PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH

LCB File No. R057-16

Section 1. Chapter 457 of NAC is hereby amended by adding thereto the following provision:

1. The Division may impose an administrative penalty of $5,000 against any person or organization who is responsible for reporting information on cancer who violates the provisions of NRS 457.230 and 457.250.
2. The Division shall give notice in the manner set forth in NAC 439.345 before imposing any administrative penalty.
3. Any person or organization upon whom the Division imposes an administrative penalty pursuant to this section may appeal the action pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

Section 2. NAC 457.010 is hereby amended to read as follows:

As used in NAC 457.010 to 457.150, inclusive, unless the context otherwise requires:
1. “Cancer” has the meaning ascribed to it in NRS 457.020.
2. “Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.
3. “Health care facility” has the meaning ascribed to it in NRS 457.020.
4. “[Malignant neoplasm]” means a virulent or potentially virulent tumor, regardless of the tissue of origin.
5. “Medical laboratory” has the meaning ascribed to it in NRS 652.060.
6. “Neoplasm” means a virulent or potentially virulent tumor, regardless of the tissue of origin.
7. “[Physician] Provider of health care” means a [physician] provider of health care licensed pursuant to chapter 629 of NRS.
8. “Registry” means the office in which the Chief Medical Officer conducts the program for reporting information on cancer and maintains records containing that information.

Section 3. NAC 457.040 is hereby amended as follows:

1. Except as otherwise provided in NAC 457.045, the types of [malignant] neoplasms which must be reported pursuant to NRS 457.240 shall be in conformance with the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) standard classification system used to determine report ability which include:
   a) All diseases with a behavior code of in situ and malignant disease; and
   b) All solid tumors of brain and central nervous system, including the meninges and intracranial endocrine structures with behavior code of benign, uncertain malignant potential, in situ, or malignant disease.
2. The Chief Medical Officer shall review any revision or amendment to the standards specified in subsection 1 to determine whether the revision or amendment is appropriate for this State. Ten days after the standards specified in subsection 1 are revised or amended, a
health care facility, a provider of health care, a medical laboratory, and other facilities that provide screening, diagnostic or therapeutic services shall report information in conformance with the revision or amendment unless the Chief Medical Officer files an objection to the amendment or revision with the State Board of Health within 30 days after the standards are revised or amended.

1. Neoplasms, not otherwise specified:
   - Neoplasm, malignant
   - Neoplasm, metastatic
   - Neoplasm, malignant, uncertain whether primary or metastatic
   - Tumor cells, malignant
   - Malignant tumor, small cell type
   - Malignant tumor, giant cell type
   - Malignant tumor, fusiform cell type
   - Malignant tumor, spindle cell type

2. Epithelial neoplasms, not otherwise specified:
   - Carcinoma, in situ, not otherwise specified
   - Intraepithelial carcinoma, not otherwise specified
   - Carcinoma, not otherwise specified
   - Epithelial tumor, malignant
   - Carcinoma, metastatic, not otherwise specified
   - Carcinomatosis
   - Epithelioma, malignant
   - Large cell carcinoma, not otherwise specified
   - Carcinoma, undifferentiated type, not otherwise specified
   - Carcinoma, anaplastic type, not otherwise specified
   - Pleomorphic carcinoma
   - Giant cell and spindle cell carcinoma
   - Giant cell carcinoma
   - Spindle cell carcinoma
   - Pseudosarcomatous carcinoma
   - Polygonal cell carcinoma
   - Spheroidal cell carcinoma
   - Small cell carcinoma, not otherwise specified
     - Reserve cell carcinoma
     - Round cell carcinoma
     - Oat cell carcinoma
     - Small cell carcinoma, fusiform cell type

3. Papillary and squamous cell neoplasms:
   - Papillary carcinoma, in situ
   - Papillary carcinoma
   - Verrucose carcinoma
   - Papillary squamous cell carcinoma
   - Papillary epidermoid carcinoma
   - Squamous cell carcinoma, in situ
   - Epidermoid carcinoma, in situ
   - Intraepidermal carcinoma
Intraepithelial squamous cell carcinoma
Squamous cell carcinoma
Epidermoid carcinoma
Spinous cell carcinoma
Squamous carcinoma
Squamous cell epithelioma
Squamous cell carcinoma, metastatic
Squamous cell carcinoma, keratinizing type
Squamous cell carcinoma, large cell, nonkeratinizing type
Squamous cell carcinoma, small cell, nonkeratinizing type
Squamous cell carcinoma, spindle cell type
Adenoid squamous cell carcinoma
Squamous cell carcinoma, microinvasive
Queyrat’s erythroplasia
Bowen’s disease
Intraepidermal squamous cell carcinoma, Bowen’s type
Lymphoepithelial carcinoma
Lymphoepithelioma

4. Basal cell neoplasms:
Basal cell carcinoma, not otherwise specified
Multicentric basal cell carcinoma
Basal cell carcinoma, morphea type
Basal cell carcinoma, fibroepithelial type
Basosquamous carcinoma
Metatypical carcinoma

5. Transitional cell papillomas and carcinomas:
Transitional cell carcinoma, in situ
Transitional cell carcinoma
Transitional carcinoma
Urothelial carcinoma
Schneiderian carcinoma
Transitional cell carcinoma, spindle cell type
Basaloid carcinoma
Cloacogenic carcinoma
Papillary transitional cell carcinoma

6. Adenocarcinomas:
Adenocarcinoma
Adenocarcinoma, metastatic
Scirrhous adenocarcinoma
Linitis plastica
Superficial spreading adenocarcinoma
Adenocarcinoma, intestinal type
Carcinoma, diffuse type
Islet cell carcinoma
Islet cell adenocarcinoma
Insulinoma, malignant
Beta cell tumor, malignant
Glucagonoma, malignant
Alpha cell tumor, malignant
Gastrinoma, malignant
G cell tumor, malignant
Mixed islet cell and exocrine adenocarcinoma
Cholangiocarcinoma
Bile duct carcinoma
Bile duct adenocarcinoma
Bile duct cystadenocarcinoma
Hepatocellular carcinoma
Liver cell carcinoma
Hepatocarcinoma
Hepatoma, malignant
Combined hepatocellular carcinoma and cholangiocarcinoma
Hepatocholangiocarcinoma
Trabecular adenocarcinoma
Trabecular carcinoma
Adenoid cystic carcinoma
Adenocystic carcinoma
Adenocarcinoma, cylindroid type
Cribriform carcinoma
Adenocarcinoma in adenomatous polyp
Adenocarcinoma in tubular adenoma
Carcinoma in adenomatous polyp
Adenocarcinoma in polypoid adenoma
Tubular adenocarcinoma
Tubular carcinoma
Adenocarcinoma in adenomatous, polyposis coli
Solid carcinoma
Carcinoma simplex
Carcinoid tumor, malignant
Carcinoid tumor, argentaffin, malignant
Argentaffinoma, malignant
Carcinoid tumor, nonargentaffin, malignant
Musocarcinoid tumor, malignant
Goblet cell carcinoid
Composite carcinoid
Bronchiolo-alveolar adenocarcinoma
Alveolar cell carcinoma
Bronchiolo-alveolar carcinoma
Bronchiolar adenocarcinoma
Bronchiolar carcinoma
Terminal bronchiolar carcinoma
Alveolar adenocarcinoma
Alveolar carcinoma
Papillary adenocarcinoma
Adenocarcinoma in villous adenoma
Villous adenocarcinoma
Chromophobe carcinoma
Chromophobe adenocarcinoma
Acidophil carcinoma
Acidophil adenocarcinoma
Eosinophil carcinoma
Eosinophil adenocarcinoma
Mixed acidophil-basophil carcinoma
Oxyphilic adenocarcinoma
Oncocytic carcinoma
Oncocytic adenocarcinoma
Hurthle cell carcinoma
Hurthle cell adenocarcinoma
Basophil carcinoma
Basophil adenocarcinoma
Mucoid cell adenocarcinoma
Clear cell adenocarcinoma
Clear cell adenocarcinoma, mesonephroid type
Clear cell carcinoma
Renal cell carcinoma
Renal cell adenocarcinoma
Grawitz tumor
Hypernephroma
Granular cell carcinoma
Granular cell adenocarcinoma
Water clear cell adenocarcinoma
Water-clear cell carcinoma
Mixed cell adenocarcinoma
Follicular adenocarcinoma
Follicular carcinoma
Follicular adenocarcinoma, well differentiated type
Follicular adenocarcinoma, trabecular type
Wuchernde Struma Langhans
Papillary and follicular adenocarcinoma
Nonencapsulated sclerosing carcinoma
Nonencapsulated sclerosing adenocarcinoma
Nonencapsulated sclerosing tumor
Adrenal cortical carcinoma
Adrenal cortical adenocarcinoma
Adrenal cortical tumor, malignant
Endometrioid carcinoma
Endometrioid adenocarcinoma
Endometrioid cystadenocarcinoma
Endometrioid adenofibroma, malignant
7. Adnexal and skin appendage neoplasms:
   - Skin appendage carcinoma
   - Adnexal carcinoma
   - Sweat gland adenocarcinoma
   - Sweat gland carcinoma
   - Sweat gland tumor, malignant
   - Apocrine adenocarcinoma
   - Sebaceous adenocarcinoma
   - Sebaceous carcinoma
   - Ceruminous adenocarcinoma
   - Ceruminous carcinoma

8. Mucoepidermoid neoplasms:
   - Mucoepidermoid carcinoma

9. Cystic, mucinous and serous neoplasms:
   - Cystadenocarcinoma
   - Serous cystadenocarcinoma
   - Serous adenocarcinoma
   - Papillary cystadenocarcinoma
   - Papilloceystic adenocarcinoma
   - Papillary serous cystadenocarcinoma
   - Papillary serous adenocarcinoma
   - Serous surface papillary carcinoma
   - Mucinous cystadenocarcinoma
   - Pseudomucinous adenocarcinoma
   - Pseudomucinous cystadenocarcinoma
   - Papillary mucinous cystadenocarcinoma
   - Papillary pseudomucinous
     - Cystadenocarcinoma
   - Mucinous adenocarcinoma
   - Mucinous carcinoma
   - Colloid adenocarcinoma
   - Colloid carcinoma
   - Gelatinous adenocarcinoma
   - Gelatinous carcinoma
   - Mucoid adenocarcinoma
   - Mucoid carcinoma
   - Mucous adenocarcinoma
   - Mucous carcinoma
   - Pseudomyxoma peritonei
   - Mucin-producing adenocarcinoma
   - Mucin-producing carcinoma
   - Mucin-secreting adenocarcinoma
   - Mucin-secreting carcinoma
   - Signet ring cell carcinoma
   - Signet ring cell adenocarcinoma
Metastatic signet ring cell carcinoma
Krukenberg tumor

10. Ductal, lobular and medullary neoplasms:
    Intraductal carcinoma, noninfiltrating
    Intraductal carcinoma, in situ
    Infiltrating duct carcinoma
    Infiltrating duct adenocarcinoma
    Duct adenocarcinoma
    Duct carcinoma
    Duct cell carcinoma
    Ductal carcinoma
    Comedocarcinoma, noninfiltrating
    Comedocarcinoma
    Juvenile carcinoma of the breast
    Secretory carcinoma of the breast
    Noninfiltrating intraductal papillary adenocarcinoma
    Noninfiltrating intracystic carcinoma
    Medullary carcinoma
    Medullary adenocarcinoma
    Parafollicular cell carcinoma
    C cell carcinoma
    Medullary carcinoma with amyloid stroma
    Solid carcinoma with amyloid stroma
    Medullary carcinoma with lymphoid stroma
    Lobular carcinoma, in situ
    Lobular carcinoma, noninfiltrating
    Lobular carcinoma
    Lobular adenocarcinoma
    Infiltrating lobular carcinoma
    Infiltrating ductular carcinoma
    Inflammatory carcinoma
    Inflammatory adenocarcinoma
    Paget’s disease, mammary
    Paget’s disease of breast
    Paget’s disease and infiltrating duct carcinoma of breast
    Paget’s disease, extramammary
    Acinar cell carcinoma
    Acinic cell adenocarcinoma
    Acinar adenocarcinoma
    Acinar carcinoma

11. Complex epithelial neoplasms:
    Adenosquamous carcinoma
    Adenocarcinoma with squamous metaplasia
    Adenocanthoma
    Adenocarcinoma with cartilaginous and osseous metaplasia
    Adenocarcinoma with spindle cell metaplasia
Adenocarcinoma with apocrine metaplasia
Thymoma, malignant
Thymic carcinoma

12. Specialized gonadal neoplasms:
   Theca cell carcinoma
   Thecoma, malignant
   Granulosa cell tumor, malignant
   Granulosa cell carcinoma
   Androblastoma, malignant
   Arrhenoblastoma, malignant
   Sertoli cell carcinoma
   Leydig cell tumor, malignant
   Interstitial cell tumor, malignant

13. Paragangliomas and glomus tumors:
   Paraganglioma, malignant
   Extra adrenal paraganglioma, malignant
   Nonchromaffin paraganglioma, malignant
   Pheochromocytoma, malignant
   Pheochromoblastoma
   Glomangiosarcoma
   Glomoid sarcoma

14. Nevi and melanomas:
   Malignant melanoma
   Melanoma
   Melanocarcinoma
   Nevocarcinoma
   Melanosarcoma
   Nodular melanoma
   Balloon cell melanoma
   Amelanotic melanoma
   Malignant melanoma in junctional nevus
   Precancerous melanosis
   Malignant melanoma in precancerous melanosis
   Hutchinson’s melanotic freckle
   Lentigo maligna
   Malignant melanoma in Hutchinson’s melanotic freckle
   Lentigo maligna melanoma
   Superficial spreading melanoma
   Malignant melanoma in giant pigmented nevus
   Epithelioid cell melanoma
   Epithelioid cell melanosarcoma
   Spindle cell melanoma
   Spindle cell melanoma, type A
   Spindle cell melanoma, type B
   Mixed epithelioid and spindle cell melanoma
   Blue nevus, malignant
15. Soft tissue tumors and sarcomas:
   — Sarcoma
   — Soft tissue tumor, malignant
   — Mesenchymal tumor, malignant
   — Sarcomatosis
   — Spindle cell sarcoma
   — Giant cell sarcoma
   — Pleomorphic cell sarcoma
   — Small cell sarcoma
   — Round cell sarcoma
   — Epithelioid cell sarcoma

16. Fibromatous neoplasms:
   — Fibrosarcoma
   — Fibromyxosarcoma
   — Periosteal fibrosarcoma
   — Periosteal sarcoma
   — Fascial fibrosarcoma
   — Infantile fibrosarcoma
   — Congenital fibrosarcoma
   — Fibrous histiocytoma, malignant
   — Fibroxanthoma, malignant
   — Fibroxanthosarcoma
   — Dermatofibrosarcoma
   — Dermatofibrosarcoma protuberans
   — Myxosarcoma
   — Liposarcoma
   — Fibroliposarcoma
   — Liposarcoma, well differentiated type
   — Myxoid liposarcoma
   — Myxoliposarcoma
   — Embryonal liposarcoma
   — Round cell liposarcoma
   — Pleomorphic liposarcoma
   — Mixed type liposarcoma
   — Angiomyoliposarcoma

17. Myomatous neoplasms:
   — Leiomyosarcoma
   — Epithelioid leiomyosarcoma
   — Angiomyosarcoma
   — Myosarcoma
   — Rhabdomyosarcoma
   — Rhabdosarcoma
   — Pleomorphic rhabdomyosarcoma
   — Mixed type rhabdomyosarcoma
   — Embryonal rhabdomyosarcoma
   — Sarcoma botryoides
Botryoid sarcoma
Alveolar rhabdomyosarcoma

18. Complex mixed and stromal neoplasms:
Endometrial stromal sarcoma
Endometrial sarcoma
Stromal sarcoma
Mixed tumor, malignant
Mixed tumor, salivary gland type malignant
Carcinoma in pleomorphic adenoma
Mullerian mixed tumor
Mesodermal mixed tumor
Nephroblastoma
Wilms’s tumor
Adenosarcoma
Epithelial nephroblastoma
Mesenchymal nephroblastoma
Hepatoblastoma
Embryonal hepatoma
Careinosarcoma
Careinosarcoma, embryonal type
Pneumoblastoma
Mesenchymoma, malignant
Mixed mesenchymal sarcoma
Embryonal sarcoma

19. Fibroepithelial neoplasms:
Brenner tumor, malignant
Cystosarcoma phyllodes, malignant

20. Synovial neoplasms:
Synovial sarcoma
Synovioma
Synovioma, malignant
Synovial sarcoma, spindle cell type
Synovial sarcoma, epithelioid cell type
Synovial sarcoma, biphasic type
Clear cell sarcoma of tendons and aponeuroses

21. Mesothelial neoplasms:
Mesothelioma, malignant
Mesothelioma
Mesothelial sarcoma
Fibrous mesothelioma, malignant
Fibrous mesothelioma
Epithelioid mesothelioma, malignant
Epithelioid mesothelioma
Mesothelioma, biphasic type, malignant
Mesothelioma, biphasic type

22. Germ cell neoplasms:
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Dysgerminoma
Seminoma
Seminoma, anaplastic type
Spermatocytic seminoma
Spermatocytoma
Germinoma
Embryonal carcinoma
Embryonal adenocarcinoma
Endodermal sinus tumor
Yolk sac tumor
Polyvesicular vitelline tumor
Orchioblastoma
Embryonal carcinoma, infantile type
Polyembryoma
Embryonal carcinoma, polyembryonal type
Teratoma, malignant
Embryonal teratoma
Teratoblastoma, malignant
Immature teratoma
Teratocarcinoma
Mixed embryonal carcinoma and teratoma
Malignant teratoma, undifferentiated type
Malignant teratoma, anaplastic type
Malignant teratoma, intermediate type
Dermoid cyst with malignant transformation
Struma ovarii, malignant
23. Trophoblastic neoplasms:
Malignant hydatidiform mole
Choriocarcinoma
Chorionepithelioma
Chorioepithelioma
Choriocarcinoma combined with teratoma
Choriocarcinoma combined with embryonal carcinoma
Malignant teratoma, trophoblastic type
24. Mesonephromas:
Mesonephroma, malignant
Mesonephric adenocarcinoma
Mesonephroma
Mesometanephric carcinoma
Wolffian duct carcinoma
Hemangiosarcoma
Angiosarcoma
Kupffer cell sarcoma
Hemangioendothelioma, malignant
Hemangioendothelial sarcoma
Kaposi’s sarcoma
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Multiple hemorrhagic sarcoma
Hemangiopericytoma, malignant

25. Lymphatic vessel tumors:
Lymphangiosarcoma
Lymphangioendothelial sarcoma
Lymphangioendothelioma, malignant

26. Osteomas and osteosarcomas:
Osteosarcoma
Osteogenic sarcoma
Osteochondrosarcoma
Osteoblastic sarcoma
Chondroblastic osteosarcoma
Fibroblastic osteosarcoma
Osteofibrosarcoma
Telangiectatic osteosarcoma
Osteosarcoma in Paget’s disease of bone
Juxtacortical osteosarcoma
Juxtacortical osteogenic sarcoma
Parosteal osteosarcoma
Periosteal osteogenic sarcoma

27. Chondromatous neoplasms:
Chondrosarcoma
Fibrochondrosarcoma
Juxtacortical chondrosarcoma
Chondroblastoma, malignant
Mesenchymal chondrosarcoma

28. Giant cell tumors:
Giant cell tumor of bone, malignant
Osteoclastoma, malignant
Giant cell sarcoma of bone
Malignant giant cell tumor of soft parts

29. Miscellaneous bone tumors:
Ewing’s sarcoma
Ewing’s tumor
Endothelial sarcoma of bone
Adamantinoma of long bones
Tibial adamantinoma

30. Odontogenic tumors:
Odontogenic tumor, malignant
Odontogenic carcinoma
Odontogenic sarcoma
Intraosseous carcinoma
Ameloblastic odontosarcoma
Ameloblastoma, malignant
Adamantinoma, malignant
Ameloblastic fibrosarcoma
31. Miscellaneous tumors:
   - Caraniopharyngioma
   - Pineloma
   - Pinecytoma
   - Pineoblastoma
   - Chordoma

32. Gliomas:
   - Glioma, malignant
   - Glioma
   - Gliosarcoma
   - Gliomatosis cerebri
   - Mixed glioma
   - Mixed oligo-astrocytoma
   - Subependymal glioma
   - Subependymoma
   - Subependymal astrocytoma
   - Subependymal giant cell astrocytoma
   - Choroid plexus papilloma, malignant
   - Choroid plexus papilloma, anaplastic type
   - Ependymoma
   - Epithelial ependymoma
   - Ependymoma, anaplastic type
   - Ependymoblastoma
   - Papillary ependymoma
   - Myxopapillary ependymoma
   - Astrocytoma
   - Astroglia
   - Astrocytic glioma
   - Cystic astrocytoma
   - Astrocytoma, anaplastic type
   - Protoplasmic astrocytoma
   - Gemistocytic astrocytoma
   - Gemistocytoma
   - Fibrillary astrocytoma
   - Fibrous astrocytoma
   - Pilocytic astrocytoma
   - Piloid astrocytoma
   - Juvenile astrocytoma
   - Spongioblastoma
   - Spongioblastoma polare
   - Astroblastoma
   - Glioblastoma
   - Glioblastoma multiforme
   - Spongioblastoma multiforme
33. Neuroepitheliomatous neoplasms:
--- Ganglioneuroblastoma
--- Neuroblastoma
--- Sympathicoblastoma
--- Sympathicogonioma
--- Sympathogonioma
--- Medulloepithelioma
--- Diktyoma
--- Terotoid medulloepithelioma
--- Neuroepithelioma
--- Spongioneuroblastoma
--- Retinoblastoma
--- Olfactory neurogenic tumor
--- Esthesioneurocytoma
--- Esthesioneuroblastoma
--- Olfactory neuroblastoma
--- Esthesioneuroepithelioma
--- Olfactory neuriepithelioma

34. Meningiomas:
--- Meningioma, malignant
--- Leptomeningeal sarcoma
--- Meningeal sarcoma
--- Meningothelial sarcoma
--- Meningeal sarcomatosis

35. Nerve sheath tumors:
--- Neurofibrosarcoma
--- Neurogenic sarcoma
--- Neurosarcoma
--- Neurilemmoma, malignant
--- Schwannoma, malignant
--- Neurilemmosarcoma

36. Granular cell tumors and alveolar soft part sarcoma:
--- Granular cell tumor, malignant
--- Granular cell myoblastoma, malignant
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### Alveolar soft part sarcoma

### 37. Lymphomas, not otherwise specified or diffuse:

- Malignant lymphoma
- Lymphoma
- Malignant lymphoma, diffuse
- Malignant lymphoma, non-Hodgkin’s type
- Malignant lymphoma, undifferentiated cell type
- Malignant lymphoma, undifferentiated cell type, non-Burkitt’s
- Malignant lymphoma, stem cell type
- Stem cell lymphoma
- Malignant lymphoma, convoluted cell type
- Malignant lymphoma, lymphoblastic, convoluted cell type
- Lymphosarcoma
- Malignant lymphoma, lymphoplasmacytoid type
- Malignant lymphoma, immunoblastic type
- Immunoblastic sarcoma
- Immunoblastic lymphosarcoma
- Immunoblastic lymphoma
- Malignant lymphoma, mixed lymphocytic-histiocytic, not otherwise specified
- Malignant lymphoma, centroblastic-centrocytic, diffuse
- Germinoblastoma, diffuse
- Malignant lymphoma, follicular center cell
- Malignant lymphoma, lymphocytic, well differentiated
- Malignant lymphoma, lymphocytic, intermediate differentiation
- Malignant lymphoma, centrocytic
- Malignant lymphoma, germinocytic
- Malignant lymphoma, follicular center cell, cleaved
- Malignant lymphoma, lymphocytic, poorly differentiated
- Prolymphocytic lymphosarcoma
- Malignant lymphoma, centroblastic type
- Malignant lymphoma, follicular center cell, noncleaved

### 38. Reticulosarcomas:

- Reticulosarcoma
- Reticulosarcoma, pleomorphic cell type
- Reticulosarcoma, nodular

### 39. Hodgkin’s disease:

- Hodgkin’s disease
- Lymphogranuloma, malignant
- Lymphogranulomatosis, malignant
- Malignant lymphoma, Hodgkin’s type
- Hodgkin’s disease, lymphocytic predominance
- Hodgkin’s disease, mixed cellularity
- Hodgkin’s disease, lymphocytic depletion
- Hodgkin’s disease, lymphocytic depletion, diffuse fibrosis
- Hodgkin’s disease, lymphocytic depletion, reticular type
- Hodgkin’s disease, nodular sclerosis
Hodgkin’s disease, nodular sclerosis, cellular phase
Hodgkin’s paragranuloma
Hodgkin’s granuloma
Hodgkin’s sarcoma

40. Lymphomas, nodular or follicular:
   Malignant lymphoma, nodular
   Malignant lymphoma, follicular
   Nodular lymphosarcoma
   Follicular lymphosarcoma
   Brill-Symmer’s disease
   Giant follicular lymphoma
   Lymphocytic lymphoma, nodular
   Malignant lymphoma, mixed lymphocytic-histiocytic, nodular
   Malignant lymphoma, centroblastic-centrocytic, follicular
   Germinoblastoma, follicular
   Malignant lymphoma, lymphocytic, well differentiated, nodular
   Malignant lymphoma, lymphocytic, intermediate differentiation, nodular
   Malignant lymphoma, follicular center cell, cleaved, follicular
   Malignant lymphoma, lymphocytic, poorly differentiated, nodular
   Malignant lymphoma, centroblastic type, follicular
   Germinoblastic sarcoma, follicular
   Malignant lymphoma, follicular center cell, nonecleaved, follicular

41. Mycosis fungoides:
   Mycosis fungoides
   Sezary’s disease
   Sezary’s syndrome

42. Miscellaneous reticuloendothelial neoplasms:
   Microligma
   Malignant histiocytosis
   Malignant reticuloendotheliosis
   Malignant reticulosis
   Histiocytic medullary reticulosis
   Letterer-Siwe’s disease

43. Plasma cell tumors:
   Plasma cell myeloma
   Plasmacytic myeloma
   Multiple myeloma
   Myeloma, not otherwise specified
   Myelomatosis
   Plasma cell tumor, malignant
   Plasma cell sarcoma

44. Mast cell tumors:
   Mast cell sarcoma
   Malignant mast cell tumor
   Malignant mastocytoma
   Malignant mastocytosis
45. Burkitt’s tumor:
   - Burkitt’s tumor
   - Burkitt’s lymphoma
   - Malignant lymphoma, undifferentiated, Burkitt’s type
   - Malignant lymphoma, lymphoblastic, Burkitt’s type

46. Leukemias:
   - Leukemia
     - Acute leukemia
     - Stem cell leukemia
     - Blast leukemia
     - Blastic leukemia
     - Undifferentiated leukemia
     - Subacute leukemia
     - Chronic leukemia
     - Aleukemic leukemia

47. Compound leukemias:
   - Compound leukemia
   - Mixed leukemia

48. Lymphoid leukemias:
   - Lymphoid leukemia
     - Lymphoeytic leukemia
     - Lymphatic leukemia
     - Acute lymphoid leukemia
     - Subacute lymphoid leukemia
     - Chronic lymphoid leukemia
     - Aleukemic lymphoid leukemia
     - Prolymphocytic leukemia

49. Plasma cell leukemias:
   - Plasma cell leukemia
   - Plasmacytic leukemia

50. Erythroleukemias:
   - Erythroleukemia
     - Erythremic myelosis
     - Acute erythremia
     - Di Guglielmo’s disease
     - Guglielmo’s disease
     - Acute erythremic myelosis
     - Chronic erythremia

51. Lymphosarcoma cell leukemias:
   - Lymphosarcoma cell leukemia

52. Myeloid leukemias:
   - Myeloid leukemia
     - Granulocytic leukemia
     - Myelogenous leukemia
     - Myelogenesis
Myelomonocytic leukemia
Acute myeloid leukemia
Acute granulocytic leukemia
Blastic granulocytic leukemia
Acute Myelogenous leukemia
Myeloblastic leukemia
Acute myelocytic leukemia
Acute myelomonocytic leukemia
Acute myelosis
Subacute myeloid leukemia
Chronic myeloid leukemia
Chronic granulocytic leukemia
Myelocytic leukemia
Chronic myelogenous leukemia
Chronic myelomonocytic leukemia
Naegeli-type monocytic leukemia
Chronic myelosis
Aleukemic myeloid leukemia
Aleukemic granulocytic leukemia
Aleukemic myelogenous leukemia
Aleukemic myelosis
Neutrophilic leukemia
Acute promyelocytic leukemia
53. Basophilic leukemias:
   Basophilic leukemia
54. Eosinophilic leukemias:
   Eosinophilic leukemia
55. Monocytic leukemias:
   Monocytic leukemia
   Histiocytic leukemia
   Schilling-type monocytic leukemia
   Monocytoid leukemia
   Acute monocytic leukemia
   Acute monocyteid leukemia
   Monoblastic leukemia
   Subacute monocytic leukemia
   Subacute monocyteid leukemia
   Chronic monocytic leukemia
   Chronic monocyteid leukemia
   Aleukemic monocytic leukemia
   Aleukemic monocyteid leukemia
56. Miscellaneous leukemias:
   Mast-cell leukemias
   Megakaryocytic leukemia
   Megakaryocyteid leukemia
   Thromboctyeic leukemia
Section 4. NAC 457.045 is hereby amended as follows:
Carcinoma in situ of the cervix uteri and cervical intraepithelial neoplasia, and noninvasive basal cell carcinomas of the skin and prostatic intraepithelial neoplasia are not required to be reported except as otherwise provided pursuant to NAC 457.040.

Section 5. NAC 457.050 is hereby amended as follows:
1. Each health care facility and other facilities that provide screening, diagnostic or therapeutic services, within six months of the patient's admission, initial diagnosis, or treatment of a neoplasm shall provide to the Chief Medical Officer information concerning neoplasms by abstracting information on a form prescribed by the Chief Medical Officer or a designee thereof, and report the information using an electronic means approved by the Chief Medical Officer or the designee, unless an exemption from this requirement is granted by the Chief Medical Officer.

2. Except as otherwise provided in subsection 3, each health care facility and other facilities that provide screening, diagnostic or therapeutic services shall abstract information in conformance with the standards for abstracting information concerning neoplasms as defined by the North American Association of Central Cancer Registries (NAACCR), the World Health Organization (WHO), the American College of Surgeons Commission on Cancer (COC), and the National Cancer Institute Surveillance, Epidemiology, and End Results Program (SEER). These standards and definitions are delineated in the following publications: the NAACCR Standards for Cancer Registries, the WHO International Classification of Diseases for Oncology, the COC Standards of the Commission on Cancer, Volume II, Facility Oncology Registry Standards (FORDS); and the SEER Coding Manuals, the Commission on Cancer of the American College of Surgeons as set forth in the Registry Operations and Data Standards (ROADS) Manual, 1996 edition which is hereby adopted by reference, and any subsequent revision or amendment to the standards established by the Commission on Cancer of the American College of Surgeons. A copy of the manual may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, for the price of $25.

3. The Chief Medical Officer shall review any revision or amendment to the standards specified in subsection 2 to determine whether the revision or amendment is appropriate for this State. Ten days after the standards specified in subsection 2 are revised or amended, a health care facility and other facilities that provide screening, diagnostic or therapeutic services shall abstract information in conformance with the revision or amendment unless the Chief Medical
Officer files an objection to the amendment or revision with the State Board of Health within 30 days after the standards are revised or amended.

4. A health care facility and other facilities that provide screening, diagnostic or therapeutic services which does not use the staff of the Division to abstract information from its records shall—cause to have abstracted and reported to the Division the malignant neoplasms listed in NAC 457.040 in the manner required by this section.

5. If a health care facility with 100 beds or more does not use the staff of the Division to abstract information from its records concerning malignant neoplasms, it shall—cause to have abstracted and reported to the Division, pursuant to subsection 4, the malignant neoplasms listed in NAC 457.040 using an electronic means approved by the Chief Medical Officer or the designee, unless an exemption from this requirement is granted by the Chief Medical Officer. If a health care facility or other facilities that provide screening, diagnostic or therapeutic services fail to report cancer information, the registry shall notify the facility in writing of that fact. After notification the facility shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to fees described in NAC 457.150 and may be subject to administrative penalties as set forth in Section 1.

Section 6. NAC 457.053 is amended as follows:

1. A medical laboratory that obtains a specimen of human tissue which, upon examination, shows evidence of cancer shall, within 10 working days after the date that the pathology report is completed, provide information concerning its findings to the Chief Medical Officer using an electronic means approved by the Chief Medical Officer or a designee thereof.

2. The information provided by a medical laboratory pursuant to subsection 1 must include, without limitation:
   (a) The name, address, date of birth, gender and social security number of the person from whom the specimen was obtained;
   (b) The name and the address or telephone number of the physician who ordered the examination of the specimen;
   (c) The name and the address or telephone number of the medical laboratory that examined the specimen;
   (d) The final diagnosis from the pathology report; and
   (e) Any other relevant information from the pathology report, including, without limitation:
      (1) The anatomical site of the lesion;
      (2) The size of the lesion;
      (3) The stage of the disease and the grade of tumor;
      (4) The lesion margin status, if available; and
      (5) Lymphatic involvement, if available.

3. If a medical laboratory fails to report cancer information, the registry shall notify the medical laboratory in writing of that fact. After notification the medical laboratory shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to administrative penalties as set forth in Section 1.

Section 7. NAC 457.057 is hereby amended as follows:

1. Except as otherwise provided in subsection 3, a physician—A provider of health care who has a case in which he or she diagnoses a patient as having cancer a neoplasm or provides treatment to a patient with cancer a neoplasm shall, within 30 working days after the date

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of the diagnosis or the date of the first treatment, provide information to the Chief Medical Officer concerning the case on a form prescribed by the Chief Medical Officer or a designee thereof, or by an electronic means approved by the Chief Medical Officer or the designee.

2. Information provided by a physician pursuant to subsection 1 must include, without limitation:
   (a) The name, address, date of birth, gender, race, or ethnicity, and social security number of the patient;
   (b) The name and the address or telephone number of the physician making the report;
   (c) The date and final diagnosis from the pathology report; and
   (d) Any other relevant information from the pathology report, including, without limitation:
      (1) The anatomical site of the lesion;
      (2) The size of the lesion;
      (3) The stage of the disease and the grade of tumor;
      (4) The lesion margin status, if available; and
      (5) Lymphatic involvement, if available.
   (e) Any clinical laboratory test results, including:
      (1) Biomarker test results, if available; and
      (2) Genetic test results, if available.

3. A physician is not required to provide information pursuant to this section if the patient is directly referred to or has been previously admitted to a hospital, medical laboratory or other facility which is required to report similar information pursuant to this chapter. If a provider of health care fails to report cancer information, the registry shall notify the provider of health care in writing of that fact. After notification the provider of health care shall be given up to 30 working days to be in cancer reporting compliance or shall be subject to fees as described in NAC 457.150 and may be subject to administrative penalties as set forth in Section 1.

Section 8. NAC 457.060 is hereby amended as follows:
All documents in the possession of the registry which contain names of patients, physicians, providers of health care, hospitals, health care facilities, other facilities that provide screening, diagnostic or therapeutic services or medical laboratories are confidential except the list of names of hospitals, health care facilities, other facilities that provide screening, diagnostic or therapeutic services, and providers of health care which report information to the registry and the list of names of medical laboratories which report information to the registry.

Section 9. NAC 457.090 is amended as follows:
1. If confidential information of the registry is to be mailed to a physician or health care facility, the envelope or container must be addressed directly to the physician or provider of health care or to the person designated by the health care facility to receive such information.
2. The Chief Medical Officer shall keep a list of the persons who have been designated by the chief administrator of the health care facility to receive confidential information of the registry.
Section 10. NAC 457.110 is amended as follows:

1. The Chief Medical Officer or person employed in the registry shall not disclose the existence or nonexistence in the registry of a record concerning any patient or disclose other information about the patient except to:
   (a) The [physician] provider of health care who treated the patient;
   (b) The health care facility where the patient was treated;
   (c) Any facility or a registry connected with that facility which has participated or is participating in treating the patient; or
   (D) A qualified researcher in cancer.

2. If a request for information about a patient is made over the telephone by the [physician] provider of health care who treated the patient or by a representative of the health care facility in which the patient was treated, and the caller is not known to the employee who receives the call at the registry, the employee must verify the identity of the caller in the manner described in NAC 457.130.

Section 11. NAC 457.120 is amended as follows:
The Chief Medical Officer or person employed in the registry may provide confidential medical information in the registry concerning a patient’s medical treatment for cancer with any health care facility, or registry connected with the facility which has participated or is participating in treating that patient’s illness if the person seeking the information:

1. Has been identified in the manner described in NAC 457.130;
2. Furnishes the employee of the registry with specific information, other than the patient’s name, which is sufficient to identify the patient without using his or her name; and
3. Gives assurances to the employee of the registry that the confidentiality of the information will be maintained to the same extent as is required in NAC 457.010 to 457.150, inclusive.

Section 12. NAC 457.140 is amended as follows:
1. A person who desires to use the confidential records of individual patients or the statistical data of the registry for the purpose of scientific research into cancer must apply in writing to the Chief Medical Officer. The applicant must:
   (a) Set forth in the application:
      (1) His or her qualifications as an epidemiologist, [physician] provider of health care or employee of a bona fide program of research into cancer or other qualification for using confidential information and statistical data in the registry; and
      (2) A description of the research project in which that information will be used.
   (b) Sign a statement, on a form furnished by the Chief Medical Officer or a designee thereof, in which the applicant agrees not to make any copies of the records, and to maintain the confidentiality of the information in the records in the manner required by NAC 457.010 to 457.150, inclusive.
   (c) Agree to submit to the Chief Medical Officer or the designee for review and approval any proposed publication which is based on or contains information obtained from the registry.
2. The Chief Medical Officer or the designee must:
   (a) Before a researcher is allowed access to information in the registry, make a written finding that he or she is qualified as a researcher and has a need for the information; and
(b) Before any material based on or containing information from the registry is published by the researcher, examine and give written approval for the proposed publication.
(Added to NAC by Bd. of Health, eff. 12-3-84; A 1-24-92; R075-98, 11-18-98)

Section 13. NAC 457.150 is amended as follows:

1. A health care facility, other facilities that provide screening, diagnostic or therapeutic services, and providers of health care a fee of $\{32\}250 for each abstract prepared by the Division from the records of the facility or the provider of health care. [the health care facility and a fee of $8 for each abstract prepared by the health care facility from its own records.]

2. A medical researcher [or other person who obtains information from the registry], a fee of $\{35\}200 or the actual cost of furnishing the information, whichever is larger.