyoma (O)
Hemangiopericytoma, malignant	Schwannoma (any)
Leiomyoma (O)	Smooth muscle tumor (+)
Leiomyomatosis (+)	Soft tissue tumor, benign (O)
Lipoma (O)	Solitary fibrous tumor (O)
Medulloblastoma	Spongioblastoma
Medulloepithelioma	Subependymal astrocytoma
Melanotic neurofibroma (O)	Subependymal giant cell astrocytoma (+)
Meningeal melanocytoma (+)	Supependymoma (+)
Meningioma, malignant	Teratoma, benign (O)
Meningioma (O)	Teratoma (+)
Meningiomatosis (+)	Transitional meningioma (O)
Meningiotheliomatous meningioma (O)	Tumor cells, benign (O)
Meningiothelial meningioma (O)	Tumor cells, malignant
Myxopapillary ependymoma (+)	Venous hemangioma (O)
Neoplasm, benign (O)	BREAST
Neoplasm, uncertain whether benign or malignant (+)	Adenocarcinoma
Neurilemoma (O)	Apocrine carcinoma
Neurinomatosis (+)	Colloid carcinoma
Neuroblastoma	Comedocarcinoma
Neurofibroma (O)	Cribiform carcinoma
Neurofibromatosis (+)	Cystosarcoma phyllodes, malignant only
Neuroma (O)	Ductal carcinoma, in situ
Neurothekeoma (O)	Fibroadenoma, malignant only
Oligodendrocytoma or oligodendroblastoma	Glycogen rich carcinoma
Oligodendroglioma	Infiltrating carcinoma of the breast such as:
Papillary meningioma	Carcinoma, NOS
Paranglioma (+)	Duct adenocarcinoma
	Duct and lobular

Duct carcinoma	(Adeno) carcinoma in Adenomatous polyp with or without invasion of stalk
Duct and Paget's disease	Adenosarcoma
Ductular	Anal intraepithelial neoplasia (AIN)
Lobular	Apudoma (+)
Lipid-rich carcinoma	Argentaffinoma (+)
Lobular carcinoma, in situ	Bowen's disease of anus
Lobular and intraductal, in situ	Carcinoid (except benign—e.g. appendix)
Lobular neoplasia	Carcinosarcoma
Medullary carcinoma	Cloacogenic carcinoma
Papillary carcinoma, in situ	Epidermoid carcinoma
Paget's disease	Gastrinoma (+)
Phyllodes tumor, malignant	Immunoproliferative disease, small intestinal
Stromal sarcoma of breast	Kaposi's Sarcoma
Tubular carcinoma	Leiomyosarcoma, malignant only
BRONCHUS (see lung)	Linitis plastica
CERVIX (see uterus)	Lymphoma
COLON (see G-I tract)	Mixed tumor of esophagus, malignant only
EAR (see skin, soft tissue)	Neuroendocrine carcinoma
ENDOMETRIUM (see uterus)	Paget's disease of anus
ESOPHAGUS (see G-I tract)	Polypoid adenoma, malignant only
EYE	Signet ring cell carcinoma
Epidermoid carcinoma	Squamous cell carcinoma
Melanoma, malignant	Squamous cell epithelioma
Retinoblastoma	Transitional cell carcinoma
Squamous cell carcinoma	HEMATOPOIETIC/LYMPHOID) (Including blood, bone marrow, lymph nodes, spleen, and tumors of hematopoietic or lymphoid histogenesis found in other sites.)
Squamous cell epithelioma	Acute erythremic myelosis
(Tumors of the orbit: See soft tissues and Hematopoietic/Lymphoid)	Acute megakaryocytic myelosis
EXTRA-ADRENAL PARAGANGLIA (see adrenal)	DiGuglielmo syndrome
FALLOPIAN TUBE (see uterus)	Erythroleukemia
GALL BLADDER AND BILE DUCTS	Gamma heavy chain disease (Franklin's Disease)
Adenocarcinoma	Histiocytic medullary reticulosis
Carcinoma (other)	Histiocytosis, malignant
GASTRO-INTESTINAL TRACT (esophagus, stomach, intestine, appendix, colon, anus)	Histiocytosis-X, malignant only
Adenoacanthoma	Hodgkin's Disease, all such as:
Adenocarcinoma	
Adenoidcystic carcinoma	

Histiocyte predominant	Nephroblastoma
Lymphocyte depleted	Renal cell carcinoma
Lymphocyte predominant	Squamous cell carcinoma
Mixed cellularity	Transitional cell carcinoma
Nodular sclerosing	Tubular adenoma, borderline or malignant only
Hypereosinophilic syndrome	Wilms's Tumor
Idiopathic thrombocytopenia	LARYNX AND TRACHEA
Immunoproliferative Disease, NOS	Adenocarcinoma
Letterer-Siwe's Disease	Adenocystic carcinoma
Leukemia, all	Cylindroma
Leukemic reticuloendotheliosis	Squamous cell carcinoma
Lymphoma, all	LIP (see oral cavity)
Lymphosarcoma	LIVER
Lymphoreticular process, malignant	Angiosarcoma
Megakaryocytosis, malignant	Bile duct carcinoma
Multiple myeloma	Cholangiocarcinoma
Mycosis fungoides	Hepatoblastoma
Myelodysplastic syndrome, 5q-syndrome	Hepatocellular carcinoma
Myelofibrosis with myeloid metaplasia, malignant only	Hepatoma, malignant only
Myeloma	LUNG AND BRONCHUS
Myeloproliferative disease (+)	Adenocarcinoma
Myelosclerosis	Adenoid cystic carcinoma
Panmyelosis, acute	Apudoma (+)
Polycythemia Vera	Argentaffinoma (+)
Refractory anemia	Bronchial adenoma (+)
Reticulosis, malignant	Bronchial adenoma (carcinoid type)
Reticulum cell sarcoma	Cylindroma
Sezary's disease or syndrome	Epidermoid carcinoma
Therapy related myelodysplastic syndrome	Intravascular bronchial alveolar tumor
Waldenstrom's macroglobulinemia or syndrome	Large cell (anaplastic) carcinoma
HYPOPHARYNX (see oral cavity)	Neuroendocrine carcinoma
KIDNEY	Oat cell carcinoma
Adenocarcinoma	Pulmonary blastoma
Adenomyosarcoma	Small cell (anaplastic) carcinoma
Clear cell carcinoma	Squamous cell carcinoma
Hypernephroma	Undifferentiated carcinoma
	Lymph Node (see Hematopoietic/Lymphoid)

MEDIASTINUM (see Hematopoietic/Lymphoid, soft tissue, or thymus)

MENINGES (see brain)

MUSCLE (see soft tissue)

NERVE (see soft tissue)

NOSE (Nasal cavity, Para-nasal sinus and Nasopharynx)

Adenocarcinoma

Epidermoid carcinoma

Esthesioneuroblastoma

Lymphoepithelioma

Mesenchymoma, malignant

Neuroblastoma

Rhabdomyosarcoma

Sarcoma botryoides

Squamous cell carcinoma

ORAL CAVITY AND SALIVARY GLANDS

Adenocarcinoma

Adenoid cystic carcinoma

Acinic cell carcinoma

Acinic cell tumor (+)

Cylindroma

Epidermoid carcinoma

Lymphoepithelioma

Melanoma

Mixed tumor, salivary gland type, malignant only

Mucoepidermoid carcinoma

Mucoepidermoid tumor (+)

Pleomorphic adenoma, malignant only

Squamous cell carcinoma

Transitional cell carcinoma

Undifferentiated carcinoma

Verrucous carcinoma

OROPHARYNX (see oral cavity)

OVARY

Adenocarcinoma, NOS

Arrhenoblastoma, malignant

Brenner tumor, malignant only

Choriocarcinoma

Clear cell carcinoma

Dysgerminoma

Embryonal carcinoma

Endodermal sinus tumor

Endometrioid carcinoma

Granulosa cell tumor (+)

Granulosa cell carcinoma

Granulosa cell tumor, malignant

Granulosa-theca cell tumor (+)

Gonadoblastoma (+)

Gynandroblastoma (+)

Leydig cell tumor, malignant

Mesonephroid carcinoma

Mucinous cystadenoma, borderline malignancy (pseudomucinous cystadenoma, borderline malignancy) (+)

Mucinous cystadenocarcinoma

Mucinous papillary cystadenoma of borderline malignancy (+)

Mucinous papillary cystadenoma with low malignant potential (+)

Papillary cystadenoma, borderline malignancy (+)

Papillary mucinous cystadenoma, borderline malignancy (+)

Papillary mucinous tumor of low malignant potential (+)

Papillary serous cystadenoma, borderline malignancy (papillary serous tumor of low malignant potential) (+)

Papillary serous cystadenocarcinoma

Pseudomucinous cystadenocarcinoma

Seminoma

Serous cystadenoma, borderline malignancy (+)

Serous papillary cystadenocarcinoma

Serous papillary cystadenoma of borderline malignancy (+)

Serous papillary cystadenoma with low malignant potential (+)

Serous papillary cystic tumor, borderline malignancy (+)

Sertoli-leydig cell carcinoma	Pineocytoma (+)
Teratoma, malignant	Teratoma, benign (O)
Theca-granulosa cell tumor (+)	Teratoma (+)
Yolk-sac tumor	
PANCREAS	PITUITARY AND CRANIOPHARYNGEAL DUCT
Adenocarcinoma	Acidophil adenoma (O)
Cystoadenocarcinoma	Adamantinomatous craniopharyngioma (+)
Gastrinoma (+)	Adenoma (O)
Glucagonoma, malignant only	Basophil adenoma (O)
Islet cell adenoma (+)	Chromophobe adenoma (O)
Islet cell carcinoma	Clear cell adenoma (O)
Pancreatoblastoma	Clear cell tumor (O)
Papillary cystic tumor (+)	Craniopharyngioma (any type) (+)
Squamous cell carcinoma	Craniopharyngioma, malignant
	Epithelial tumor, benign (O)
PARAGANGLIA	Granular cell tumor (O)
Non-chromaffin paraganglioma (+)	Lipoma (O)
(see also adrenal gland)	Mixed acidophil-basophil adenoma (O)
PARATHYROID	Mixed cell adenoma (O)
Carcinoma, all	Monomorphic adenoma (O)
PARANASAL SINUSES (see nose)	Neoplasm, uncertain (+)
PENIS	Neoplasm, benign (O)
Basal cell carcinoma of Penis and Prepuce (skin of)	Oxyphilic adenoma (O)
Bowen's disease	Papillary adenoma (O)
Erythroplasia of Queyrat	Papillary craniopharyngioma (+)
Squamous cell carcinoma	Pituitary adenoma (O)
Verrucous carcinoma	Prolactinoma (O)
PERICARDIUM (see pleura)	Rathke Pouch tumor (+)
PERITONEUM (see pleura)	Soft tissue tumor, benign (O)
PHARYNX (see oral cavity)	Teratoma, benign (O)
PINEAL	Teratoma (+)
Demoid cyst (O)	Tumor cells, benign or uncertain
Epithelial tumor, benign (O)	
Gangliocytoma (O)	PLACENTA
Ganglioglioma (+)	Choriocarcinoma
Neoplasm, benign (O)	Chorioepithelioma
Pinealoma (+)	Hydatiform mole, malignant (+)
Pineoblastoma	Invasive mole (+)
	PLEURA, PERITONEUM, PERICARDIUM

Fibrosarcoma	Dermatofibrosarcoma protuberans
Mesothelioma	Embryonal rhabdomyosarcoma
Sarcoma	Fibromyxosarcoma
PROSTATE AND SEMINAL VESICLE	Fibrosarcoma
Adenocarcinoma	Fibrous histiocytoma, malignant
Adenoid cystic carcinoma	Granular cell tumor, malignant
Alveolar rhabdomyosarcoma	Hemangioendothelial sarcoma
Carcinosarcoma	Hemangioendothelioma, malignant only
Endometrioid carcinoma	Hemangiopericytoma, malignant only
Rhabdomyosarcoma	Juvenile rhabdomyosarcoma
RECTUM (see G-I Tract)	Kaposi's sarcoma
SALIVARY GLANDS (see oral cavity)	Leiomyosarcoma
SKIN	Liposarcoma
Amelanotic melanoma	Lymphangioendothelioma, malignant
Basal cell carcinoma of labia, clitoris, vulva, prepuce, penis and scrotum	Lymphangiosarcoma
Bowen's disease of anus and penis	Mesenchymoma, malignant
Hutchinson's melanotic freckle	Metastasizing leiomyoma
Lentigo maligna	Myosarcoma
Melanocarcinoma	Myxosarcoma
Melanoma	Neuroblastoma
Melansarcoma	Neurogenic sarcoma
Merkle cell tumor	Neurilemmoma, malignant
Mycosis Fungoides	Neurilemmosarcoma
Pilomatrix carcinoma	Osteosarcoma
Squamous cell carcinoma with—regional or distant spread only	Paraganglioma, malignant
Superficial spreading melanoma	Pigmented dermatofibrosarcoma protuberans bednar tumor
Sweat gland carcinoma	Reticulum cell sarcoma
SOFT TISSUE (including retroperitoneum, peripheral nerve)	Rhabdomyoma, malignant
Alveolar rhabdomyosarcoma	Rhabdomyosarcoma
Alveolar soft parts sarcoma	Sarcoma botryoides
Angiofibrosarcoma	Schwannoma, malignant
Angiosarcoma	Schwannoma, malignant with rhabdomyoblasto- matous differentiation
Angiomyxoma (+)	Synovial sarcoma
Chondrosarcoma	Xanthofibroma, malignant
Clear cell sarcoma of tendons	SPINAL CORD (see brain)
	SPLEEN (see Hematopoietic/Lymphoid)

STOMACH (G-I Tract)

TESTIS

Carcinoid tumor (+)
 Choriocarcinoma
 Chorioepithelioma
 Embryoma
 Embryonal carcinoma
 Embryonal teratoma
 Endodermal sinus tumor
 Germ cell carcinoma
 Gonadal stromal tumor, malignant only
 Gonadoblastoma (+)
 Interstitial cell carcinoma
 Leydig cell carcinoma
 Mesonephric adenocarcinoma (infantile, juvenile embryonal carcinoma)
 Polyembryoma
 Seminoma
 Sertoli cell carcinoma
 Spermatoblastoma
 Spermatocytic seminoma
 Spermatocytoma
 Teratoblastoma
 Teratocarcinoma
 Teratoma (+)
 Vitelline tumor
 Yolk sac tumor

THYMUS

Epithelioid thymoma, malignant only
 Lymphocytic thymoma, malignant only
 Seminoma
 Spindle cell thymoma, malignant only
 Thymic carcinoid
 Thymoma, malignant

THYROID

Adenocarcinoma
 Anaplastic carcinoma

Follicular carcinoma
 Giant cell carcinoma
 Hurthle cell adenoma, malignant only
 Hurthle cell tumor, malignant only
 Medullary carcinoma
 Occult sclerosing carcinoma
 Papillary carcinoma
 Undifferentiated carcinoma

TRACHEA (see Larynx)

URINARY BLADDER, URETER, URETHRA

Adenocarcinoma
 Adenosarcoma
 Carcinosarcoma
 Chemodectoma, malignant only
 Mullerian mixed tumors
 Papillary transitional cell carcinoma
 Paraganglioma (+)
 Pheochromocytoma, malignant only
 Rhabdomyosarcoma
 Squamous cell carcinoma
 Transitional cell carcinoma

UTERUS, UTERINE TUBES, CERVIX

Adenoacanthoma
 Adenocarcinoma
 Adenosarcoma
 Adenosquamous carcinoma
 Endolymphatic stromal myosis (low grade sarcoma)
 Endometrial stromal sarcoma
 Endometrioid carcinoma
 Leiomyosarcoma
 Mesonephric carcinoma
 Mixed mesodermal tumor
 Squamous cell carcinoma

VULVA AND VAGINA

Basal cell carcinoma of vulva, clitoris, and labia
 Clear cell carcinoma

Mesonephroid carcinoma

Paget's disease

Squamous cell carcinoma

Vaginal intraepithelial neoplasia (VAIN III)

Vulvar intraepithelial neoplasia (VIN III)

NOTE: The following superscript indicates the nature of other than overtly malignant reportable tumors listed:

(+) Borderline, reportable

(O) Benign, reportable

Amended by R.1990 d.242, effective May 21, 1990.

See: 21 N.J.R. 3909(a), 22 N.J.R. 1596(a).

Fourteen conditions added to list.

Repeal and New Rule, R.1995 d.241, effective May 15, 1995.

See: 27 N.J.R. 629(a), 27 N.J.R.1988(a).

Recodified from N.J.A.C. 8:57A-1.2 and amended by R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

Rewrote the section.

Amended by R.2005 d.367, effective November 7, 2005.

See: 37 N.J.R. 1666(a), 37 N.J.R. 4257(a).

Rewrote (g).

8:57A-1.9 Audit, notice of violations, and enforcement actions

(a) A health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory shall be subject to audit at the discretion of the Commissioner by authorized representatives of the New Jersey Department of Health and Senior Services.

(b) The New Jersey Department of Health and Senior Services shall evaluate completeness and timeliness of reporting as specified by this chapter. Records which shall be reviewed shall include, but not be limited to: medical records, diagnostic indices such as radiation, laboratory, cytology, and/or pathology reports, and discharge records.

(c) The audit shall be conducted during normal operating hours.

(d) A deficiency may be cited upon a determination that the health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory does not comply with the reporting requirements to this chapter.

(e) At the conclusion of the audit or within 10 business days thereafter, the New Jersey Department of Health and Senior Services shall provide the health care facility, physician's, dentist's, other health care provider's office, or independent clinical laboratory with a written summary of any factual findings used as a basis to determine that reporting has not been complete or timely. This notice shall set forth the proposed assessment of civil monetary penalties, setting forth the specific reasons for the action. Such notice shall be served on a facility, physician, dentist, other health

care provider, or independent clinical laboratory or its, his or her registered agent in person or by certified mail.

(f) A health care facility, physician, dentist, other health care provider, or independent clinical laboratory shall have 30 business days in which to correct all deficiencies in its reporting that were discovered during the audit.

1. If a health care facility, physician, dentist, other health care provider, or independent clinical laboratory fails to correct deficiencies in its reporting that were discovered during the audit within 30 days, the New Jersey Department of Health and Senior Services will act as registrar and shall charge the facility, physician, dentist, other health care provider, or independent clinical laboratory for all costs related to these services, including, but not limited to, the retrieval of case information and the cost of the audit. This fee shall be based upon the fair market value of such services.

i. All checks for fees for the Department's audit services shall be made payable to "Treasurer, State of New Jersey" and forwarded to:

Office of Cancer Epidemiology
New Jersey State Cancer Registry
New Jersey Department of Health and Senior
Services
PO Box 369
Trenton, New Jersey 08625-0369

New Rule, R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.10 Civil monetary penalties

(a) Pursuant to N.J.S.A. 26:2-106f(3) and notwithstanding the provisions of N.J.A.C. 8:57A-1.9(f)1 above, the Commissioner may assess a penalty for violation of reporting requirements in accordance with the following standards:

1. For failure of a health care facility, physician, dentist, other health care provider, or independent clinical laboratory to report pursuant to the provisions of this chapter, up to \$500.00 per unreported case of cancer or other specified tumorous and precancerous disease; and/or

2. For failure of a health care facility to report electronically, up to \$1,000 per business day.

(b) The Department may decrease the penalties in (a) above based upon compliance history, the number and frequency of the deficiencies, the measures taken to mitigate or prevent future deficiencies, the deterrent effect of the penalty, and/or other specific circumstances of the facility or violation.

New Rule, R.1998 d.393, effective August 3, 1998.

See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.11 Effective date of enforcement action

The assessment of civil monetary penalties shall become effective 30 days after the date of mailing or the date personally served, unless the health care facility, physician, dentist, other health care provider, or independent clinical laboratory files with the Department a written answer to the charges and gives written notice to the Department of its desire for a hearing. In this case, the assessment shall be held in abeyance until the administrative hearing has been conducted and a final decision is rendered by the Commissioner. Hearings shall be conducted in accordance with N.J.A.C. 8:57A-1.13.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.12 Failure to pay a penalty; remedies

(a) Upon receipt of a Notice of Proposed Assessment of a Penalty, a health care facility, physician, dentist, other health care provider, or independent clinical laboratory has 30 days in which to notify the Department of its request for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

(b) The penalty becomes due and owing upon the 30th day from receipt of the Notice of Proposed Assessment of Penalties if a notice requesting a hearing has not been received by the Department. If a hearing has been requested, the penalty is due 45 days after the issuance of a Final Agency Decision by the Commissioner, if the Department's assessment has not been withdrawn, rescinded, or reversed, and an appeal has not been timely filed with the Appellate Division pursuant to Rule 2:2-3 of the New Jersey Court Rules.

(c) Failure to pay a penalty within 30 days of the date it is due and owing pursuant to (b) above may result in the institution of a summary civil proceeding by the State pursuant to the Penalty Enforcement Law, N.J.S.A. 2A:58-1 et seq.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.13 Hearings

(a) Upon request, a hearing shall be afforded to a health care facility, physician, dentist, other health care provider, or independent clinical laboratory pursuant to N.J.A.C. 8:57A-1.9.

(b) A health care facility, physician, dentist, other health care provider, independent clinical laboratory shall notify the Department, in writing, of its request for a hearing within 30 days of receipt of a Notice of Proposed Assessment of Penalties.

(c) The Department shall transmit the hearing request to the Office of Administrative Law.

(d) Hearings shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1.1.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).

8:57A-1.14 Settlement of enforcement actions

(a) A health care facility, physician, dentist, other health care provider, or independent clinical laboratory may request that the matter be settled in lieu of conducting an administrative hearing concerning an enforcement action.

(b) If the Department and the health care facility, physician, dentist, other health care provider, or independent clinical laboratory agree on the terms of a settlement, a written agreement specifying these terms shall be executed.

(c) The Department may agree to accept payment of penalties over a schedule not exceeding 18 months where a health care facility, physician, dentist, other health care provider, or independent clinical laboratory demonstrates financial hardship.

(d) All funds received in payment of penalties shall be recovered by and in the name of the Department and shall be dedicated to the New Jersey State Cancer Registry.

New Rule, R.1998 d.393, effective August 3, 1998.
See: 29 N.J.R. 2759(a), 30 N.J.R. 2903(b).