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SECRETARY OF THE AIR FORCE**

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Medical

**THE CANCER SURVEILLANCE
PROGRAM**

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This publication implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It establishes roles and responsibilities and provides guidance and procedures on the Air Force Cancer Program. It applies to all Regular Air Force uniformed members and civilian employees who diagnose and/or treat cancer, or prepare, manage, or oversee cancer registry operations. It does not apply to members or employees of the Air National Guard or Air Force Reserve. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the Air Force (AF) Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. This Instruction requires the collection and/or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. Chapter 55, *Medical and Dental Care*. The applicable SORN F044 AF SG L, *Medical Treatment Facility Tumor Registry* (June 16, 2003, 68 FR 35646) is available at: <http://dpclo.defense.gov/Privacy/SORNs.aspx>. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instruction (AFI) 33-360, *Publications and Forms Management*, Table 1.1 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. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance

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SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: Editing to improve coherent organization; removal of reference to outdated AFI41-210; defining cancer cases not requiring further follow-up; and placing increased responsibility on clinical providers in cancer care.

Chapter 1

PROGRAM OVERVIEW

1.1. Air Force Cancer Program Objectives.

1.1.1. Cancer is considered a reportable disease by the United States Centers for Disease Control and Prevention (CDC). Reportable diseases are those considered to be of great public health importance. Accordingly, Air Force health care providers are responsible for reporting a cancer diagnosis. This instruction provides guidance regarding the Air Force Cancer Surveillance Program. Objectives of the Air Force Cancer Program include:

1.1.1.1. The identification of all eligible beneficiaries diagnosed and/or treated within an Air Force Medical Treatment Facility (MTF) with a reportable cancer or a tumor.

1.1.1.2. Timely, accurate and comprehensive reporting of cancer case information to appropriate sources and into a centralized database with the intent of decreasing morbidity and mortality of patients with cancer.

1.1.2. This instruction provides guidance to operate the program throughout the spectrum of care.

1.1.3. This instruction supports requirements of Public Law 92-218 (The National Cancer Act of 1971), Title 42 United States Code Section 280e et seq. (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), and the current standards of the American College of Surgeons Commission on Cancer.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG):

2.1.1. Establishes the Air Force Cancer Program.

2.1.2. Appoints a Certified Tumor Registrar as the Air Force Cancer Registry Consultant and a physician cancer specialist (fellowship trained in hematology-oncology, radiation oncology, surgical oncology, or pathology) as the Air Force Cancer Program Consultant. Consultants are selected from experts actively performing the duties of a certified tumor registrar and physician cancer specialist, respectively, at regional cancer registry military treatment facilities (MTFs).

2.1.3. Provides opportunities for cancer research applying the data collected within the Air Force Cancer Program.

2.2. Air Force Cancer Registry Consultant:

2.2.1. Advises AF/SG on cancer program policy and procedure, serves on the DoD Cancer Coordination Committee and working group, and serves as a technical advisor to the DoD Consolidated Cancer Registry.

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

2.2.3. Oversees training and performs onsite MTF registry visits as necessary.

2.2.4. Works in concert with Air Force Cancer Program Consultant to advise MTFs on Air Force Cancer Program policies and procedures.

2.2.5. Presents annual executive summary of Air Force Cancer Program activities and registry data to the Air Force Medical Operations Agency (AFMOA).

2.2.6. Approves all data requests for research from tumor databases.

2.3. Air Force Cancer Program Consultant:

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

2.3.2. Provides medical expertise and oversight of the Air Force Cancer Program and serves as the Air Force representative to the DoD Cancer Coordination Committee.

2.3.3. Works in concert with the Air Force Cancer Registry Consultant to advise MTFs on Air Force Cancer Program policies and procedures.

2.4. The Military Treatment Facility (MTF) Commander:

2.4.1. Appoints a facility Cancer Program Coordinator and establishes responsibility and accountability for cancer case finding function as defined in [para 3.1.1.1 \(T-0\)](#). This includes policy and procedure for reviewing available medical reports and obtaining medical records (translated into English as required) from civilian providers. (T-0).

2.4.1.1. Ensures all new cancer cases, including eligible beneficiaries who are diagnosed and/or treated in civilian facilities, are reported. (T-0) Ensure procedures include

mechanisms to identify and report patients diagnosed and/or treated in civilian facilities. **(T-0).**

2.4.1.2. Ensures MTFs procedures and policies designate responsibility for cancer case surveillance and reporting. **(T-0).**

2.5. The Regional Cancer Registry (RCR) MTF Commander:

2.5.1. In addition to the above roles and responsibilities, the regional cancer registry MTF commander has the following responsibilities:

2.5.1.1. Establishes a cancer registry with a lead registrar to manage local MTF caseload as well as caseload from all assigned reporting MTFs. **(T-0).**

2.5.1.2. Meets and maintains standards of the American College of Surgeons Commission on Cancer for accreditation as either a Community Cancer Program (CCP) or Hospital Associate Cancer Program (HACP) to include the maintenance of at least one Certified Tumor Registrar (CTR) and appointment of clinical and administrative support for cancer registry functions. **(T-3).**

2.5.1.3. Ensures an annual report of registry activity is provided to AFMOA via the Air Force Cancer Registry Consultant. **(T-3).**

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

2.6.1. Provide clinical records for case finding, serve on cancer committees and/or tumor boards, and provide clinical expert input for cancer case abstraction, staging and follow-up. **(T-3).**

2.7. Tumor Registrars:

2.7.1. Work alongside healthcare teams at the MTF and possess an understanding of medical terminology, basic human anatomy/physiology, tissue pathology and various tumor coding and staging systems used to enter required cancer and tumor patient data into the DoD Consolidated Cancer Registry (CCR) tumor registry database.

2.7.2. A Certified Tumor Registrar must maintain qualifications and meet responsibilities as established by the National Cancer Registrars Association (NCRA) and supervise case abstraction and reporting by non-certified registrars and administrative assistants at the MTF. **(T-0).**

Chapter 3

DOD CONSOLIDATED CANCER REGISTRY AND TUMOR REGISTRY REPORTING

3.1. Medical Treatment Facilities and Regional Cancer Registries

3.1.1. All Air Force MTFs will perform case finding and data collection of cancer cases. (T-0). They are also responsible for case surveillance. (T-0).

3.1.1.1. Case finding is the system for locating every patient who is diagnosed and/or treated for cancer. In the DoD, case finding is performed through a Cancer Disease Index (CDI) function in the electronic health record, as well as by reviewing obtainable medical records, pathology reports, radiology reports, and other appropriate sources for military medical beneficiaries. This material is abstracted (organized, summarized, and categorized in a specific format) for entry into a centralized database for further research use.

3.1.1.2. Case surveillance is the regular collection of additional pertinent data from known cancer patients. It obtains those details of additional care that may prove useful in treating/preventing cancer.

3.1.2. Air Force regional cancer registries (RCRs) are established at large bedded MTFs with pathology support.

3.1.2.1. Regional cancer registry MTFs will perform the cancer registry function for non-regional cancer registry MTFs. (T-3).

3.1.2.2. Non-regional cancer registry MTF (or reporting MTFs) commanders will provide case finding and case surveillance data to their assigned regional cancer registry on a monthly basis. (T-3).

3.1.2.3. Cancer case information will be transmitted in via encrypted e-mail (or other Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996* (HIPAA) compliant method).

3.1.2.4. MTF commanders with local DoD hospitals capable of consolidated cancer reporting may choose to deliver case finding and case surveillance information to these facilities through the establishment of a memorandum of understanding (MOU) coordinated through the Air Force Cancer Registry Consultant.

3.1.3. All members of the MTF cancer registry staff are encouraged to participate in local, state, regional, or national cancer-related education activities to meet the American College of Surgeons Commission on Cancer standards.

3.2. Tumor Registry Reporting.

3.2.1. The DoD Consolidated Cancer Registry (CCR) is the principal database for epidemiological surveillance and evaluation of the care of cancer patients in the DoD.

3.2.2. The tumor registrars at regional cancer registries are responsible for abstracting cancer patient information into the consolidated cancer registry in accordance with American College of Surgeons standards.

3.2.2.1. The abstraction process involves gathering, organizing, summarizing, and categorizing pertinent cancer data from clinical source material for each tumor to enter into a database repository.

3.2.2.2. Regional cancer registry tumor registrars will work with the appointed personnel at their assigned MTFs to ensure that sufficient information is obtained for accessioning new cases, and are responsible for correcting and/or providing justification for data discrepancies within the timeframes outlined by the DoD Consolidated Cancer Registry.

3.2.3. Certified Tumor Registrars are responsible for supervising other tumor registrars and non-tumor registry trained personnel. The AF Cancer Registry Consultant or delegated Certified Tumor Registrar will review a minimum of the first ten cancer registry abstracts submitted by inexperienced tumor registrars to ensure accuracy, quality, and completeness of the data provided to the registry.

3.2.4. Requests for database access are made through the Air Force Cancer Registry Consultant and are limited to cancer registry personnel.

3.3. Releasing Information to Non-DoD Registries.

3.3.1. Certified tumor registrars may release data on Air Force beneficiaries to other federal and state (civilian) cancer registries when the disclosure is required by law or when the individual provides an authorization for the disclosure. Registrars may consult with the Air Force Cancer Registry Consultant and the MTF HIPAA Privacy Officer prior to release.

3.4. Metrics.

3.4.1. To promote and optimize benefit from the program across the Air Force, the following measures will be tracked through the each of the regional cancer registries and reported annually to the cancer registry consultant.

3.4.1.1. The rate of reporting for new cancer cases abstracted within 6 months of the date of the facility's first inpatient or outpatient contact with the patient for diagnosis or treatment of the cancer or receipt of case information from a civilian or other DoD provider.

3.4.1.2. Follow-up information for the lifetime of each cancer patient since the cancer program's reference date and within the past 5 years.

3.4.2. The Air Force Cancer Registry Consultant will prepare an annual report of the Air Force Cancer Program to include performance towards goals of 90% of new case abstraction within 6 months of initial patient contact and lifetime follow-up of 80% of all patients and 90% of patients within the past 5 years.

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 9 June 2016

AFMAN 33-363, *Management of Records*, 1 March 2008

Public Law 92-218, *The National Cancer Act of 1971*

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SEER Training Modules. Available at: <http://training.seer.cancer.gov>

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Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFMOA—Air Force Medical Operations Agency

CCR—Consolidated Cancer Registry

CTR—Certified Tumor Registrar

DoD—Department of Defense

HIPAA—Health Insurance Portability and Accountability Act

MOU—Memorandum of Understanding

MTF—Medical Treatment Facility

NCRA—National Cancer Registrars Association

RCR—Regional Cancer Registry

TJC—The Joint Commission

Terms

Abstract—An abstract gathers, organizes, summarizes, and categorizes pertinent data from clinical source material for each tumor to enter into a database. The abstracting process is performed by a tumor registrar.

Cancer—A condition of malignancy, precancerous lesion, benign CNS/brain tumor, or hematopoietic and lymphoid condition reportable per statute or policy to a governmental or accreditation agency.

Case finding—A system for locating every patient who is diagnosed and/or treated for cancer. Case finding leads to producing an abstract

Case surveillance—A system for obtaining additional longitudinal data from cancer patient records that may lead to improved cancer therapy or decreased cancer incidence.

Tumor Registrar—Individual responsible for collecting, tracking and reporting the medical and demographic data of cancer patients.