CHAPTER 35

Cancer

**SECTION 44‑35‑5.** Short title.

Sections 44‑35‑10 through 44‑35‑100 may be cited as the Central Cancer Registry.

HISTORY: 1996 Act No. 352, Section 2.

**SECTION 44‑35‑10.** Formulation of plan for cancer prevention, detection, and surveillance programs.

The Department of Health and Environmental Control, in conjunction with hospitals and entities throughout the State, shall formulate a plan for cancer prevention, detection, and surveillance programs and for care of persons suffering from cancer to meet standards of care set forth by nationally recognized and approved accrediting bodies.

HISTORY: 1962 Code Section 32‑611; 1952 Code Section 32‑611; 1942 Code Section 5008; 1939 (41) 464; 1972 (57) 2498; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑20.** Establishment, administration, and purpose of central cancer registry.

(A) There is established the South Carolina Central Cancer Registry and, to the extent funds are available, the Department of Health and Environmental Control shall administer this as a statewide population‑based registry of cancer cases with a diagnosis date after December 31, 1995.

(B) The purpose of the registry is to provide statistical information that will reduce morbidity and mortality of cancer in South Carolina. This information must be used to guide cancer control effort in the State by assisting in prevention and early detection of cancer, extending the life of the cancer patient, identifying high‑risk groups or areas in the State with cluster of cancer cases, and improving cancer treatment.

(C) The registry shall receive, compile, analyze, and make available epidemiological and aggregate clinical cancer case information collected from all health care providers who diagnose and/or treat cancer patients in this State. The registry shall meet national standards of completeness and timeliness of case reporting and quality of data. Annual reports of aggregate cancer data must be provided to reporting facilities and physicians in the State.

HISTORY: 1962 Code Section 32‑612; 1952 Code Section 32‑612; 1947 (45) 539; 1952 (47) 1875; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑30.** Reporting requirements; applicable regulations.

(A) A provider who diagnoses and/or treats cancer patients and does not report to a regional cancer registry shall report specific case information to the registry in accordance with regulations promulgated by the Department of Health and Environmental Control. These regulations shall include, but are not limited to, the reportable case listing, data elements to be collected, the content and design of forms and reports required by this section, the procedures for disclosure of information gathered by the registry, and other matters necessary to the administration of this section. The regulations shall include these data elements:

(1) complete demographic information;

(2) occupational and industrial information to the extent available;

(3) date and confirmation of initial diagnosis;

(4) pathological information characterizing the cancer, including cancer site and cell type, stage of disease, and initial treatment information, to the extent available, in the medical record.

A provider participating in a regional registry is not required to report to the Central Cancer Registry. Reporting providers must not incur additional expense in providing information to the registry.

(B) Regional registries shall report data on behalf of providers in their area to the Central Cancer Registry.

HISTORY: 1962 Code Section 32‑613; 1952 Code Section 32‑613; 1947 (45) 539; 1952 (47) 1875; 1980 Act No. 303, Section 1; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑40.** Confidentiality; data release protocol.

Information that could identify the cancer patient must be kept strictly confidential in accordance with the administrative policy of the Department of Health and Environmental Control. This information must not be open for inspection except by the individual patient or the patient's authorized representative. Procedures for the disclosure of confidential information to researchers for the purposes of cancer prevention, control, and research must be promulgated in regulations. The data release protocol developed in coordination with the Revenue and Fiscal Affairs Office, must be utilized by the registry to determine appropriate use and release of cancer registry data.

HISTORY: 1962 Code Section 32‑614; 1952 Code Section 32‑614; 1947 (45) 539; 1980 Act No. 303, Section 2; 1996 Act No. 352, Section 2.

Code Commissioner's Note

Pursuant to the directive to the Code Commissioner in 2018 Act No. 246, Section 10, "Revenue and Fiscal Affairs Office" was substituted for all references to "Office of Research and Statistics of the Revenue and Fiscal Affairs Office".

**SECTION 44‑35‑50.** Coordination of collection and report of cancer data.

The registry shall coordinate, to the fullest extent possible, with the Revenue and Fiscal Affairs Office, for the complete, timely, and accurate collection and reporting of cancer data.

HISTORY: 1962 Code Section 32‑615; 1952 Code Section 32‑615; 1947 (45) 539; 1972 (57) 2289; 1980 Act No. 301, Section 1; 1996 Act No. 352, Section 2.

Code Commissioner's Note

Pursuant to the directive to the Code Commissioner in 2018 Act No. 246, Section 10, "Revenue and Fiscal Affairs Office" was substituted for all references to "Office of Research and Statistics of the Revenue and Fiscal Affairs Office".

**SECTION 44‑35‑60.** Immunity from civil or criminal liability.

A provider or regional registry making a case report or providing access to cancer case information to the registry is immune from any civil or criminal liability that might otherwise be incurred or imposed.

HISTORY: 1962 Code Section 32‑616; 1952 Code Section 32‑616; 1947 (45) 539; 1972 (57) 2500; 1980 Act No. 303, Section 3; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑70.** Acquisition of laboratories, hospitals, or other property.

The Department of Health and Environmental Control may, to the extent of and within the available funds which may be provided, acquire laboratories, hospitals, or other property, either real or personal, by gift, purchase, devise or otherwise, as the department considers advisable to afford proper treatment and care to cancer patients in this State and to carry out the intent and purpose of this chapter.

HISTORY: 1962 Code Section 32‑617; 1952 Code Section 32‑617; 1947 (45) 539; 1980 Act No. 303, Section 4; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑80.** Discretionary aid to cancer patients.

The Department of Health and Environmental Control may furnish aid to cancer patients who are residents of this State to the extent of and within the available funds as the department considers proper. The department may administer this aid in any manner which, in its judgment and with the approval of the Cancer Control Advisory Committee, provided for in Section 44‑35‑90, will afford greater benefit for the prevention, detection, and control of cancer throughout the State.

HISTORY: 1962 Code Section 32‑618; 1952 Code Section 32‑618; 1947 (45) 539; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑90.** Powers, duties, and purpose of Cancer Control Advisory Committee.

There is established within the Department of Health and Environmental Control the Cancer Control Advisory Committee. The department shall appoint the members of the committee which must consist of qualified physicians, researchers, other experts engaged professionally in cancer prevention and care in South Carolina, and health care consumers. The committee shall advise and make recommendations to the department about the formulation and implementation of a comprehensive cancer prevention and control program through its review of cancer control services throughout the State. The committee shall:

(1) advise the department on professional issues pertaining to cancer prevention, detection, care and surveillance;

(2) participate in the evaluation of cancer programs and services offered through the department;

(3) serve as advocates for the poor and underserved patients through support of the state‑aid cancer clinics;

(4) assist the department in maintaining liaison with the community and other health care providers; and

(5) advise the department on the administration of available funds for the prevention, detection, care, and surveillance of cancer.

HISTORY: 1962 Code Section 32‑619; 1952 Code Section 32‑619; 1942 Code Section 5008; 1939 (41) 464; 1996 Act No. 352, Section 2.

**SECTION 44‑35‑100.** Suspension of reporting requirements.

The reporting requirements provided for in Section 44‑35‑30 are suspended if adequate funding is not provided to the Department of Health and Environmental Control.

HISTORY: 1962 Code Section 32‑620; 1952 Code Section 32‑620; 1942 Code Section 5008; 1939 (41) 464; 1972 (57) 2499; 1996 Act No. 352, Section 2.