THE NAACCR NARRATIVE

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Spring 2022 NAACCR Narrative
IN THIS ISSUE

The President's Message

Winny Roshala, BA, CTR
NAACCR President
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I hope you are all having a wonderful Spring season, filled with new life and new beginnings! I also want to extend a Happy National Cancer Registrars Week (NCRW) to everyone, and hope you read the NCRW message previously sent. Congratulations and thank you to all the cancer registry warriors, working diligently to ultimately benefit the cancer patient! We also want to acknowledge our public health colleagues in celebrating National Public Health Week!

Please join me in congratulating the following newly elected NAACCR Board members: Wendy Aldinger, Pennsylvania Cancer Registry, who is the President-Elect; Representatives as Large include: Lori Koch, Illinois Cancer Registry, Lihua Liu, Los Angeles Cancer Surveillance Program, and Monique Hernandez, Florida Cancer Data System (re-elected for her second term). The Nominating Committee for next year includes: April Austin, New York Cancer Registry; Devbani Raha, Nova Scotia Cancer Registry; and Heather Stabinsky, New Jersey Cancer Registry. We look forward to an exciting next year with our new Board members and Nominating Committee!

Our sincere thanks to the Board members who are rotating off the Board in June: Mary Jane King, Ontario Cancer Registry and Angela Meisner, New Mexico Cancer Registry. Mary Jane and Angela have provided their insights, time, and talents to NAACCR. For that we are very grateful and appreciative! We will miss them on the Board but hope they will continue to provide their guidance and support in the cancer surveillance community.

Lastly, please consider registering for the NAACCR Summer Forum, scheduled to be held on June 14-16, 2022. Early Bird registration ends on May 15. A great speaker lineup is being developed for this virtual conference, so that you can participate from the comfort of your workstation! Keep checking the NAACCR Forum webpage for more program content information!

I wish you all a beautiful Spring season and hope to see many of you virtually at the NAACCR Summer Forum! Take care everyone!

Winny Roshala, BA, CTR
See important updated conference info at
www.naaccrforum.org.

NCRW MESSAGE

Hi Everyone!

National Cancer Registrar Week (NCRW) recognizes and honors those valiant women and men who so skillfully, diligently, and comprehensively scour through the patient medical record to identify data regarding the patients' cancer. Often the unsung heroes, cancer registrars are the "warriors" who quietly go about their business seeking all the important data elements to provide high data quality for researchers!

On behalf of the NAACCR Board of Directors and Executive Office, we want to thank you so very much for your continued professionalism, dedication, and diligence in truly "enhancing cancer care one data point at a time." We couldn't do it without you! We so appreciate and value the unique work you do.

NAACCR will continue to provide as much support and educational opportunities as we can in meeting the challenges of cancer reporting. We are all in this together and there is no doubt we will make it through this together! The work you do matters and as does our resolve to provide high quality data to ultimately benefit the cancer patient.

On behalf of NAACCR and the cancer surveillance community, we congratulate, thank and honor cancer registrars for their continued unwavering commitment to produce data of the highest quality!

Winny Roshala, BA, CTR
NAACCR President

Welcome Karen Knight, Chief of Registry Development
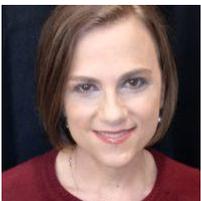
Karen Knight, MS
Chief of Registry Development
kknight@naaccr.org

Karen Knight is a new member of the NAACCR staff. As the Chief of Registry Development, she will provide support and guidance on several projects, including informatics initiatives, methods in evaluating cancer registry data, development of registry staff and the National Childhood Cancer Registry.

Karen brings to the position over two decades of leadership experience in public health statistics. She earned her degree in applied mathematics, with a statistics specialty from Clemson University and has graduate level training in biostatistics, epidemiology, and public health informatics. She served in leadership at the North Carolina Central Cancer Registry for over 10 years, Director of the NC Center for Health Statistics for four years, and over 7 years as the Chief of the Data Acquisition, Classification and Evaluation Branch in the Division of Vital Statistics at the National Center for Health Statistics. She has served on the NAACCR Board in the past and is looking forward to bringing her breadth of experience to serve the cancer surveillance community.

She lives in Raleigh, NC with her husband John.

Summer Workshops

This summer we invite you to participate in our FREE workshops! We will make available pre-recorded trainings on Match*Pro and SEER*Stat.

The Match*Pro Record Linkage Software is a course that will provide instruction on the use of Match*Pro linkage software developed by IMS, INC. Attendees will learn about probabilistic record linkage concepts, receive instruction on March*Pro software functionality, perform test linkages and explore the system capabilities. This webinar was presented on June 8-9, 2021.

We will also have a link to pre-recorded SEER*Stat trainings. SEER*Stat is a statistical software designed to calculate cancer rates using cancer surveillance data, including NAACCR CiNA and registry-specific data. Four separate trainings are available including an overview, survival statistics, details on standard variables, and calculating delay adjusted rates and using JoinPoint. All NAACCR CiNA data are released via SEER*Stat. These were presented October and November 2021.

Both will available June 1, 2022, on our [NAACCR and Education Training LMS](). You will need to log in with your MyNAACCR username and password.

Contact Angela Martin [amartin@naaccr.org]() for any workshop or trainings suggestions.

Stephanie M. Hill, MPH, CTR
Associate Director, NAACCR

2022 Election Results

2021-2022 NAACCR Nominating Committee
April Austin, MS (Chair)
Deborah Hurley, PhD, MSPH
Kim Vriends, BHA, CHIM

The NAACCR Nominating Committee is charged with encouraging volunteers to consider serving on the NAACCR Board of Directors and to accept eligible nominations for Board elections. For 2022, there were four key leadership roles on the Board of Directors to be filled: President-Elect and three Representatives-at-Large. Additionally, this year's general election selected three people for the 2022-2023 Nominating Committee.

The 2021-2022 Nominating Committee is pleased to announce the newly elected candidates!

Newly Elected Candidates for the NAACCR Board of Directors:

President-Elect:

Wendy Aldinger*, RHIA, CTR
Registry Manager
Pennsylvania Cancer Registry

Representatives-at-Large:

Monique Hernandez, PhD
Sr. Manager of Data Visualization/Special Projects
Florida Cancer Data System

Lori Koch, BA, CCRP, CTR
Registry Director
Illinois State Cancer Registry

Lihua Liu, PhD
Director
Los Angeles Cancer Surveillance Program

2022-2023 Nominating Committee:

Devbani Raha, MS (Chair)
Epidemiologist
Nova Scotia Health, Cancer Care Program

Heather Stabinsky, MSEd, CTR
Program Manager of Cancer Surveillance
Operations
New Jersey State Cancer Registry

April Austin, MS
Research Scientist
New York State Cancer Registry

*Please note that when Wendy Aldinger assumes the President-Elect position, she will vacate a Member-at-Large position on the Board of Directors. The one-year vacancy will be filled by appointment by the President with the approval of the Board of Directors, in accordance with NAACCR bylaws.

THE NAACCR SEX EDIT

David O'Brien, PhD, GISP
Data Analyst, Alaska Cancer Registry

Introduction

How many times have you edited an incoming file of abstracts from a facility and happened to notice that the registrar accidently miscoded the patient sex field? Or perhaps you were working on a GenEdits report in preparation for the Call for Data and discovered that the consolidated case had the wrong sex because one of the associated source abstracts had the sex miscoded. Wouldn't it be great if there was an automated way to check your data so you can catch this type of miscoding error? Well, you're in luck because there is!

If you take the time to look at the current NAACCR Edits Metafile, you will see quite a large collection of edits sets. Most registries are used to working with just a few of them on a routine basis, and for NPCR registries these are usually:

- "Central: NCPR Required – Consol-All Edits" for consolidated cases, and
- "Central: State Example – Incoming Abstracts" for incoming facility abstracts.

But these are just two of 28 different edits sets (!) that are available for your use. Buried in this long list of edit sets is this one:

- "Sex, Name–First, Date of Birth"

This is the NAACCR Sex Edit Set. If you open it in EditWriter, you will see it consists of a single edit named "Sex, Name–First, Date of Birth (NAACCR)". You can use this "NAACCR Sex Edit" to help you with identifying miscoded patient sex.

Background

The New York State Cancer Registry developed a new edit routine that checked for sex miscoding and presented it at the 2010 NAACCR annual meeting[1]. The Florida Cancer Registry tested the edit on a subset of their data and presented their findings at the 2011 NAACCR annual meeting[2]. I attended that particular session and thought this was a great idea. After consulting with one of the original developers, I created an MS Access tool for the edit. After several years of successful use and the desire to get the information presented at the two NAACCR meetings out to a wider audience, several NAACCR member registries led by Florida collaborated to further test and promote the edit in 2014. The result was the publication of an article[3] in the Journal of Registry Management (JRM) on the assessment of this sex edit by Florida, Alabama, and Alaska; the posting of the MS Access tool to the NAACCR website; and the incorporation of the edit into the NAACCR Edits Metafile (starting with v15A).

Methods

The purpose of this edit is to identify likely errors in sex based on first name. The edit compares the patient's first name against a list of known name/sex pairs and the birth decade for which they are most common. If a match on name and decade is found but the sex code differs, an error is generated. If upon review the coded sex and first name are found to be accurate and in conformance with coding rules, the fields may be left as coded and the Over-ride Name/Sex flag coded to 1.

Discussion

First and foremost, I need to stress that the "errors" that this edit produces are not necessarily errors, but a list of names that REQUIRES manual review. It might be as simple as referring to the "Text-Dx Proc-PE" field of the associated abstract and seeing if the sex of the patient was mentioned. Many registries have access to external databases such as DMV where sex is one of the data items and so can be used as a source of sex verification.

If you have never done a verification like this before, it can potentially take a long time to perform this task, especially if your registry is large. The Alaska Cancer Registry is relatively small in comparison to most of the other states. Back in 2011, I ran this edit for the very first time against our entire database of 46,645 consolidated cases. The edit routine flagged 88 cases (0.2%) as potential errors. After review, I found that 17 cases had miscoded sex and were corrected. The JRM article describes the experience of two other registries besides Alaska that used the edit. For both Florida and Alabama, the edit flagged 0.5% of the cases that were analyzed by the edit for review. When New York originally developed the edit, it flagged 0.3% of their analyzed cases for review[1]. Depending on the size of your database, 0.2-0.5% can be a hundred or it can be thousands.

Large registries may want to only submit a subset of their data to the edit for analysis. For the JRM article, Florida analyzed data for 3 "sex-skewed" primary sites (that is, sites for which one sex has much higher rates than the other) – breast, thyroid, and liver, in addition to one site, colorectal, that has more similar rates between sexes as a comparison. For breast cancer, it might be tempting to only analyze male cases, which is a relatively small cohort compared to females. However, what this does is artificially depress male breast cancer rates by removing miscoded males but does not add back in miscoded females. For this reason, it is important to analyze both sexes for a given site cohort for a given range of diagnosis years.

Note that this edit is based on a list of the 1000 most common gender-specific first names from the U.S. Census Bureau. So the edit won't work if the patient's first name is not on the list. Sometimes the sex is coded correctly but there is a spelling error in the name, such as Francis vs. Frances or Jean vs. Gene. Some names,

such as Andrea, Angel, Carmen, Jean, Michele, Marian, and Vivian, are commonly female in the U.S. but male in other countries, so these specific names are excluded from the edit for foreign-born patients. So as an added check after I run my data through the edit, I run a frequency cross-tabulation of my data for first name by sex but exclude all records for which the sex edit over-ride is coded as 1. I sort the list by one sex in descending order, then look at the number of cases that appear in the other sex column for the most popular names. Then I sort the list in descending order by the other sex and do the same review. For example, for the name George, if there are 1000 males and 1 female, I would look up that one female to verify the patient sex.

Summary

This article is meant to inspire other central cancer registry analysts to try out this sex edit on their registry's database. As the Alaska database is relatively small, this edit is run on our entire database annually just before the Call for Data submission deadline. For larger registries, it is recommended to start out with a data subset, such as the 24-month Call for Data dataset or sex-skewed primary sites. Whatever cohort is chosen, the data will benefit from the effort.

References

1 Soloway, L., F. Boscoe, A. Kahn, 2010. "A New Edit for Identifying Potential Gender Misclassification in Central Cancer Registry Databases (abstract)." In: *Annual Conference and Workshops of the North American Association of the Central Cancer Registries, Final Program and Abstracts*, June 19-25, 2010, Quebec City, Quebec, Canada. North American Association of Central Cancer Registries, Springfield, Illinois, p.78.

2 Sherman, R.L., J. Button, L. Soloway, F.P. Boscoe, 2011. "Sex Misclassification in Central Cancer Registries (abstract)." In: *Annual Conference and Workshops of the North American Association of the Central Cancer Registries, Final Program and Abstracts*, June 18-24, 2011, Louisville, Kentucky. North American Association of Central Cancer Registries, Springfield, Illinois, p.74.

3 Sherman, R.L., F.P. Boscoe, D.K. O'Brien, J.T. George, K.A. Henry, L.E. Soloway, and D.J. Lee, 2014. "Misclassification of Sex in Central Cancer Registries." Journal of Registry Management, 41(3):120-124.

International Forum and Global Education Resources

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Last Fall, NAACCR launched an International Forum on its website – www.naaccr.org/resources-international-registries/#DISCUSSION – to encourage the free exchange of ideas among worldwide cancer registries and promote inquiries into best practices and creative solutions to operational and scientific challenges. Participants can join for free by creating a MyNAACCR account (also free of charge).

This is an opportunity for international cancer registries to benefit from the experience of NAACCR members, who can share their knowledge and might have faced many of the same challenges. This initiative not only

aims to enable communication, but also aims to facilitate access to educational opportunities, like materials, webinars schedules, guidelines, and best practices.

An additional tool for the international audience is the Global / International Cancer Surveillance Education Resources Portal https://education.naaccr.org/international. This portal has as extensive variety of education resources.

Recently, NAACCR posted a training module titled "Principles of Cancer Registries: Assessing Data Quality." This training is part of a project where NAACCR works with partners to convert the existing TEPHINET/CDC training into an e-learning product accessible through the internet and suitable for individual self-study in low-to-middle income countries. Although the course emphasis is cancer surveillance in low- and middle-income countries, the general principles covered are applicable worldwide.

The first module presents, in a modernized format, methods for evaluating the quality of cancer registry data. The units in this module cover principles of data quality, comparability, validity, timeliness, completeness, qualitative and quantitative methods, and a case study for practice.

The second module will be posted in June and will be titled "Principles of Cancer Registries: Data Sources and Data Collection." In this module, users will gain an overview of the protocols and standards needed to collect and classify high quality cancer registry data that can be compared to other worldwide data.

Bringing countries together through the International Forum can make all countries learn from one another, with the ultimate goal of improving cancer data worldwide.

NAACCR Research and Data Use Update

Recinda Sherman, MPH, PhD, CTR
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I have recently become an avid water polo fan, particularly women's collegiate water polo. Water polo is arguably the toughest sport out there, requiring both aerobic and anaerobic activity. Players swim a mile on average per game, evade blows from the opposing team, and make intriguing looking arm fakes to trick the goalies—all while not drowning. The sport started in Scotland in 1877 and is now one of the fastest growing sports in North America. You may be thinking I will now attempt to tie water polo into cancer surveillance by bringing in 18th century Scottish surgeons, such as John Hunter (who first posited some cancers can be cured through surgery). But all I want to say is that I hope my Whittier Poets win the DIII National Championships… and that we all embrace our crazy little ways that help us navigate our work/life/"new normal" imbalance.

NAACCR Call for Data (CFD)

It seems 2021 CFD is barely complete, yet we are already in the midst of planning for the ***Tuesday, December 6, 2022,*** submission. Please save the date for the NAACCR December 2022 CFD Instructional Webinar on ***Monday, August 29, 2022.*** Changes this year will include submission of additional geocoder data

quality variables, updated derived variables (such as NAACCR Poverty Code), and operational updates aimed at making the CFD process smoother. Please ensure at least one representative per registry attends the Instructional Webinar to get all the details.

NEW CiNA Monograph:
VOLUME VI: CANCERS ATTRIBUTABLE TO MODIFIABLE RISK FACTORS IN THE UNITED STATES AND CANADA

Work is beginning on a 6th Volume for the CiNA Monographs, which will cover cancers attributable to modifiable risk factors in the US and Canada. As cancer burden is affected by population-based behaviors, this new CiNA Volume VI will help inform cancer prevention and control programs about underlying populations behaviors and subsequent cancer burden. Allocation of cancer prevention and control efforts are most efficient when made using community relevant estimates of cancer burden for cancers that are attributable to specific and modifiable risk factors, both current and project. The estimates produced for the new volume will be useful to a wide range of stakeholders, e.g., policymakers, persons working in cancer prevention–both clinically based and in public health programs, and healthcare delivery planners.

Similar work has been going on in Canada since 2012 when they started publishing province-specific estimates of cancers attributable to specific risk factors. And in 2019, the ComPARe study published national and province-specific estimates for Canada (https://data.prevent.cancer.ca/). Volume VI would build on this work and provide estimates of the current burden of cancer attributable to modifiable exposures for U.S. states and Canadian provinces. Efforts for North American estimates will draw from published methods, NAACCR incidence estimates, and local-level risk factor data available from national sources, e.g., Behavioral Risk Factor Surveillance System (BRFSS) and the Canadian Community Health Survey.

This effort is still in the planning/feasibility stage and is spearheaded by Dr. Bozena Morawski from the Cancer Data Registry of Idaho.

Current CiNA Monographs

The work on the current CiNA Monographs Volumes I-V is well underway. This year we are age-adjusting based on 20 age-groups, which includes a additional age category for 85-89. We have also changed how we report the race/ethnicity categories.

Due to issues with the underlying denominator data (which overestimates the percentage of Hispanics for American Indian Alaskan Natives and Asian and Pacific Islanders), we are only reporting non-Hispanic rates for those two race categories. This will provide a more accurate estimate of the burden of cancer in these populations, but we anticipate there will be questions as the rates, particularly for American Indians and Alaska Natives, will be higher than reported in previous reports when we used both Hispanic and Non-Hispanics in the race estimates. For national-level analysis, we will use the race/ethnic categories listed below. We will continue to support the more detailed Top 5 Cancers section by race/ethnicity that include additional Asian categories (Chinese, Japanese, Filipino, Vietnamese, and Korean).

Categories for registry-specific, stage-specific analysis:

- All Races/Ethnicities
- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic PRCDA/AIAN

- Non-Hispanic Asian/Pacific Islander
- Non-Hispanic White
- Hispanic, all races

Additional categories for registry-specific incidence rates:

- White, Hispanic
- Black, Hispanic

CiNA Explorer

Earlier this year, we augmented the data available in CiNA Explorer: https://www.naaccr.org/interactive-data-on-line/ . We now have 5-Year Survival and Stage Distribution Tabs. Note, as with all stage data, a user must first select a screenable cancer (female breast, cervix, colorectal, prostate, or lung/bronchus) *and* US data to create any stage distribution or rates. We are presenting Canadian stage data in the static monograph, but due to issues with the switch to TNM stage only for Canadian registries, we do not present Canadian stage data in CiNA Explorer. Future CiNA Explorer enhancements include the addition of prevalence data and long-term trends.

Social Media Posts

At the request of the Communications Steering Committee, a new RDU Work Group has formed to produce original, CiNA data-based content for social medias posts related to the cancer awareness events. The posts originate as tweets but are also posted on Facebook. Please check out the posts if you are on either of these social media platforms. We would appreciate greater levels of engagement on our content, as well as any comments you may have. We are also looking for another member to join to work group to create the content. Please contact me if interested.

NAACCR Geocoder

In March, we upgraded the NAACCR Geocoder. The upgrade was seamless for users of the web and API based versions, and there were no reported issues or downtime during the transition. This new version included updates to our reference datasets (what the geocoder hits against to match an address), bug fixes (including an issue with requesting credits on the web version), feature updates to the MI Geocorrect Tool based on user feedback and testing, and some "under the hood" updates aimed at improving speed & efficiencies. We are also currently undergoing a securities audit of the NAACCR geocoder, and results will be available to NAACCR membership this summer.

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As always, if you have any questions, concerns, or revolutionary ideas in the NAACCR Research and Data Use area, please contact me rsherman@naaccr.org.

Virtual Pooled Registry Update

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Happy Spring! I hope warmer weather has arrived in your neck of the woods! It's been a busy few months for the Virtual Pooled Registry Cancer Linkage System (VPR-CLS). Below are some highlights.

Official Launch of the VPR-CLS

In February 2022, the VPR-CLS was officially launched with 12 new studies supported by NCI, CDC-NIOSH, PCORI, and the DOD. To date, six of these studies have submitted applications and three of them have been approved by the VPR Research Review Committee, which consists of 3 registry representatives and one individual from each of the following organizations: NAACCR, NCI, CDC, and the American Cancer Society. These studies will begin by performing the Phase I linkage with 46 participating registries (representing 96% of the U.S. population) and receiving aggregate match counts. The studies will then proceed to Phase II and request release of individual-level data on the matches once final VPR system enhancements are in place.

Webinar on Updates from Phase II VPR Pilot Studies

This NAACCR webinar, provided on March 7th, included presentations by three of the Phase II pilot test cohort studies. The Childhood Cancer Survivor Study, Transplant Cancer Match Study, and Cohort Cancer Follow-up Study shared study updates and researchers' perspective on using the VPR-CLS to link with, apply for, and receive registry data. A recording is available on NAACCR's Education and Training (NET) site under "NAACCR Talks."

NAACCR Education and Training Program Update

Jim Hofferkamp, BA, CTR
NAACCR Program Manager of Education & Training
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NAACCR WEBINAR SERIES

March is when we host our Boot Camp webinar! During Boot Camp we have minimal lectures and maximum exercises. We re-visit many topics that sometimes don't get enough attention during our site-specific webinars. This year Boot Camp was hosted by Nancy Etzold and Elaine Bomberger-Schmotzer and they did a great job whipping us into shape! They did a great presentation on collecting Text. They took us through quizzes on casefinding, sequencing, class of case, medical terminology, and SSDIs. It was exhausting!

In April, Denise and Louanne will be discussing hematopoietic and lymphatic primaries. They will be looking at the rule for determining multiple primaries and assigning histology. They will discuss staging, SSDIs, and lot more! Louanne and Denise are great at helping to simplify a complicated topic. I think we can all agree that hematopoietics can get complicated!

Subscriptions are still **available** for the 2021-2022 Season. To meet the needs of staff working from home and we have included a **free +5 Remote Staff option** with every purchase of a 12-webinar series! When you purchase a 12-webinar series, you get a total of 6 connections to the live series.

For more information or to subscribe see the NAACCR 2020-2021 Webinar Series page at https://education.naaccr.org/2020-2021-webinar-series

2021-2022 WEBINARS AT A GLANCE

- Uterus 2021 10/07/21
- Bladder 2021 11/04/21
- Treatment 2021 12/02/21
- Lung 2022 1/06/22
- Data Item Relationships 2/03/22
- Abstracting and Coding Boot Camp 2022 3/03/22
- Hematopoietic and Lymphocytic Neoplasms 4/04/22
- Colon 2022 5/05/22
- Central Nervous System 6/02/22
- Back to The Future: What Year is it and What did I Miss? 7/07/21
- Solid Tumor Rules 2022 8/04/22
- Coding Pitfalls 2022 9/01/22

Click for **Full Webinar Description**.

NAACCR CTR PREP AND REVIEW

Registration is now open for the summer session of the CTR Prep and Review. This session is in preparation of the June Exam. Our first session is 4/26/22. We've had some really good feedback from the group that just finished taking the exam and will be making some changes based on that feedback.

The series consists of 8 live sessions that are recorded and posted to our learning management system. Participants have unlimited access to the recordings, quizzes, and other study tools until the last day of the exam. We also have a very active discussion board where participants share study tips and provide support for each other.

Additional information will be available at https://education.naaccr.org/ctr.

NAACCR TALK

NAACCR Talks are free webinar conducted by members of the cancer registry community! For a full calendar of upcoming NAACCR Talks, see our Calendar of Upcoming Events

Recordings of all NAACCR Talks can be found at: https://education.naaccr.org/freewebinars.

Do you have a topic that would be of interest to the cancer registry community? Contact Jim or Angela. Our contact info is below.

GLOBAL / INTERNATIONAL CANCER SURVEILLANCE EDUCATIONAL MATERIALS

We have some an exciting new e-learning product on our International Resources page!

Principles of Cancer Registry is new series of training modules that have been selected and adapted for online learning from the larger course, "From Data to Action: A Curriculum for Cancer Prevention and Control in Low- and Middle-Income Countries," which was created by CDC (U.S. Centers for Disease Control and Prevention) and TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network.) NAACCR, with funding from NCI, is adapting the registry-related contents for web-based training to increase their accessibility. Although the course emphasis is cancer surveillance in low- and middle-income countries, the general principles covered are applicable worldwide.

The first module has been posted. It's titled, *Principles of Cancer Registries: Assessing Data Quality.* Our second module should be available in June. It's titled, *Principles of Cancer Registries: Registry operations.*

https://education.naaccr.org/international

As always, if you have any questions about the plethora of NAACCR Education and Training products don't hesitate to contact Jim Hofferkamp or Angela Martin!

NAACCR 2021 Education and Training Calendar

Angela Martin, CTR
NAACCR Trainer/Project Coordinator
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Upcoming Webinar Presentations

May 2022

05/02/2022   NAACCR Talk: Geospatial Analysis of Cancer Registry Data, Perspectives from US and Canada

05/03/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 2

05/05/2022   NAACCR Webinar Series: Colon 2022

05/10/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 3

05/17/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 4

05/24/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 5

05/31/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 6

June 2022

06/02/2022   NAACCR Webinar Series: Central Nervous System 2022

06/07/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 7

06/09/2022   NAACCR CTR Exam Preparation and Review Webinar Series Session 8

06/14/2022   2022 NAACCR Summer Forum

06/15/2022   2022 NAACCR Summer Forum

06/16/2022   2022 MAACCR Summer Forum

DATA STANDARDS AND DATA DICTIONARY, VERSION 23 IMPLEMENTATION TIMELINE

NAACCR Data Standards and Data Dictionary (Volume II) Version 23 Implementation Timeline		
Activity	**NAACCR Deadlines**	**Considerations/suggestions to meet NAACCR deadlines**
Proposed requests-for-change for new data items requiring field testing (most new and some changed data items) submitted to the Mid-Level Tactical Group (MLTG).	July 1, 2021	• Complete request-for-change forms for and submit to the MLTG by July 1, 2021 • Data items approved by MLTG will be sent to UDS for preliminary review • Standard setters should have plans to conduct field testing within the timeframe required for final approval
Field testing initiated	September 1, 2021	• Field testing of newly proposed data items
Proposed requests-for-change for changes to existing data items that do not require field testing submitted to MLTG for final review. *	October 1, 2021	• MLTG may elect to require field test
MLTG informs HLSG of all requests for changes received from standard setters	December 31, 2021	• This will ensure HLSG can initiate dialog with standard setters, ask technical questions as deemed necessary
MLTG transmits new proposed standards to UDS WG for final review and approval	January 1, 2022	• UDS will review all information provided by the standard setter, and may require additional information as necessary
HLSG reviews and approves/rejects all proposed new or revised data items.	April 1, 2022	• No standards submitted for MLTG evaluation and HLSG approval will be assessed after April 1st deadline. • MLTG evaluates information received from UDS and final feasibility testing results from standard setters, makes recommendation to HLSG

NAACCR Data Standards and Data Dictionary (Volume II) Version 23 Implementation Timeline		
Activity	**NAACCR Deadlines**	**Considerations/suggestions to meet NAACCR deadlines**
MLTG transmits new standards approved for implementation to UDS	May 1, 2022	• UDS updates NAACCR Data Standards and Data Dictionary according to new standards approved by HLSG • Under request from HLSG/MLTG, UDS may implement additional adjustments and corrections to new standards • MLTG to ensure that the standard setter provides a set of proposed edits to accompany the new approved data items; edits transmitted to the NAACCR Edits group
Convene NAACCR 2023 Implementation Guidelines Task Force	May 1, 2022	• Materials for the Data Standards and Data Dictionary must be in final format for the Task Force to develop the implementation guidelines. • Final versions of mapping and/or conversions.
UDS submits NAACCR Data Standards and Data Dictionary, Version 23 to the Standardization and Registry Development Steering Committee for review/approval	June 1, 2022	• UDS final review/approval at their May meeting.
NAACCR Data Standards and Data Dictionary, Version 23 Released	July 1, 2022	
NAACCR 2023 Implementation Guidelines Released	August 1, 2022	
EDITS metafile release	August 15, 2022	• EDITS Work Group will have begun development of edits metafile by April 2022.
Education and training	Ongoing as material becomes available	• Develop training materials by October 1, 2022, and provide adequate training opportunities before January 1, 2023.
NAACCR Data Standards and Data Dictionary, Version 23 effective date	January 1, 2023	

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Summer 2022 deadline for articles is June 3, 2022.

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