QCR
Queensland Cancer Register

QCR Notifier Guidelines

Public and Private Hospitals

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Queensland Cancer Register

Cancer Alliance Queensland

Level 1, B2, 2 Burke St, Woolloongabba QLD 4102

QCR@health.qld.gov.au

(07) 3176 4400

Queensland Government

Table of Contents

Definition of terms

Term	Definition
ACS	Australian Coding Standards
Approved form	Accepted messaging format for cancer notifications. Previously referred to as 'file format'.
BCC	Basal Cell Carcinoma
Data submission	The transfer of the five specified files extracted from the notifier's patient administration system to the QCR.
HBCIS	Hospital Based Corporate Information System. The patient information system that facilitates the storage of patient, clinical and administrative data regarding patients admitted to the public hospitals in Queensland.
ICD-O-3	International Classification of Diseases for Oncology. Internationally recognised as the definitive classification of neoplasms.
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
Notification	The submission of data generated when a cancer case is created or updated in the notifier's patient administration system.
Notifier	Organisations required to report to the Queensland Cancer Register. Includes hospitals, day surgeries, pathology laboratories, medical imaging and treatment centres.
Patient Administration System	The notifier's operational system used to record, manage, extract, and maintain patient demographic and clinical information, including cancer-related data.
PHA	*Public Health Act 2005 (QLD)*
QCR	Queensland Cancer Register
SCC	Squamous Cell Carcinoma

1. Purpose

This document aims to support notifiers by providing guidelines on:

1. The reporting requirements to the Queensland Cancer Register, including which cancers are to be notified.
2. The steps required to register a cancer.
3. The definitions of each data element within a notification of cancer to assist in accurately completing registrations.

If there is uncertainty about whether a cancer case should be notified or confusion regarding the information required, the Queensland Cancer Register team is available for support. Contact details can be found below, and our team is always happy to provide guidance, ensuring accurate and timely reporting of cancer diagnoses across Queensland.

Queensland Cancer Register contact details

Email: QCR@health.qld.gov.au

Website: canceralliance qld.health.qld.gov.au

2. Overview of the Queensland Cancer Register

The Queensland Cancer Register (QCR) operates under the *Public Health Act 2005 (QLD)*, to receive information on cancer in Queensland. The Cancer Register is a population-based register and maintains a Register of all cases of cancer diagnosed in Queensland since the beginning of 1982. Cancer is a notifiable disease in all States and Territories and is one of the only major disease category from which an almost complete coverage of incidence data is available. Cancer is a leading cause of disease burden in Australia. Through the National Cancer Statistics Clearing House – a collaborative enterprise of the Australian Association of Cancer Registries and the Australian Institute of Health and Welfare, Queensland data is used in the compilation of Australia-wide figures and can be compared with cancer statistics from other States.

2.1. Aims of the Register

The main aim of the Register is to collect data to describe the nature and extent of cancer in Queensland. This can be combined with related data to assist in the control and prevention of cancer. Queensland Cancer Register data is available for use:

- in monitoring trends in cancer incidence, mortality and survival times of persons with cancer,
- in supporting health service planning and policies for cancer prevention and treatment,
- in research on the causes, treatment and prevention of cancer,
- for the education of health professionals and members of the general public.

2.2. The Public Health Act and Regulations

All cancers as defined in Part 2 Division 1, Section 229 of the PHA 2005 are to be notified.

The Act defines cancer as:

a) a neoplasm of human tissue—
i. in which cell multiplication is uncontrolled and progressive; and
ii. that, if unchecked, may invade adjacent tissues or extend beyond its site of origin; and
iii. that has the propensity to recur, either locally or remotely in the body;
b) skin cancer and non-invasive carcinoma, other than skin cancer and non-invasive carcinoma of a type prescribed under a regulation.

2.3. Non-notifiable cancers

Under Division 3, Section 45 of the Public Health Regulation 2018, the following cancers are **not notifiable**:

(a) basal cell carcinoma (BCC) of the skin
(b) squamous cell carcinoma (SCC) of the skin
(c) benign neoplasm; unless present in central nervous system or brain.

Exception:

As of May 2025, BCC and SCC of the skin are notifiable only when **perineural invasion, lymphovascular invasion, or metastasis** are present. Assessment of these features is undertaken by **pathology and medical imaging** (metastases only) **providers**; therefore, notification in these cases will be provided by these notifiers.

The legislation may be viewed on the following website(s):
Public Health Act 2005 - Queensland Legislation - Queensland Government
Public Health Regulation 2018

2.4. Compliance Monitoring

Under Section 235(3) of the *Public Health Act 2005*, the QCR is responsible for conducting regular compliance monitoring of cancer notifications submitted by all notifiers. Any breach of the Act must be reported to the Director-General of Queensland Health.

As part of this function, the QCR undertakes routine audits and prepares compliance reports to identify and address instances of non-compliance.

In accordance with Section 236, the QCR may also request additional information from notifiers to verify the accuracy, completeness, and integrity of cancer notifications and to ensure the ongoing quality of the register.

2.5. Confidentiality and privacy

All QCR employees are bound by an obligation of confidentiality and must not disclose any individual's confidential or personal information except where authorised statutory, regulatory, or organisational obligations.

A patient's information whether it be; confidential, personal, sensitive or health, must be managed in accordance with the *Public Health Act 2005*, Part 2 and the *Information Privacy Act 2009*.

2.6. Enquiries

If you would like more information about the Queensland Cancer Register you may contact the:

Senior Director
Cancer Alliance Queensland
Level 1, B2, 2 Burke St
Woolloongabba Q 4102

PH (07) 3176 4400
Email QCR@health.qld.gov.au

Further information about cancer may also be obtained from the following web sites:

https://canceralliance qld.health.qld.gov.au/

https://www.aihw.gov.au/

3. Reporting requirements

3.1. Entities required to notify cancer

Notifications about cancer are required to be submitted to the Queensland Cancer Register by the following services:

1. **Public and private hospitals (including day hospitals and hospices) ***
2. Treatment centres
3. Pathology laboratories
4. Medical imaging practices

*This document applies specifically to public and private hospitals (including day hospitals and hospices) that report cancer notifications for admitted patients. Reporting guidelines for treatment, pathology, and medical imaging providers can be found on our website.

3.2. When a notification should be completed

A notification should be completed and submitted within 30 days for each of the following events:

i. at discharge of a person being **first** diagnosed with cancer, or when a **new site** is diagnosed, or the same site but a **different histological type** of cancer is diagnosed.

ii. at discharge of a person's **first** admission in each calendar year when:
   a. attendance is for chemotherapy or radiotherapy. (Note: that as per the Queensland Health admission policy patients should be admitted for chemotherapy).
   b. person is currently being treated for cancer.
   c. person's history of cancer is relevant to the admission. *Note: It is a requirement to follow current Australian coding standards and to only code history of cancer in the ICD-10-AM diagnosis codes where it is relevant to the admission.* See figure 1 below.

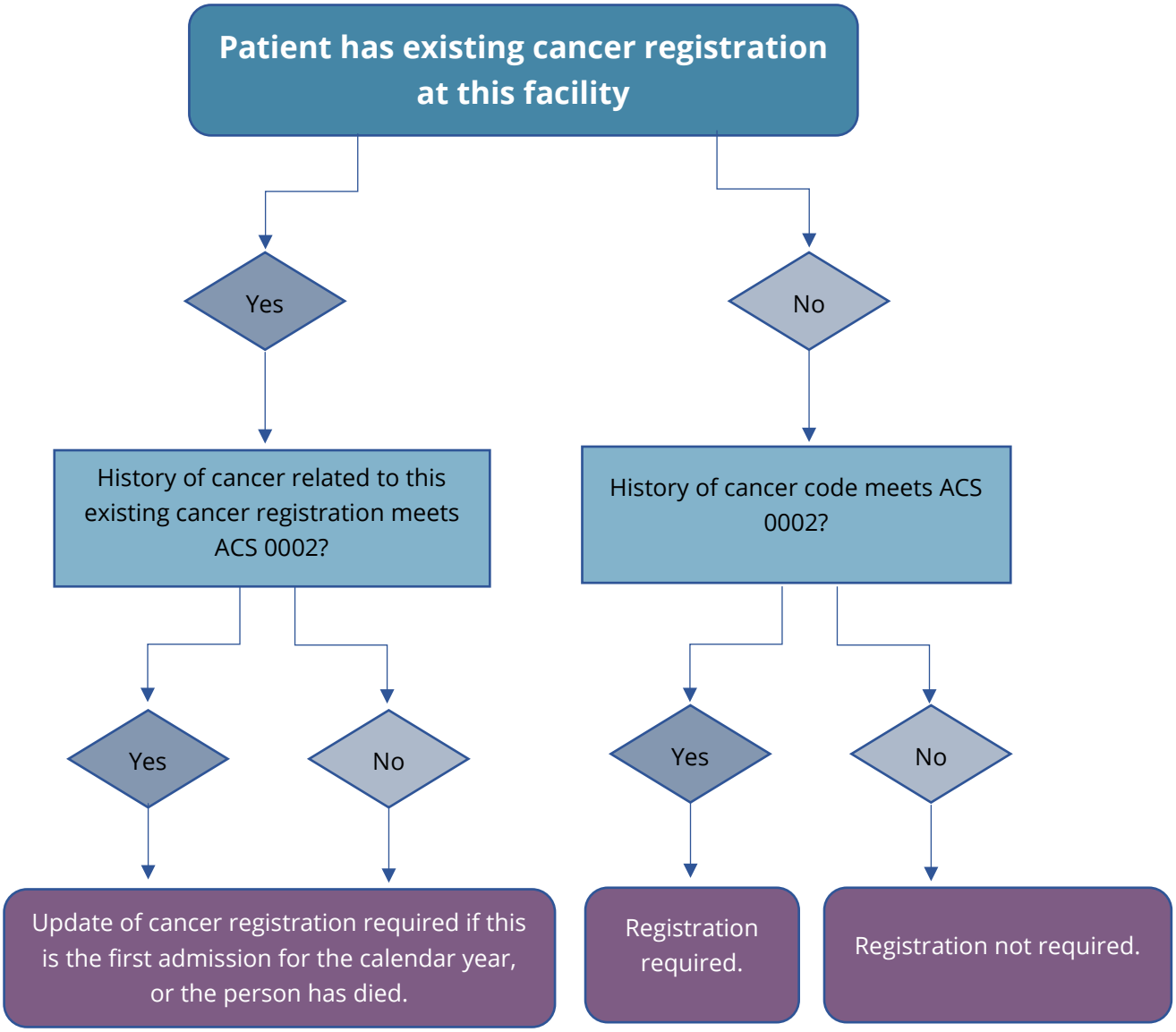
iii. at the **death** of a person who has, or has had, or is suspected to have had cancer, where the person died within the hospital.

A **separate notification** is required for each primary site.

3.3. History of cancer

To support correct application of section 3.2(ii)(c), the flow chart below provides guidance on when a history of cancer should be notified to the QCR.

Figure 1: History of cancer registration flowchart



Note: If a person dies at your facility and cancer is documented, either in their history or on the death certificate, a notification is desirable, irrespective of previous registration or ACS 0002 criteria.

4. Data submission

The Queensland Cancer Register receives cancer registrations from all Public and Private Hospitals (including day hospitals and hospices) in Queensland on a monthly basis. Each monthly data submission should include all notifications filed in the previous month and will contain five files. The structure and content of the five files are specified in the *Hospital Notifiers Approved Form*.

Each set of cancer registration extract files will contain a header (HDR) details file. The HDR file will provide counts of the total number of records for that facility (including nil returns).

4.1. Public Hospitals

The cancer registration extract is submitted electronically from HBCIS and is set up to run automatically on the 10th day of each month.

If run manually, there must be no gaps in date ranges for the extract periods. Nor should there be dates duplicated within extract periods. If data is to be resupplied for a period, this should be negotiated with the Cancer Register. It may require records to be refiled.

See the *HBCIS Technical Guide* for further instructions.
For more details on the functionality of the HBCIS cancer module please visit the following link:
http://hbcis_support.health.qld.gov.au/help/whskin_homepage.htm

4.2. Private Hospitals (including day hospitals and hospices)

Extract files are to be uploaded to the Kiteworks secure online portal each month. For instructions on how to access this portal and upload the files, please email QCR@health.qld.gov.au for a copy of the *KiteWorks Notifier User Guide*.

The paper form used to report cancer notifications to the Queensland Cancer Register is a standard form. To obtain the form, download from the website or contact QCR@health.qld.gov.au

Completed cancer notification paper forms must also be uploaded to the Kiteworks secure online portal. For instructions on how to access this portal and

upload the files, please email QCR@health.qld.gov.au for a copy of the *KiteWorks Notifier User Guide*.

4.3. Cancer Registration Data Dictionary

To support accurate and consistent data submission, a full description of each required data field is available in *Appendix A - Cancer Registration Data Dictionary*. Users are encouraged to consult this resource during the cancer registration process.

4.4. Amendments

Sometimes a cancer registration needs to be corrected after it has already been sent. The QCR can only accept these changes if the whole registration is sent again. Individual corrections can't be submitted on their own.

Public hospitals using HBCIS

- When a record is refiled again during the same reporting period, the QCR will only receive the latest version in the next routine submission.
- No additional action is required as long as the refile happens before your usual reporting deadline.

Private hospitals

- Amendments may be submitted in the same way as HBCIS hospitals if your system supports resubmission of the corrected record.
- If your system cannot automatically refile an amended record, you must:
    - Re-extract the affected data for the relevant month or year, and
    - Re-submit the corrected files to the QCR for processing.

4.5. Deletions

Deletions cannot be submitted electronically. Once a notification has been completed and the submission date has passed, the record will already have been sent to the QCR. If a registration needs to be removed, a manual deletion request must be sent to QCR@health.qld.gov.au, including a screenshot of the original record and a brief explanation of why it should no longer be included. For example, duplicate patient, entered in error, incorrectly coded, or the condition is not cancer.

5. Reportable cancers

All hospitals are required to notify QCR for the following:

- All invasive cancers
- All cancers with an uncertain behaviour
- All in-situ conditions
- Benign central nervous system and brain tumours
- Gestational trophoblastic disease (GTD) (benign, malignant or uncertain)

Table 1 lists the reportable cancers and associated ICD-10-AM codes that are to be notified to the QCR.

The following site codes are NOT required and therefore these are not noted in Table 1:

- C44 with morphology M80500-M81109 (BCC and SCC of skin)
- C77, C78 and C79 – secondary sites
- D10-D31.9 – Benign, not brain
- D34 – D36.9 – Benign, not brain

Table 1: ICD-10-AM (13th edition) site codes to be reported to the QCR.

Site Code	Description
Malignant **Exclude C44.0 to C44.9 AND M80500 to M81109 (skin SCC's and BCC's)**	
C00-C75	Malignant neoplasms
C76	Malignant neoplasm of other and ill-defined sites
C80	Malignant neoplasm without specification of site
C81-C96	Malignant neoplasms of lymphoid, haematopoietic and related tissue
In Situ **Exclude D04.0 to D04.9 AND M80500 to M81109 (skin SCC's and BCC's)**	
D00	Carcinoma in situ of oral cavity, oesophagus and stomach
D01	Carcinoma in situ of other and unspecified digestive organs
D02	Carcinoma in situ of middle ear and respiratory system
D03	Melanoma in situ
D04	Carcinoma in situ of skin of trunk
D05	Carcinoma in situ of breast
D06	Carcinoma in situ of cervix uteri

D07	Carcinoma in situ of other and unspecified genital organs
D09	Carcinoma in situ of other and unspecified sites
Benign **Only report the following tumours of the central nervous system and nearby endocrine glands**	
D18.02	Haemangioma, intracranial structures (cavernous haemangioma)
D18.06	Haemangioma, structures of the eye and adnexa
D32	Benign neoplasm of meninges
D33	Benign neoplasm of brain and other parts of central nervous system
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
Uncertain or unknown behaviour **Exclude D48.5 AND M8050 – M8110 with a behaviour code of /1 (skin SCC's and BCC's)**	
D37	Neoplasm of uncertain or unknown behaviour of oral cavity and digestive organs
D38	Neoplasm of uncertain or unknown behaviour of middle ear and respiratory and intrathoracic organs
D39	Neoplasm of uncertain or unknown behaviour of female genital organs
D40	Neoplasm of uncertain or unknown behaviour of male genital organs
D41	Neoplasm of uncertain or unknown behaviour of urinary organs
D42	Neoplasm of uncertain or unknown behaviour of meninges
D43	Neoplasm of uncertain or unknown behaviour of brain and central nervous system
D44	Neoplasm of uncertain or unknown behaviour of endocrine glands
D45	Polycythaemia vera
D46	Myelodysplastic syndromes
D47	Other neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue
D48	Neoplasm of uncertain or unknown behaviour of other and unspecified sites
Other	
O01	Hydatidiform mole

Z85	Personal history of malignant neoplasm – *to be reported under the associated C code (see Appendix E – History of cancer codes)*

See Appendix E for full list of notifiable ICD-10-AM codes

5.1. Reportable skin cancers

Melanoma

All melanoma skin cancers must be reported to the Queensland Cancer Register

Non-Melanoma

All in situ and malignant non-melanoma skin cancers (e.g., Merkel cell carcinoma, Kaposi sarcoma) of any site must be reported to the QCR.

SCC and BCC are not reportable by hospital notifiers when they arise from cutaneous skin sites. However, SCC and BCC that originate from non-skin sites must always be reported.

Some anatomical locations may be mistaken for skin sites but are considered non-cutaneous for reporting purposes. These locations are listed in *Table 2*.

Table 2: SCC and BCC site locations which must be registered to the QCR

Site Codes	Location name
C00.0-C00.2, C00.9, D00.0	Lip - vermilion border (the coloured portion of the lip) See Table 3 for terms indicating SCC of the lip.
C51.0-C51.9, D07.1	Vulva
C60.0, C60.1, C60.8, C60.9, D07.4	Penis
C63.2, D07.61	Scrotum

Note: *This table is not exhaustive. SCC and BCC arising from any non-skin site must be reported.*

SCC of the lip should be reported when any of the terms in *Table 3* are documented, as they indicate involvement of the vermilion border or mucocutaneous junction:

Table 3: Notifiable SCC of lip terms

SCC of lip should be notified where any of the following terms are used:		
Buccal aspect	Mucoepidermoid	Vermilion border
Intraepidermal = in-situ	Mucosa	Vermilionectomy
Mucocutaneous	Oral aspect	Wedge excision
Mucocutaneous border	Vermilion area	Wedge resection

6. Tips and examples

6.1. When a cancer must be registered by hospital notifier

Events	Tip/s	Examples
At discharge of a person being first diagnosed with cancer, or when a new site is diagnosed, or the same site but a different histological type of cancer is diagnosed.	• Any reportable cancer diagnosed during an inpatient admission at a hospital should be registered • Any reportable cancer treated for the first time at your hospital should be registered even if originally diagnosed at another facility • If multiple primary sites are diagnosed at the same time, a registration is required for each site	**Example 1:** Person admitted for investigation of persistent cough. CT scan of chest reveals suspicious lung mass. A bronchoscopy with tissue biopsy is diagnostic of non-small cell lung cancer. **Example 2:** Person admitted after traumatic renal injury requiring emergency nephrectomy. Postoperative histopathology reveals incidental renal cell carcinoma in the removed kidney. Note: Registration still required even if coding of incidental finding does not meet ACS 0002. **Example 3:** Person with prostate cancer diagnosed by their general practitioner is referred to your health service for their first episode of definitive treatment. They are admitted for a radical prostatectomy, which represents their first inpatient encounter for this cancer at your facility.

		Example 4: Person admitted for cystoscopy. Histology results report bladder transitional cell carcinoma with incidental finding of prostate adenocarcinoma. Both primary sites are to be registered.
At discharge of a person's first admission in each calendar year.	• Attendance is for chemotherapy or radiotherapy. (Note: that as per the Queensland Health admission policy patients should be admitted for chemotherapy). • Person is currently being treated for cancer. • Person's history of cancer is relevant to the admission.	**Example 5:** Person admitted for chemotherapy and it is their first admission for the calendar year. **Example 6:** Person with melanoma is admitted for wide local excision and sentinel node biopsy as part of their cancer management. (even if there isn't cancer present) **Example 7:** Person with thyroid cancer diagnosed at another hospital, admitted for pneumonia. During the admission an endocrinologist reviews their case and adjusts their thyroid cancer management plan. **Example 8:** Person diagnosed with ovarian cancer while living in New South Wales relocates to Queensland and is admitted to a Queensland hospital for their first episode of cancer related treatment (debulking surgery).

		Example 9: Person with history of colorectal cancer is admitted with symptoms of bowel obstruction. Imaging confirms recurrent disease at original site.
At the death of a person who has, or has had, or is suspected to have had cancer, where the person died within the hospital.	• Person is admitted for treatment/care of known cancer and dies during the admission. • If a person dies during admission and cancer is documented; either in their history/clinical notes, on the death certificate, or in an autopsy report (*if available) a notification is required, irrespective of previous registration or ACS 0002 criteria.	**Example 10:** Person with a documented history of metastatic pancreatic cancer is admitted for symptom management and palliative care. During the admission, the patient's condition deteriorates, and they pass away in the hospital. **Example 11:** Person dies at your health service and a hospital autopsy was performed. The autopsy reported incidental findings of prostate cancer. The incidental findings of prostate adenocarcinoma require a cancer registration to be submitted to the QCR. **Example 12:** Person dies at your health service after traumatic injuries caused by motor vehicle accident. History of bowel cancer is mentioned on the death certificate. A registration is to be submitted to the QCR.

* Hospital autopsy reports are rarely available in the patient record at the time of coding, and QCR does not expect coders to await their availability. Where post-mortem histology results are already present at the time of coding, they may be used to support completion of a cancer registration. Use basis of diagnosis '09 – Autopsy with histology'

6.2. Completing a cancer registration – FAQ's

Question	Tip/s	Examples
What date to record for date of first diagnosis	• If histologically diagnosed on pathology - record pathology collection date • If clinically diagnosed i.e. scan - record date of imaging report	**Example 1:** Biopsy performed on the 23/07/2024 showed in invasive melanoma with close margins. Further wide local excision on 06/08/2024 showed residual melanoma with clear margins. Record **23/07/2024** as histological date of diagnosis. **Example 2:** Person admitted on 12/02/2024 with suspected brain tumour. MRI of brain performed on 13/02/2024 confirms parietal lobe tumour. No biopsy is performed. Record **13/02/2024** as clinical date of diagnosis.
What date to record if date of first diagnosis is unknown	• If date of diagnosis is unknown - record 15 Jun 1900 & record Y in estimated date of first diagnosis field	**Example 3:** Clinical notes indicate that person admitted has a history of colorectal cancer but cannot recall when they were diagnosed. Record **15/06/1900** as date of diagnosis.

	• If only year of diagnosis is known - record 15 Jun YYYY & record Y in estimated date of first diagnosis field	**Example 4:** Person who has relocated to Queensland is admitted and has a history of breast cancer diagnosed in 2022 but cannot recall the day or month. Record **15/06/2022** as date of diagnosis.
When to register more than one cancer	• If 2 or more primary cancers are diagnosed at the same time • If a second primary cancer was diagnosed in further admissions (could be months/years later and second primary could be in same site e.g. breast, lung) • If a primary cancer previously registered has transformed	**Example 5**: Person admitted for investigation of weight loss and abdominal discomfort. During the admission a colonoscopy confirms adenocarcinoma of the sigmoid colon and a CT-guided lung biopsy confirms primary lung adenocarcinoma (not a metastasis from the colon cancer). As both cancers are confirmed as separate primary malignancies and diagnosed during the same episode of care, two separate cancer registrations should be submitted. **Example 6**: Person was diagnosed with left breast invasive ductal carcinoma in 2019 and completed treatment. They remained

		well for several years. In 2024 they were admitted again after noticing a lump in the same breast. A core biopsy confirms a new primary invasive lobular carcinoma (not a recurrence or metastasis of the 2019 tumour). **Example 7:** Person diagnosed with chronic lymphocytic leukaemia (CLL) in 2018, which was registered as a primary cancer. They are monitored over several years with a "watch and wait" approach. In 2025 they are admitted with rapidly worsening lymphadenopathy, fevers and weight loss. Histology confirms transformation to diffuse large B-cell lymphoma. A new cancer registration should be submitted for the transformed lymphoma.
When a second primary cancer does not need to be registered	• If cancer is in remission and ICD-10-AM code has changed to 'in remission' • If cancer is a recurrence or metastases from primary cancer already registered	**Example 8:** A person was diagnosed with Chronic myeloid leukaemia in 2021, which was registered at the time. After completing treatment, they achieve complete remission. In 2024 they are admitted for

		routine haematology follow-up and the treating haematologist documents chronic myeloid leukaemia in remission. The purpose of the admission is monitoring, medication review, and routine blood tests. Because this admission reflects ongoing care for a cancer already registered and the condition is coded as in remission, no new cancer registration is required. However, the existing registration can be updated to indicate the disease is not in remission. **Example 9:** A person who was diagnosed with rectal adenocarcinoma in 2020 is admitted in 2025 with shortness of breath. Imaging shows multiple lung metastases and documentation states metastatic rectal cancer to lung. As the lung findings represent metastatic spread of the original rectal cancer, not a new primary lung cancer, a second cancer registration must NOT be submitted. However, the existing

		registration can be updated to indicate metastatic spread.
What basis of diagnosis to record	• Ensure the basis assigned is relevant to **THIS** admission • If more than one diagnostic technique is performed during this admission, select the higher basis of diagnosis.	**Example 10:** Person admitted for shave biopsy of skin. Pathology confirmed invasive melanoma. Diagnosis basis = 08 histological, pathology lab name and number provided. Person had subsequent admission for wide local excision and sentinel lymph node biopsy. Although a new histology report will be generated from the excision, the diagnosis of melanoma was already established histologically in the previous episode, therefore this would be a diagnosis basis = 02 Clinical with the reason for clinical diagnosis being 'previous pathology'. Still record the current histology details in the comments section. **Example 11:** Person admission with rectal bleeding. During the admission a CT of the abdomen shows a suspicious mass in the sigmoid colon. A colonoscopy with biopsy is performed the next day and confirms

		adenocarcinoma. As histology provides the highest level of diagnostic certainty, the correct basis of diagnosis is 08 – histology of primary tumour.
How to register unknown, ill-defined, or unspecified primary sites	• If primary site is unknown (e.g., only metastases found), register under unknown primary (C80) • However, check previous admissions and patient notes in case primary site is mentioned • If the primary site was previously coded as unknown, ill-defined or unspecified due to limited information but has been confirmed at this admission, update the registration to reflect this – Note: if using HBCIS, a new cancer registration may be required, otherwise it will appear on the outstanding cancer registration report.	**Example 12:** A person is initially found to have widespread metastatic disease involving the bones, liver and lymph nodes on imaging, but no clear primary tumour is identified. The cancer is reported to the QCR as an unknown primary. During a later admission, the patient undergoes a biopsy of an enlarged cervical lymph node. Histopathology confirms metastatic squamous cell carcinoma consistent with a primary head and neck origin. Further clinical documentation supports a diagnosis of oropharyngeal squamous cell carcinoma with distant metastases. The cancer registration should be updated to reflect the now-identified primary site for this admission.
How to delete a registration	• In the event that a cancer registration has been completed in error or is no longer required and	**Example 13:** Registration may have been sent based on preliminary lung cancer

	the registrations for the month have already been supplied to the QCR - please email QCR@health.qld.gov.au with the details and where possible, provide a reason e.g. duplicate patient, not cancer, etc • QCR cannot delete the electronic notification on the register but can add a note to the persons record to indicate that the notification was made in error.	diagnosis on CT scan findings. The later performed biopsy of lung is diagnostic of sarcoidosis.

Version control

Version no.	Date	Created/modified by	Modifications made
1.0	May 2026	Phoebe Woodrow	**Version 1.0 – Comprehensive revision** Following legislative changes introduced in May 2025, the notifier guidelines required a full review to incorporate new requirements for additional notifier types. Although the legislation did not alter reporting obligations for hospital notifiers, the broader updates necessitated a review of all guideline documents to ensure consistency across notifier groups. As part of this process, the hospital guidelines were restructured and clarified to better support operational processes and align with the updated framework. Importantly, separate guidelines for public and private hospitals have now been removed, as all hospitals share the same reporting requirements under the unified framework. Due to the extent of these changes, the guideline versioning has been reset to Version 1.0. This document has been adapted from the former *Queensland Cancer Register Instruction Manual for Notifying Cancer*, Version 4.0. Former versions of the guidelines can be provided upon request.

References and Resources

Cancer Alliance Queensland. *Cancer Alliance Queensland*. https://cancerallianceqld.health.qld.gov.au/

Independent Hospital Pricing Authority. (2024). ICD-10-AM: *Australian Coding Standards (13th ed.).* Independent Hospital Pricing Authority. https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs

Queensland Government. (2025). *Public Health Act 2005 (Qld)*. Queensland Legislation. https://www.legislation.qld.gov.au/view/html/inforce/current/act-2005-048

Queensland Government. (2025). *Public Health Regulation 2018 (Qld)*. Queensland Legislation. https://www.legislation.qld.gov.au/view/pdf/inforce/current/sl-2018-0117

Queensland Health. *HBCIS support – WHSkin homepage*. http://hbcis_support.health.qld.gov.au/help/whskin_homepage.htm

Queensland Health. *QH Data Dictionary*. Queensland Health. https://qhdd.health.qld.gov.au/

World Health Organization. (2000). *International classification of diseases for oncology (3rd ed.)*. World Health Organization. https://www.who.int/standards/classifications/other-classifications/international-classification-of-diseases-for-oncology

Appendices

Appendix A – Cancer Registration Data Dictionary (Separate Document)

Appendix B - Address street type abbreviations

- Alley - AL
- Approach – APP
- Arcade - ARC
- Avenue – AV
- Bend - BND
- Boulevard – BVD
- Break/Brook – BR
- Broadway – BWY
- Brow – BRW
- Bypass – BPS
- Centre – CTR
- Chase – CH
- Circle – CIR
- Circuit – CCT
- Circus - CRC
- Close – CL
- Concourse – CNC
- Copse – CPS
- Corner – CNR
- Corso - CSO
- Court – CT
- Courtyard – CYD
- Cove - COV
- Crescent – CR
- Crest – CST
- Cross – CS
- Crossing – CSG
- Dale – DLE
- Downs – DN
- Drive – DR
- Edge – EDG
- Elbow – ELB
- Entrance – ENT
- Esplanade – ESP
- Expressway – EXP
- Freeway – FWY
- Retreat – RT
- Ridge – RDG
- Rise - RI
- Road – RD
- Roadway – RDY
- Route – RTE
- Square – SQ
- Street – ST
- Tarn – TN
- Terrace – TCE
- Tollway – TWY
- Frontage – FR
- Garden/s – GDN
- Gate/s – GTE
- Glade – GLD
- Glen – GLN
- Grange – GRA
- Green – GRN
- Grove - GR
- Heights - HTS
- Highway – HWY
- Junction – JNC
- Lane – LA
- Link – LK
- Loop – LP
- Mall – ML
- Meander – MDR
- Mews – MW
- Motorway – MWY
- Nook – NK
- Outlook - OUT
- Parade – PDE
- Park – PK
- Parkway – PKY
- Pass – PS
- Pathway – PWY
- Place – PL
- Plaza – PLZ
- Pocket – PKT
- Port/Point – PT
- Promenade – PRM
- Quadrant – QD
- Quay – QY
- Ramble – RA
- Reach – RCH
- Reserve – RES
- Rest – RST
- Track – TR
- Trail – TRI
- Underpass – UPS
- Vale – VA
- View – VW
- Vista – VST
- Walk – WK
- Walkway – WKY
- Way – WY
- Wynd - WYN

Appendix C - Public HBCIS hospital notification form example

QUEENSLAND CANCER REGISTER – HBCIS FORM
CANCER REGISTRATION REGULATIONS, PUBLIC HEALTH ACT 2005
Page 1 of 2

1	Name of Hosp/Inst	12345 iSOFT General Hosp
2	Medicare Number	XXXXXXXXXX
3	UR Number	0000000001
4	Surname	X
5	Given Name(s)	X
6	Date of Birth	XX XXX XXXX
7	Estimated?	N
8	Former Names/Alias	XXXXXXXX XXXXX
9	No. and Street	X/XX XXXXXXXXX TCE
10		XXXXXXX HOUSE
11	Suburb/Locality	XXXXXX
12	Postcode	4010
13	Occupation	XXXXXXXXXXX
14	Sex	F FEMALE
15	Country of Birth	1100 AUSTRALIA NOS
16	Marital Status	NM NEVER MARRIED
17	Indigenous Status	14 NOT INDIGENOUS
18	Date of Admission	XX XXX 2001
19	Date of Separation	XX XXX 2001
20	Separation Mode	01 HOME/USUAL RESIDENCE
21	Transfer Destination	
22	Diag at Separation	B05.9 MEASLES WITHOUT COMPLICATION
23	Treating Doctor	DR XXXXXXXXX
24	Autopsy Held?	
25	Cause of Death	
26	Multiple Primary Sites	Y
27	Primary Site 1	C18.4 MALIGNANT NEOPLASM OF TRANSVERSE COLON
28	Morphology	M8140/3 ADENOCARCINOMA NOS
29	Date of 1st Diagnosis	XX XXX 1996
30	Estimated?	N
31	Suburb at 1st Diag	XXXXXX
32	Postcode at 1st Diag	4010
33	Laterality	N Not Applicable

34	Basis of Diagnosis	03 CLINICAL INVESTIGATION
35	Reasons for Clin Diag	02 DOCTOR'S NOTES/REFERRAL
36	Details	ADENOCARCINOMA DOCUMENTED IN REFERRAL LTR FROM GP
35	Reasons for Clin Diag	01 PALLIATIVE CARE ADMISSION
36	Details	
35	Reasons for Clin Diag	04 RADIOLOGICAL INVESTIGATION
36	Details	ULTRASOUND OF ABDOMEN NOTED LARGE NEOPLASM
37	Comments	NO FURTHER DETAILS AVAILABLE

QUEENSLAND CANCER REGISTER – HBCIS FORM
CANCER REGISTRATION REGULATIONS, PUBLIC HEALTH ACT 2005
Page 2 of 2

1	Name of Hosp/Inst	12345 iSOFT General Hosp
2	Medicare Number	XXXXXXXXXXX
3	UR Number	0000000001
4	Surname	XXXXXXXX
5	Given Name(s)	XXXXXX
6	Date of Birth	XX XXX XXXX
7	Estimated?	N
27	Primary Site 2	C45.0 MESOTHELIOMA OF PLEURA
28	Morphology	M9050/3 MESOTHELIOMA, MALIGNANT
29	Date of 1st Diagnosis	XX XXX 1990
30	Estimated?	N
31	Suburb at 1st Diag	XXXXXXXXXX
32	Postcode at 1st Diag	4012
33	Laterality	L LEFT
34	Basis of Diagnosis	06 CYTOLOGY OR HAEMATOLOGY
35	Reasons for Clin Diag	
36	Details	
37	Lab. Facility No.	[2] 30XXXXXXXXXXXXXXXXX
38	Lab. Specimen No.	[50XXXXXXXXXXXXXXXXXXXXX
39	Comments	
40	Registration Filed By	JSJ XXXXXX
41	Date	XX XXX 2001

Appendix D - Example of how QCR displays the data supplied

Facility	Name of Hospital/Institution	Test Hospital (00123)
Patient	Medicare Number	1234567890
	UR Number	0987654
	Patient Surname	Smith
	Given Name(s)	Jane
	Former Surname(s)	-
Patient Address	No. and Street	123 Smart Street
	Suburb/Locality	Brisbane
	Postcode	4000
Demographics	Date of Birth	15/06/1950
	Occupation	Teacher
	Sex	F
	Country of Birth	1101 Australia
	Marital Status	Married/De Facto
	Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin
Admission	Admission Date	06/03/2023
	Separation Date	07/03/2023
	Separation Mode	01 Home/usual residence
	If transferred, name of institution	-
Death	Was an autopsy held?	-
	State underlying cause of death	-
	Date of Death	-
Cancer Diagnosis	Primary site of cancer	D059 Carcinoma in situ of breast, unspecified
	Histological type of cancer	82302 Ductal ca insit, solid type
	Date of first diagnosis of cancer	06/03/2023
	Estimated?	N
	Suburb at Diagnosis	Brisbane
	State at Diagnosis	QLD
	Postcode at Diagnosis	4000
	Laterality of cancer	Right
	Is there more than one primary site?	N
	Most valid basis of diagnosis at this admission	8 Histology of Primary Tumour
	Reason for clinical diagnosis	-
	Comments	-
	Diagnosis at separation	D05.9 Carcinoma in situ of breast unspecified
	Treating Doctor	DR Anthony Harper (A Harper)
Additional details	Lab facility	O2 – SNP
	Lab specimen number	12345-67BR

Appendix E - Full list of notifiable ICD-10-AM neoplasm site codes (Separate Document)