This instruction implements Air Force Policy Directive (AFPD) 44-1, Medical Operations. It explains the Air Force Cancer Surveillance Program goals and details the responsibilities of Air Force medical treatment facilities (MTF) for establishing local cancer reporting commensurate with the size and resources of each facility. This instruction supports requirements of Public Law 92-218 (The National Cancer Act of 1971), Public Law 102-515 (Cancer Registries Amendment Act, 1992), Department of Defense (DoD) Instruction 6490.03, Deployment Health, DoD Directive 6200.04, Force Health Protection, The Joint Commission (TJC), the American College of Surgeons Commission on Cancer (ACS CoC), and other health and safety agencies. The instruction applies to all Air Force MTFs that diagnose and/or treat cancer. It does not apply to the Air National Guard and US Air Force Reserve. Major commands (MAJCOMs), field operating agencies (FOAs), HQ USAF direct reporting units (DRUs), and subordinate organizations may supplement this instruction. Supplements cannot be less restrictive than the basic publication. MAJCOMs, FOAs, and DRUs will coordinate their supplements to this instruction with AFMOA/SGHM before publication and will forward one copy to AFMOA/SGHM after publication; subordinate organizations will coordinate their supplements with parent organizations and will furnish one copy of their supplement to the next higher headquarters. This instruction requires collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, USC, Chapter 55. System of Records Notices: DMDC 02 DoD, Defense Enrollment Eligibility Reporting Systems (DEERS) (November 21, 2012, 77 FR 69807) and F044 AF/SG E, Electronic Medical Records System (December 13, 2011, 76 FR 77498) apply and are available at http://dpclo.defense.gov/privacy/. Forms affected by the Privacy Act will have an appropriate Privacy Act statement. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, Management of Records, and are
disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). The authorities to waive wing/unit level requirements in this publication are identified with a Tier (0-3) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to HQ AFMOA/SGHM, 2261 Hughes Ave, Ste 153, Lackland AFB, TX 78236-1025.

**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include: Adding tiers to wing-level and below directives, which indicate waiver authority. Establishing Air Force Regional Cancer Registries (RCRs), the AF Cancer Program Consultant, and the AF Cancer Registry Consultant; further defining tumor registrar requirements and maintenance of the registry; and requiring RCRs to provide an annual report of Cancer Surveillance Program activities and registry data to Air Force Medical Operations Agency (AFMOA/SGH).

**Section A—Program Objectives**

1. **Air Force Cancer Surveillance Program Objectives.**

   1.1. Cancer is a reportable disease in the United States and the objectives of this program parallel those of the Cancer Program of the American College of Surgeons Commission on Cancer (ACS CoC) for cancer reporting.

   1.2. Objectives include the identification of all AF beneficiaries that are diagnosed with cancer or a tumor (“tumor” and “cancer” are used interchangeably for the purposes of this instruction) and the timely and accurate reporting of cancer cases with the intent of decreasing the morbidity and mortality of patients with cancer through multidisciplinary approaches to early diagnosis, pretreatment evaluation and staging, and treatment and ongoing surveillance for primary, multiple primary and recurrent cancers.

   1.3. The program emphasizes the highest quality of medical care, data collection and patient follow-up.

**Section B—Roles and Responsibilities**

2. **MTF Resources, Roles and Responsibilities.**

   2.1. Air Force Regional Cancer Registries (RCRs). RCRs are established at bedded MTFs and support cancer registry functions for non-bedded MTFs as described below. (Attachment 2).

   2.1.1. RCR MTFs provide cancer registry functions for the AF Cancer Surveillance Program. (T-0)
2.1.1.1. Administrative support to the cancer registry is defined in AFI 41-210, para 4.77.3.

2.2. RCRs will perform the cancer registry function for non-RCR MTFs. (T-0)

2.3. Non-bedded MTFs (reporting MTFs) will perform case finding and report all new cancer cases to their lead RCR. (T-0)

2.3.1. Reporting MTFs must ensure they continue to perform case finding function and provide newly identified cases to their RCR on a monthly basis. (T-2)

2.4. A Memorandum of Understanding (MOU) is not required to establish these relationships between reporting MTFs and RCRs.

2.5. Case finding is performed by using the Composite Health Care System (CHCS) Cancer Disease Index (CDI) function to identify possible new cases, as well as review/obtain available pathology reports, radiology reports, and other appropriate reports.

2.5.1. Cancer case information will be transmitted from Reporting MTFs to RCRs via encrypted e-mail reports (or other Health Insurance Portability and Accountability Act (HIPAA) compliant method). (T-3)

2.6. Reporting MTFs retain the responsibility for cancer patient follow-up and the reporting of follow-up care to the RCR.

2.7. RCR MTFs will seek to become accredited cancer programs through the ACS CoC as either Community Cancer Programs (CCP) or Hospital Associate Cancer Programs (HACP) based on the annual number of newly diagnosed cancer cases. (T-3)

2.7.1 At least one Certified Tumor Registrar (CTR) is required at MTFs that are certified cancer programs through the ACS CoC. (T-0)

2.8. MTFs in multi-service markets may establish an MOU with Army or Navy MTFs for the purposes of consolidated cancer reporting.

2.8.1. Inter-service MOUs will be coordinated with the AF Cancer Registry Consultant.

2.8.2. RCR MTFs entering into inter-service MOUs are responsible for ensuring that cancer cases from their Reporting MTFs continue to be accessioned under the MOU. (T-0)

3. MTF Commander.

3.1. Establishes responsibility and accountability for cancer case finding function including policy and procedure for reviewing available medical reports and obtaining medical records (translated into English as required) from civilian providers.

3.2. Ensures all new cancer cases, including AF beneficiaries who are diagnosed and/or treated in civilian facilities, are reported.

3.2.1. MTF procedures must include mechanisms to identify and report patients diagnosed and/or treated in civilian facilities (T-3)

3.2.2 Ensures MTF procedures and policies delegate responsibility for cancer patient follow-up surveillance and reporting. (T-3)
4. Regional Cancer Registry (RCR) MTF Commander.

4.1. In addition to the above roles and responsibilities the RCR MTF Commander has the following responsibilities:

4.1.1. Establishes a cancer registry function to manage local MTF caseload as well as regional caseload from Reporting MTFs with a CTR as lead registrar. (T-0)

4.1.2. Appoints clinical support for cancer registry functions. (T-3)

4.1.3. Ensures an annual report of registry activity is provided to AFMOA via the AF Cancer Registry Consultant. (T-3)

5. Healthcare Providers (e.g. physicians, dentists, nurses, physician assistants).

5.1. Provide clinical subject matter expert input for cancer case abstraction.

6. Certified Tumor Registrars (CTRs).

6.1. A CTR, as defined by the National Cancer Registrars Association (NCRA), is the subject matter expert for all issues related to cancer and tumor registry and data collection and must perform and/or oversee the abstracting and reporting of cancer cases by other non-certified tumor registrars (Section C).

6.2. Qualifications and responsibilities of the CTR as established by the NCRA include:

6.2.1. Maintain current certification and meet continuing education requirements.

6.2.2. Enter required cancer and tumor patient data into the Automated Central Tumor Registry (ACTUR) or other central cancer database as directed by the DoD Joint Pathology Center.

6.2.3. Per CoC standards, all non-certified registrars have 3 years from start date to obtain certification.

6.2.4. Meet performance criteria as determined by the NCRA.

6.2.4.1 Performance standards will include understanding of case finding, abstracting, and reporting.

6.2.5 Supervise case abstraction and reporting by non-certified registrars and administrative assistants at the MTF.

6.2.6 MTF personnel performing cancer registry functions must have an understanding of medical terminology, basic human anatomy/physiology, Facility Oncology Registry Data Standards (FORDS), International Classification of Disease (ICD), and ICD-O Coding, Surveillance, Epidemiology, and End Results (SEER) Staging, and American Joint Committee on Cancer Tumor Nodes Metastasis (AJCC TNM) Staging. (T-3)

6.2.7. Members of the MTF cancer registry staff should participate in local, state, regional, or national cancer-related education activities IAW the ACS CoC standards.

7. AF Cancer Registry Consultant.

7.1. Certified Tumor Registrar appointed by the AF/SG.

7.2. Advises AF/SG on Cancer Surveillance Program policy and procedure.
7.3. Serves on ACTUR Coordination Committee and ACTUR Control Board.

7.4. Serves as a technical advisor to the DoD Central Cancer Registry (CCR).

7.5. Monitors activity and performance of AF MTFs to ensure compliance with case finding, reporting completeness, data quality and follow-up standards.

7.6. Conducts training and performs onsite MTF registry visits as necessary.

7.7. Works in concert with AF Cancer Program Consultant to advise MTFs on AF Cancer Surveillance Program policies and procedures.

7.8. Presents annual executive summary of AF Cancer Surveillance Program activities and registry data to AFMOA.

8. **AF Cancer Program Consultant.**

8.1. Physician cancer specialist (fellowship trained in Hematology-Oncology, Radiation Oncology, Surgical Oncology, or Pathology) appointed by the AF/SG.

8.2. Advises AF/SG on clinical issues related to cancer and cancer surveillance.

8.3. Provides medical expertise and oversight of AF Cancer Surveillance Program.

8.4. Serves as AF Representative to the DoD ACTUR Coordination Committee.

8.5. Works in concert with AF Cancer Registry Consultant to advise MTFs on AF Cancer Surveillance Program policies and procedures.

**Section C—DoD Central Cancer Registry and Automated Central Tumor Registry Reporting**

9. **The Central Cancer Registry.**

9.1. The DoD Central Cancer Registry is the principal database for epidemiological surveillance of and evaluating the care of cancer patients in the DoD.

9.1.1. Data in ACTUR are automatically compiled and consolidated in the DoD CCR.

9.1.2. Data requests for research must be routed through the DoD CCR.

10. **Automated Central Tumor Registry Reporting.**

10.1. The CTRs at the RCRs are responsible for submitting cancer patient data to ACTUR.

10.1.1. RCR CTRs will work with the Reporting MTFs to ensure that sufficient information is abstracted and provided for accessioning new cases into ACTUR.

10.1.2. Requests for ACTUR login and password will be limited to cancer registry personnel.

10.1.2.1. Requests for ACTUR access are made through the AF Cancer Registry Consultant.

10.2. Patient information is entered into ACTUR by CTRs IAW applicable CoC standards for reporting procedures.
10.3. For inexperienced CTRs in a one-person registry or non-certified personnel, a minimum of the first ten cancer registry abstracts will be reviewed for quality assurance by the AF Cancer Registry Consultant or delegated CTR to maintain the integrity of the database.

10.4. CTRs are responsible for correcting and/or justifying data discrepancies within the specific timeframes as identified by the DoD CCR.

10.5 Data requests for research using ACTUR reports are routed through the AF Cancer Registry Consultant. 11. Releasing Information to Non-DoD Registries.

11.1. CTRs may release data on AF beneficiaries to other federal and state (civilian) cancer registries under certain circumstances, such as when the disclosure is required by law or when the individual provides an authorization for the disclosure.

11.2. Consult with the MTF HIPAA Privacy Officer to ensure release of cancer patient information is accomplished IAW HIPAA regulations.

12. Metrics. 12.1 At least 90% of new cancer cases will be abstracted into ACTUR within 6 months of the date of patient cancer diagnosis at the reporting facility or receipt of case information from a civilian or other DoD provider.

12.2 Follow-up information for the lifetime of each cancer patient will be maintained (according to ACS CoC guidelines) for 80% of patients since reference date and 90% within the past 5 years. 12.3 These metrics will be tracked by each RCR and reported annually to the AF Cancer Registry Consultant for inclusion in the annual executive summary of the AF Cancer Surveillance Program.

THOMAS W. TRAVIS, Lieutenant General,
USAF, MC, CFS
Surgeon General
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
Public Law 92-218 (The National Cancer Act of 1971)
Public Law 102-515 (Cancer Registries Amendment Act, 1992)
DoDI 6490.03, *Deployment Health*, 11 August 2006
DoDD 6200.04, *Force Health Protection*, 9 October 2004
AFPD 44-1, *Medical Operations*, 1 September 1999
The Brain Book, Abstracting and Coding Guide for Primary Central Nervous System Tumors. National Cancer Institute, SEER Program. [http://ccrcal.org/PDF/BrainTumor2.pdf](http://ccrcal.org/PDF/BrainTumor2.pdf)

Prescribed Forms
None

Adopted Forms
AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms
ACS CoC—American College of Surgeons Commission on Cancer
ACTUR—Automated Central Tumor Registry
AFMOA—Air Force Medical Operations Agency
RCR—Regional Cancer Registry
AJCC TNM—American Joint Commission on Cancer Tumor Node Metastasis
CHCS—Composite Health Care System
CONUS—Continental United States
CTR—Certified Tumor Registrar
DEERS—Defense Enrollment Eligibility Reporting System
DoD—Department of Defense
FORDS—Facility Oncology Registry Standards
HIPAA—Health Insurance Portability and Accountability Act
ICD—International Classification of Disease for Oncology
MOU—Memorandum of Understanding
MTF—Medical Treatment Facility
NAACCR—North American Association of Central Cancer Registries
NCDB—National Cancer Data Base
NCRA—National Cancer Registrars Association
RAPIDS—Real-time Automated Personnel Identification System
OCONUS—Outside the Continental United States
SEER—Surveillance, Epidemiology and End Results
TJC—The Joint Commission
TOPA—TRICARE Operations and Patient Administration

Terms

Automated Central Tumor Registry—a Department of Defense automated central tumor registry system established by the Defense Enrollment Eligibility Reporting System (DEERS) for Army, Navy, and Air Force hospitals (on-line data base).

Certified Tumor Registrar—individual responsible for collecting, tracking and reporting the medical and demographic data of cancer patients.
Attachment 2

REGIONAL CANCER REGISTRIES AND REPORTING MTFs

Regional Cancer Registry MTF
Reporting MTFs

**Eglin**
MacDill
Hurlburt
Moody
Patrick
Shaw
Joint Base Charleston

**Keesler**
Barksdale
Columbus
Maxwell
Robins
Tyndall

**Langley**
Joint Base Andrews
Joint Base Anacostia-Bolling
Dover
Hanscom
Joint Base McGuire/Dix
Seymour Johnson
Pope Field

**Nellis**
USAFA
Davis-Monthan
Ellsworth
Goodfellow
Hill
Luke
Tinker
Cannon
Dyess
Holloman
Kirtland
Laughlin
Randolph
Sheppard
Travis
Beale
Buckley
Edwards
Fairchild
F.E. Warren
Los Angeles Air Station
McChord
Mountain Home
Peterson/Schriever
Vandenberg

Wright-Patterson
Altus
Little Rock
Malmstrom
McConnell
Minot
Offutt
Scott
Vance
Whiteman
Grand Forks

Elmendorf
PACAF MTFs

Lakenheath
USAFE MTFs

Lackland (59th MDW)