



# Technical Bulletin



Date: December 19, 2019  
Topic: Cancer Reporting in Nevada  
Contact: Nevada Central Cancer Registry: [dpbh.NCCR@health.nv.gov](mailto:dpbh.NCCR@health.nv.gov)  
To: Health Care Providers, Medical Facilities and Laboratories

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## Background

The [Nevada Central Cancer Registry \(NCCR\)](#) is a population-based registry that maintains data on reported cancer patients within the State of Nevada. Under Nevada Revised Statute (NRS) and Nevada Administrative Code (NAC) Chapter 457 ([NRS 457 and NAC 457](#)), cancer is a reportable disease in Nevada and must be reported to the NCCR in the time and manner prescribed.

Per the Centers for Disease Control and Prevention (CDC), a [cancer registry](#) collects and combines detailed information about cancer patients and the initial treatments they receive to answer questions like—

- Is there a certain area of a state where women are finding out they have breast cancer at a late stage, when it's harder to treat?
- Where will prevention efforts, like screening, have the biggest benefit?
- What groups of people are most likely to get a certain type of cancer, like liver or skin cancer?

Cancer registries analyze the data collected and share the answers to these questions with other groups, like state comprehensive cancer control coalitions, which work to prevent cancer. These groups may find that some people aren't getting cancer screening tests, or they're making choices that raise their chance of getting cancer. The data may also show that certain groups of people are getting cancer more than others.

Cancer control groups and advocates work to address the problems identified. Then they look to cancer registries for new information to help them know if their solutions are working.

## Progress on Current Reporting Year

NCCR is working now to meet the CDC's deadline for reporting of the cases diagnosed in 2017. The deadline for reporting is January 10, 2020 and CDC expects Nevada to report 15,176 cases. In order for Nevada's data to be included in national analysis, NCCR must report at least 90% of the observed-to-expected cases (13,658 cases). Early projections on reported cases should allow NCCR to provide the required number of cases and wants to thank all providers for reporting compliance.

## Abstraction Fees

NCCR was directed to enforce NAC 457.150 as it relates to reporting of cancer cases and the established abstracting fees for [providers of health care](#) as defined in NRS 629.031.

For reference:

**NAC 457.150 Fees.** ([NRS 439.150](#), [457.065](#), [457.250](#), [457.260](#)) The Chief Medical Officer shall charge and collect from:

1. A provider of health care who is required to report information on cases of cancer and other neoplasms pursuant to [NRS 457.230](#) or a health care facility or other facility that provides screening, diagnostic or therapeutic services to patients with respect to cancer and other neoplasms, a fee of \$250 for each

abstract prepared by the Division from the records of the provider of health care or the health care facility or other facility.

As used in this section, “abstract” would be considered a report that fully complies with the requirements set forth by the Centers for Disease Control and Prevention’s [National Program of Cancer Registries](#) as well as the North American Association of [Central Cancer Registries Central Registry Standards](#). In order to meet these standards, the case must be abstracted by a Certified Tumor Registrar (CTR). Going forward, reporting entities can seek CTR services directly or have Division staff abstract the information at the fee of \$250 per case.

As required, a fee for \$250 will be assessed for those cases where the NCCR prepared the abstract to meet the federal standards for any health care provider or facility that is required to report under NRS 457.230.

For any questions or concerns, please contact the NCCR at [dpbh.NCCR@health.nv.gov](mailto:dpbh.NCCR@health.nv.gov).



Lisa Sherych, Administrator  
Division of Public and Behavioral Health



Ihsan Azzam, Ph.D., M.D.  
Chief Medical Officer