

**CHAPTER 57A  
CANCER REGISTRY**

**Authority**

N.J.S.A. 26:2-104 et seq.

**Source and Effective Date**

R.2000 d.193, effective April 12, 2000.  
See: 32 N.J.R. 214(a), 32 N.J.R. 1790(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 57A, Cancer Registry, expires on October 9, 2005. See: 37 N.J.R. 1666(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: Source and Effective Date.

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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 pro-

mulgated 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 tumor registrar who is certified by the National Board for the Certification of Registrars, PO Box 15945-302, Linexa, KA 66285-5945. 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 requirements 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.

### 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 supple-

mental 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 AND SPINAL CORD**

Astroblastoma

Astrocytoma (Fibrillary, gemistocytic, pilocytic, protoplasmic)

Choroid plexus papilloma, malignant

Ependymblastoma

Ependymoma

Ganglioneuroblastoma

Germinoma

Glioblastoma multiforme

Glioma, all types

Hemangiopericytoma, malignant only

Medulloblastoma

Medulloepithelioma

Meningioma, malignant only

Myxopapillary ependymoma (+)

Neuroblastoma

Oligodendrocytoma or oligodendroblastoma

Oligodendroglioma

Pinealoma (+)

Pineal teratoma, malignant

Pineoblastoma

Pineocytoma (+)

Polarespongioblastoma

Spongioblastoma

Subependymal astrocytoma (+)

Subependymoma (+)

**BREAST**

Adenocarcinoma

Apocrine carcinoma

Colloid carcinoma

Comedocarcinoma

Cribiform carcinoma

Cystosarcoma phyllodes, malignant only

Ductal carcinoma, in situ

Fibroadenoma, malignant only

Glycogen rich carcinoma

Infiltrating carcinoma of the breast such as:

Carcinoma, NOS

Duct adenocarcinoma

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

Mixed cellularity  
 Nodular sclerosing  
 Immunoproliferative Disease, NOS  
 Letterer-Siwe's Disease  
 Leukemia, all  
 Leukemic reticuloendotheliosis  
 Lymphoma, all  
 Lymphosarcoma  
 Lymphoreticular process, malignant  
 Megakaryocytosis, malignant  
 Multiple myeloma  
 Mycosis fungoides  
 Myelofibrosis with myeloid metaplasia, malignant only  
 Myeloma  
 Myeloproliferative disease (+)  
 Myelosclerosis (with myeloid metaplasia) (+)  
 Panmyelosis, acute  
 Polycythemia Vera (+)  
 Reticulosis, malignant  
 Reticulum cell sarcoma  
 Sezary's disease or syndrome  
 Waldenstrom's macroglobulinemia or syndrome

## HYPOPHARYNX (see oral cavity)

## KIDNEY

Adenocarcinoma  
 Adenomyosarcoma  
 Clear cell carcinoma  
 Hypernephroma  
 Nephroblastoma  
 Renal cell carcinoma  
 Squamous cell carcinoma  
 Transitional cell carcinoma  
 Tubular adenoma, borderline or malignant only  
 Wilms's Tumor

## LARYNX AND TRACHEA

Adenocarcinoma  
 Adenocystic carcinoma  
 Cylindroma

Squamous cell carcinoma

LIP (see oral cavity)

## LIVER

Angiosarcoma  
 Bile duct carcinoma  
 Cholangiocarcinoma  
 Hepatoblastoma  
 Hepatocellular carcinoma  
 Hepatoma, malignant only

## LUNG AND BRONCHUS

Adenocarcinoma  
 Adenoid cystic carcinoma  
 Apudoma (+)  
 Argentaffinoma (+)  
 Bronchial adenoma (+)  
 Bronchial adenoma (carcinoid type)  
 Cylindroma  
 Epidermoid carcinoma  
 Large cell (anaplastic) carcinoma  
 Neuroendocrine carcinoma  
 Oat cell carcinoma  
 Pulmonary blastoma  
 Small cell (anaplastic) carcinoma  
 Squamous cell carcinoma  
 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 papillary cystadenocarcinoma

Serous papillary cystadenoma of borderline malignancy

Serous papillary cystadenoma with low malignant potential

Sertoli-leydig cell carcinoma

Teratoma, malignant

Theca-granulosa cell tumor (+)

Yolk-sac tumor

#### PANCREAS

Adenocarcinoma

Cystoadenocarcinoma

Gastrinoma (+)

Glucagonoma, malignant only

Islet cell adenoma (+)

Islet cell carcinoma

Pancreatoblastoma

Papillary cystic tumor (+)

Squamous cell carcinoma

#### PARAGANGLIA

Non-chromaffin paraganglioma (+)

(see also adrenal gland)

#### PARATHYROID

Carcinoma, all

## PARANASAL SINUSES (see nose)

## PENIS

Basal cell carcinoma of Penis and Prepuce (skin of)

Bowen's disease

Erythroplasia of Queyrat

Squamous cell carcinoma

Verrucous carcinoma

## PERICARDIUM (see pleura)

## PERITONEUM (see pleura)

## PHARYNX (see oral cavity)

## PINEAL (see brain)

## PITUITARY

Craniopharyngioma, malignant only

## PLACENTA

Choriocarcinoma

Chorioepithelioma

Hydatiform mole, malignant (+)

Invasive mole (+)

## PLEURA, PERITONEUM, PERICARDIUM

Fibrosarcoma

Mesothelioma

Sarcoma

## PROSTATE AND SEMINAL VESICLE

Adenocarcinoma

Adenoid cystic carcinoma

Alveolar rhabdomyosarcoma

Carcinosarcoma

Endometrioid carcinoma

Rhabdomyosarcoma

## RECTUM (see G-I Tract)

## SALIVARY GLANDS (see oral cavity)

## SKIN

Amelanotic melanoma

Basal cell carcinoma of labia, clitoris, vulva, prepuce, penis and scrotum

Bowen's disease of anus and penis

Hutchinson's melanotic freckle

Lentigo maligna

Melanocarcinoma

Melanoma

Melansarcoma

Merkle cell tumor

Mycosis Fungoides

Pilomatrix carcinoma

Squamous cell carcinoma with—regional or distant spread only

Superficial spreading melanoma

Sweat gland carcinoma

## SOFT TISSUE (including retroperitoneum, peripheral nerve)

Alveolar rhabdomyosarcoma

Alveolar soft parts sarcoma

Angiofibrosarcoma

Angiosarcoma

Angiomyxoma (+)

Chondrosarcoma

Clear cell sarcoma of tendons

Dermatofibrosarcoma protuberans

Embryonal rhabdomyosarcoma

Fibromyxosarcoma

Fibrosarcoma

Fibrous histiocytoma, malignant

Granular cell tumor, malignant

Hemangioendothelial sarcoma

Hemangioendothelioma, malignant only

Hemangiopericytoma, malignant only

Juvenile rhabdomyosarcoma

Kaposi's sarcoma

Leiomyosarcoma

Liposarcoma

Lymphangioendothelioma, malignant

Lymphangiosarcoma

Mesenchymoma, malignant

Metastasizing leiomyoma

Myosarcoma

Myxosarcoma

Neuroblastoma

Neurogenic sarcoma

Neurilemmoma, malignant  
 Neurilemmosarcoma  
 Osteosarcoma  
 Paraganglioma, malignant  
 Pigmented dermatofibrosarcoma protuberans bednar tumor  
 Reticulum cell sarcoma  
 Rhabdomyoma, malignant  
 Rhabdomyosarcoma  
 Sarcoma botryoides  
 Schwannoma, malignant  
 Schwannoma, malignant with rhabdomyoblastomatous differentiation  
 Synovial sarcoma  
 Xanthofibroma, malignant  
 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

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

(+) Borderline, 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.

#### 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).