

Cancer (Reporting) Regulations

Exposure Draft

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Victoria

Cancer (Reporting) Regulations

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1 Objectives

The objectives of these Regulations are—

- (a) to prescribe health service establishments required to report cancer to the Anti-Cancer Council of Victoria under the **Cancer Act 1958**; and
- (b) to prescribe the timing of and the forms for the reporting of cancer to the Anti-Cancer Council of Victoria by persons required to report cancer under the **Cancer Act 1958**.

2 Authorising provision

These Regulations are made under section 60(4) of the **Cancer Act 1958**.

3 Commencement

- (1) These Regulations (except regulation 9) come into operation on 2 March 2012.
- (2) Regulation 9 comes into operation on 1 July 2013.

4 Revocation

The Cancer (Reporting) Regulations 2002¹ are **revoked**.

5 Prescribed health service establishments

For the purposes of section 60(1) of the **Cancer Act 1958**, a health service establishment specified in Schedule 1 is a prescribed health service establishment.

6 Hospital and prescribed health service establishment reports

For the purposes of section 60(1) of the **Cancer Act 1958**—

- (a) the prescribed time to report is within 30 days from the date the proprietor becomes aware that a patient is suffering or commences to suffer from cancer; and
- (b) the prescribed form for a report is the form set out in Schedule 2.

7 Prescribed register reports

For the purposes of section 60(1A) of the **Cancer Act 1958**—

- (a) the prescribed time to report is within 90 days from the date the person in charge of an organisation that maintains a prescribed register becomes aware that a patient, whose information is included in the prescribed register maintained by that organisation, is suffering or commences to suffer from cancer; and
- (b) the prescribed form for a report is the form set out in Schedule 3.

8 Pathology services reports

For the purposes of section 60(2) of the **Cancer Act 1958**—

- (a) the prescribed time to report is within 30 days from the date the person in charge of a place where cancer tests are undertaken becomes aware that a cancer test indicates that a person on whom the test was undertaken is suffering from cancer; and
- (b) the prescribed form for a report is the form set out in Schedule 4.

9 Schedules 2, 3 and 4 substituted

For Schedules 2, 3 and 4 **substitute**—

"SCHEDULE 2

Regulation 6

Cancer (Reporting) Regulations 2012

Name of hospital or prescribed health service establishment

Hospital identification number

Hospital unit record number

Patient details:

Medicare number (*if known*)

Individual Health Identifier (*if known*)

Surname

Given name(s)

Maiden name (*if applicable*)

Address

Postcode

Date of birth

Sex

Occupation

Country of birth

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Aboriginal or Torres Strait Islander
Language spoken at home (*if known*)
Name of doctor in charge of case:
Address
Telephone number
Name of general practitioner:
Address
Telephone number
Date of first admission for this cancer
Date of diagnosis of this cancer
Eastern Cooperative Oncology Group (ECOG) performance status (*if known*)
Vital status
Date of death/Date last known to be alive
Investigations relevant to diagnosis of cancer
Laterality of primary cancer
Morphology of primary cancer
Grade/differentiation of primary cancer
Staging details (if available):
Staging of site specific Tumour Nodes Metastasis (T.N.M.) details based on current edition of the American Joint Committee on Cancer (AJCC) *Cancer Staging Manual*; or
Other internationally recognised site specific staging systems, including the Federation Internationale de Gynecologie et D'Obstetrique (FIGO) staging system for gynaecological cancers; or
Degree of spread of cancer details:
Localised to the tissue of origin
Invasion of adjacent tissue or organs
Regional lymph nodes
Distant metastases

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If melanoma—

Melanoma thickness

Melanoma level of invasion

Treatment details for each primary tumour:

Details of initial treatment

Details of treatment of recurrence(s) (*if any*)

Cancer recurrence information:

Date of cancer recurrence

Site(s) of cancer recurrence

Name of person completing form

Date of completing form

SCHEDULE 3

Regulation 7

Cancer (Reporting) Regulations 2012

Name of prescribed register

Prescribed register identification number

Patient details:

Individual Health Identifier (*if known*)

Surname

Given name(s)

Address

Postcode

Date of birth

Sex

Aboriginal or Torres Strait Islander (*if known*)

Country of birth (*if known*)

Language spoken at home (*if known*)

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Name of doctor in charge of case:

Address

Telephone number

Date of diagnosis of this cancer

Vital status

Date of death/Date last known to be alive

Investigations relevant to diagnosis of cancer

Diagnosis in words (*site, morphology and grade/differentiation*)

Laterality (*if known*)

Staging system (*if known*)

Name of person completing form

Date of completing form

SCHEDULE 4

Regulation 8

Cancer (Reporting) Regulations 2012

Name of pathology group

Pathology group identification number

Laboratory case reference number

Patient details:

Medicare number (*if known*)

Individual Health Identifier (*if known*)

Surname

Given name(s)

Address

Postcode

Date of birth

Sex

Aboriginal or Torres Strait Islander (*if known*)

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Country of birth (*if known*)

Language spoken at home (*if known*)

Name and address of doctor responsible for this case

Name of reporting pathologist

Date of report

Diagnosis in words (*site and morphology, including thickness and level of melanomas*)

Where available—

Staging Tumour Nodes Metastasis (T.N.M.)

Size

Grade

Differentiation

Name of person completing form

Date of completing form".

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SCHEDULES

SCHEDULE 1

Regulation 5

PRESCRIBED HEALTH SERVICE ESTABLISHMENTS

East Melbourne Radiation Oncology Centre

Ringwood Radiation Oncology Centre

Murray Valley Radiation Oncology Centre

Frankston Radiation Oncology Centre

Epping Radiation Oncology Centre

Western Radiation Oncology Centre

Ballarat Day Procedure Centre

Peninsula Oncology Centre

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SCHEDULE 2

Regulation 6

Cancer (Reporting) Regulations 2012

Name of hospital or prescribed health service establishment

Hospital identification number

Hospital unit record number

Patient details:

Medicare number (*if known*)

Surname

Given name(s)

Maiden name (*if applicable*)

Address

Postcode

Date of birth

Sex

Occupation

Country of birth

Aboriginal or Torres Strait Islander

Name of doctor in charge of case:

Address

Telephone number

Name of general practitioner:

Address

Telephone number

Date of first admission for this cancer

Date of diagnosis of this cancer

Vital status

Date of death/Date last known to be alive

Investigations relevant to diagnosis of cancer

Laterality of primary cancer

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Morphology of primary cancer

Grade/differentiation of primary cancer

Staging details (if available):

Staging of site specific Tumour Nodes Metastasis (T.N.M.) details based on current edition of the American Joint Committee on Cancer (AJCC) *Cancer Staging Manual*; or

Other internationally recognised site specific staging systems, including the Federation Internationale de Gynecologie et D'Obstetrique (FIGO) staging system for gynaecological cancers; or

Degree of spread of cancer details:

Localised to the tissue of origin

Invasion of adjacent tissue or organs

Regional lymph nodes

Distant metastases

If melanoma—

Melanoma thickness

Melanoma level of invasion

Treatment details for each primary tumour:

Details of initial treatment

Details of treatment of recurrence(s) (*if any*)

Cancer recurrence information:

Date of cancer recurrence

Site(s) of cancer recurrence

Name of person completing form

Date of completing form

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SCHEDULE 3

Regulation 7

Cancer (Reporting) Regulations 2012

Name of prescribed register

Prescribed register identification number

Patient details:

Surname

Given name(s)

Address

Postcode

Date of birth

Sex

Aboriginal or Torres Strait Islander (*if known*)

Name of doctor in charge of case:

Address

Telephone number

Date of diagnosis of this cancer

Vital status

Date of death/Date last known to be alive

Investigations relevant to diagnosis of cancer

Diagnosis in words (*site, morphology and grade/differentiation*)

Laterality (*if known*)

Staging system (*if known*)

Name of person completing form

Date of completing form

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SCHEDULE 4

Regulation 8

Cancer (Reporting) Regulations 2012

Name of pathology group

Pathology group identification number

Laboratory case reference number

Patient details:

Medicare number (*if known*)

Surname

Given name(s)

Address

Postcode

Date of birth

Sex

Name and address of doctor responsible for this case

Name of reporting pathologist

Date of report

Diagnosis in words (*site and morphology, including thickness and level of melanomas*)

Where available—

Staging Tumour Nodes Metastasis (T.N.M.)

Size

Grade

Differentiation

Name of person completing form

Date of completing form

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ENDNOTES

¹ Reg. 4: S.R. No. 16/2002.