# Indiana

## Cancer Surveillance System

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<td>IN</td>
<td>Authority: IC 16-38-2-1 to 16-38-11</td>
<td>IC 16-38-2-1 Cancer registry; establishment - Sec. 1. (a) The state department shall establish a cancer registry for the purpose of: (1) recording: (A) all cases of malignant disease; and (B) other tumors and precancerous diseases required to be reported by: (i) federal law or federal regulation; or (ii) the National Program of Cancer Registries; that are diagnosed or treated in Indiana; and (2) compiling necessary and appropriate information concerning those cases, as determined by the state department; in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures. (b) The department may contract for the collection</td>
<td>IC 16-38-2-7 Release of confidential information - Sec. 7. The state department may release confidential information concerning individual cancer patients to the following: (1) The cancer registry of another state if the following conditions are met: (A) The other state has entered into a reciprocal agreement with the state department. (B) The agreement provides that information that identifies a patient will not be released to any other person without the written consent of the patient. (2) Physicians and local health officers for diagnostic and treatment purposes if the following conditions are met: (A) The patient's attending physician gives oral or written consent to the release of the information. (B) The patient gives written consent by completing a release of confidential medical information form. As added by P.L.2-1993, SEC.21.</td>
<td>IC 16-38-2-5 Access to confidential information for research purposes - Sec. 5. The state department shall grant any person involved in a legitimate research activity access to confidential information concerning individual cancer patients obtained by the state department under this chapter if all of the following conditions are met: (1) The person...</td>
<td>NO</td>
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and analysis of, and the research related to, the epidemiologic data compiled under this chapter.

**IC 16-38-2-2 Development of registry from existing data - Sec. 2.** The state department shall, to the greatest extent possible, utilize information compiled by public or private cancer registries in the development of a statewide cancer registry under this chapter.

**410 IAC 21-1-1. Definitions - Sec. 1** "Cancer registry" means a mechanism by which data relating to all cases of malignant disease that occur in Indiana residents is recorded and, necessary and appropriate information is compiled concerning those cases as determined by the board, in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures…

**410 IAC 21-1-2. General Requirements - Sec. 2 (c)** The state board shall assure state conducting the research provides written information about the following:

(A) The purpose of the research project.

(B) The nature of the data to be collected and how the researcher intends to analyze the data.

(C) The records the researcher desires to review.

(D) The safeguards the researcher will take to protect the identity of the patients whose records the researcher will be reviewing.

**IC 16-38-2-8 Immunity from liability - Sec. 8.** A person who reports information to the cancer registry system under this chapter is immune from any civil or criminal liability that might otherwise be imposed because of the release of what is otherwise confidential information.

**410 IAC 21-1-3 Hospitals**

Authority: IC 16-38-2-10

Affected: IC 16-38-2

Sec. 3. (a) All hospitals shall submit abstracted data sets to the state board cancer registry which shall include but not be limited to the following data items:

1. site code
2. accession number
3. sequence number
4. accession year
5. social security number
6. medical record number
7. full name (including maiden name)
8. home address, city, county, state and zip code
9. phone number
10. date of birth
11. sex
12. race
13. class of case
14. admission date
| (d) | Any health care provider who, after the effective date of 410 IAC 21-1, establishes a computerized mechanism for the purpose of transmitting abstracted data sets via computer link up, tape transfer, or direct interface, shall be responsible for assuring system compatibility with the state board cancer registry. |
| (e) | Any health care provider who elects to transfer abstracted data sets to the state cancer registry in paper form, shall utilize an abstract form designed or approved by the state board pursuant to IC 5-15-5.1-5. |
| (f) | All manually prepared data sets shall be mailed or delivered by the health care provider to the state cancer registry. |

| (15) | follow-up physician |
| (16) | discharge date |
| (17) | date of initial diagnosis |
| (18) | topography code |
| (19) | paired organ involvement |
| (20) | histology code |
| (21) | tumor grade |
| (22) | diagnostic confirmation |
| (23) | tumor size (largest dimension) |
| (24) | number of positive nodes |
| (25) | number of nodes examined |
| (26) | sites of distant metastasis |
| (27) | general summary stage |
| (28) | TNM stage |
| (29) | AJCC stage group |
| (30) | TNM staging basis |
| (31) | date and method of first course of treatment |
| (32) | subsequent therapies/treatments (dates and methods) |

(b) *Available updated information regarding all elements enumerated in 410 IAC 21-1-3(a) shall be reported to the state board cancer registry each twelve (12) month period following the initial reporting of the disease.*

[Emphasis Added]

(2) The proposed safeguards are adequate to protect the identity of each patient whose records will be reviewed.

(3) An agreement is executed between the state department and the researcher that meets all of the following conditions:

(A) Specifies the terms of the researcher's use of the records.

(B) Prohibits the publication or release of the names of individual cancer patients or any facts tending to lead to the identification of individual cancer patients.