

Washington State Reportable Analytic and Non-analytic Class of Case Types

Class of Case

Record the *Class of Case* code to reflect the facility's role in managing the cancer. *Class of Case* divides cases into two groups. Analytic cases (Codes 00 – 22) which are grouped according to the location of diagnosis and first course treatment. Non-analytic cases (Codes 30 - 49 and 99) which are grouped according to the reason a patient who received care at the facility is non-analytic, or the reason a patient who never received care at the facility may have been abstracted.

Analytic and Non-analytic Cases

Class of Case shows the role the reporting institution played in the patient's diagnosis or treatment. *Class of Case* codes are further categorized into analytic and non-analytic categories to reflect where the initial diagnosis or treatment occurred. All analytic and certain types of non-analytic cases are reportable to the Washington State Cancer Registry (even if the patient is not a Washington resident).

1. **Analytic Cases (Class of Case 00 – 22):** Patients who were diagnosed and/or administered any of their first course treatment at the accessioning facility after the registry's reference date are analytic (Class of Case 00 – 22). A network clinic or outpatient center belonging to the facility is considered part of the facility.
2. **Non-analytic Cases (Class of Case 34 and 36):** While non-analytic, some of these are reportable and must be abstracted to meet Washington State reporting requirements (AIN II, AIN III, LIN II, LIN III, LN II, LNIII, PanIN II, PanIN III, PeIN II, PeIN III, SIN II, SIN III, VAIN II, VAIN III, VIN II, VIN III).

Codes and Definitions

Analytic Class of Case (Required by CoC to be abstracted by accredited programs)	
Initial Diagnosis at Reporting Facility or in a Staff Physician's Office	
00	<p>Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.</p> <p>Example: Leukemia was diagnosed at the facility, and all care was given in an office of a physician with practice privileges. The treatment may be abstracted if the cancer committee desires, but the case is a <i>Class of Case</i> 00.</p> <p>Note: Code 00 applies only when it is known the patient went elsewhere for treatment. If that information is not available, code <i>Class of Case</i> 10.</p>
10	<p>Initial diagnosis at the reporting facility or in an office of a physician with admitting privileges AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS.</p> <p>Example: Reporting hospital found cancer in a biopsy but was unable to discover whether the homeless patient actually received any treatment elsewhere.</p>

11	Initial diagnosis in an office of a physician with admitting privileges AND part of first course treatment was done at the reporting facility. <i>Example:</i> Patient was diagnosed by a staff physician, received radiation at another facility, then underwent surgical resection at the reporting facility.
12	Initial diagnosis in an office of a physician with admitting privileges AND all first course treatment or a decision not to treat was done at the reporting facility.
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of the first course treatment was done elsewhere. <i>Example:</i> Breast cancer was diagnosed at the reporting hospital and surgery performed there. Radiation was given at the hospital across the street with which the reporting hospital has an agreement.
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility.
Initial Diagnosis Elsewhere	
20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS.
21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of the first course treatment was done elsewhere.
22	Initial diagnosis elsewhere AND all first course treatment was done at the reporting facility or a decision not to treat was done at the reporting facility.
Non-analytic Class of Case	
<i>Classes of Case not required by CoC to be abstracted (May be required by Cancer Committee, state or regional registry, or other entity).</i>	
Patient Appears In-person at Reporting Facility	
30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup. <i>Example:</i> Consult only, treatment plan only, or staging workup after initial diagnosis elsewhere.
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere. <i>Example:</i> Stent placement.
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease). <i>Example:</i> After treatment failure, patient was admitted to the facility for supportive care.
33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active).
34	Type of care not required by CoC to be accessioned AND initial diagnosis AND part or all of first course treatment by reporting facility. <i>Example:</i> Benign colon tumor. <i>Note:</i> Registry hospitals will assign this Class of Case to patients diagnosed with AIN II, AIN III, LIN II, LIN III, LN II, LNIII, PanIN II, PanIN III, PeIN II, PeIN III, SIN II, SIN III, VAIN II, VAIN III, VIN II, VIN III.
35	Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility

36	Type of case not required by CoC to be accessioned AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility. <i>Example:</i> Benign colon tumor. <i>Note:</i> Registry hospitals will assign this Class of Case to patients diagnosed with AIN II, AIN III, LIN II, LIN III, LN II, LNIII, PanIN II, PanIN III, PeIN II, PeIN III, SIN II, SIN III, VAIN II, VAIN III, VIN II, VIN III.
37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility.
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death.
Patient Does Not Appear In-person at Reporting Facility	
40	Diagnosis AND all first course treatment given at the same staff physician's office.
41	Diagnosis and all first course treatment given in two or more offices of physicians with admitting privileges.
42	Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example hospital abstracts cases from an independent radiation facility). <i>Example:</i> Patients from an unaffiliated, free-standing clinic across the street that hospital abstracts with its cases because many physicians work both at the clinic and the hospital.
43	Pathology or other lab specimens only.
49	Death certificate only.
99	Non-analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

Determining Class of Case with Physicians and Affiliated Practices:

1. **A Staff Physician:** A physician who is employed by the reporting facility, under contract with it, or a physician who has routine practice privileges there.
2. **Ownership of Physician Practice:** If the hospital has purchased a physician's practice, it will be necessary to determine whether the practice is now legally considered part of the hospital or not. If so, their activity is coded as the hospital's activity. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician. See Accreditation Status below.
3. **Accreditation Status:** Class of Case is tied to The Joint Commission accreditation status for your hospital. Any services, providers, or facilities covered under your Joint Commission accreditation are also covered under your CoC accreditation and you would be responsible for reporting the associated data.



DOH 342-126 January 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.